



The Good Neighbour Fund is a registered non-profit charitable organization that considers limited assistance to those individuals and families requiring support in exceptional cases not covered by other funding.

The Good Neighbour Fund serves the greater Edmonton area, but applicants from within a 100km radius will be considered.

GOOD NEIGHBOUR FUND APPLICATION

PLEASE READ ALL INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION

- **Incomplete applications** will be **returned** and **will not be reviewed**. Ensure that the application form is **filled out completely and correctly**.
- You must provide **paperwork** to back up your request for funding.
*Examples: bills (power, water, gas), notices from landlords, lease or rental agreements, **two separate quotes** for equipment/supplies, etc.*
- **ALL DOCUMENTS MUST BE SCANNED. NO PHOTOGRAPHS OR CELL PHONE PICTURES ACCEPTED.**
- **The Good Neighbour Fund assists with basic needs.** *We do not fund things such as personal debt, legal fees, fines and penalties, pets.*
- If approved for funding, **no future requests will be considered.**
- The applicant must show a reasonable plan for paying their monthly expenses moving forward. **Not having a plan going forward is one of the most common reasons why applications are unsuccessful.**
- The Good Neighbour Fund is a **charity of last resort**. You **must** have approached other agencies for assistance before applying to the Good Neighbour Fund.
- **The Good Neighbour Fund is not set up to provide emergency funding.** There is a wait involved until you know if you've been approved for funding.
- If you have a support worker or a social worker, include a letter from them. **This will be a big help to your application.**
- All applications must be dated and signed.
- All decisions are **final**. There is no appeal.

APPLICATION SUBMISSION INSTRUCTIONS

Please send completed applications to:

THE GOOD NEIGHBOUR FUND

By email: info@goodneighbourfund.ca

Fax: 780-486-9215

Drop off: Jerry Forbes Centre, 12122 - 68 Street, Edmonton (Monday to Friday between 9am and 3pm)

PERSONAL INFORMATION - PLEASE PRINT

HAVE YOU EVER RECEIVED FUNDING FROM THE GOOD NEIGHBOUR FUND BEFORE?

YES NO

If you answered **YES**, you are **ineligible** for further funding.

NAME OF APPLICANT: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

What is the best way to contact you? **PHONE** **EMAIL**

CURRENT ADDRESS: _____

CITY/TOWN: _____ **PROV:** _____ **POSTAL CODE:** _____

If you haven't lived at your current residence for a minimum of one year please list address of your last residence(s).

PREVIOUS ADDRESS: _____

CITY/TOWN: _____ **PROV:** _____ **POSTAL CODE:** _____

How long did you live at this residence? _____ **YEARS** _____ **MONTHS**

PREVIOUS ADDRESS: _____

CITY/TOWN: _____ **PROV:** _____ **POSTAL CODE:** _____

How long did you live at this residence? _____ **YEARS** _____ **MONTHS**

WHAT IS YOUR CURRENT LIVING ARRANGEMENT

LIVE WITH PARENT/GUARDIAN

LIVE WITH SPOUSE/PARTNER

LIVE ALONE

LIVE IN SHARED ACCOMODATIONS

OTHER (Please Specify) _____

AGE OF DEPENDENTS CURRENTLY LIVING IN YOUR CARE? (under the age of 18 years old)

AGE AND RELATIONSHIP OF ADULTS CURRENTLY LIVING AT THE APPLICANTS RESIDENCE? (over the age of 18 years old)

APPLICANT INCOME - (TABLE A)

ARE YOU CURRENTLY EMPLOYED?

YES NO FULL TIME PART TIME

IF YES, WHO IS YOUR EMPLOYER(S)?

HOW LONG HAVE YOU BEEN EMPLOYED WITH THIS COMPANY?

_____ Years _____ Months

WHAT IS YOUR MONTHLY *NET INCOME FROM YOUR JOB(S)?

\$ _____ monthly

SPOUSE/PARTNER INCOME - (TABLE C)

ARE YOU CURRENTLY EMPLOYED?

YES NO FULL TIME PART TIME

IF YES, WHO IS YOUR EMPLOYER(S)?

HOW LONG HAVE YOU BEEN EMPLOYED WITH THIS COMPANY?

_____ Years _____ Months

WHAT IS YOUR MONTHLY *NET INCOME FROM YOUR JOB(S)?

\$ _____ monthly

*NET monthly income is the amount of earnings after all deductions have been taken from your GROSS pay, such as payroll taxes and retirement plan contributions, etc.

DO YOU COLLECT INCOME FROM ANY OF THE FOLLOWING SOURCES?

Please check all that apply and provide the monthly dollar amount.

APPLICANT INCOME - (TABLE B)

- INCOME SUPPORT/SFI \$ _____ monthly
- AISH \$ _____ monthly
- EMPLOYMENT INSURANCE \$ _____ monthly
- WCB \$ _____ monthly
- DISABILITY SUPPORT \$ _____ monthly
- PENSION \$ _____ monthly
- CPP \$ _____ monthly
- OLD AGE SECURITY \$ _____ monthly
- STUDENT LOAN* \$ _____ monthly
- CANADA CHILD BENEFIT \$ _____ monthly
- CHILD SUPPORT \$ _____ monthly
- OTHER _____ \$ _____ monthly

SPOUSE/PARTNER INCOME - (TABLE D)

- INCOME SUPPORT/SFI \$ _____ monthly
- AISH \$ _____ monthly
- EMPLOYMENT INSURANCE \$ _____ monthly
- WCB \$ _____ monthly
- DISABILITY SUPPORT \$ _____ monthly
- PENSION \$ _____ monthly
- CPP \$ _____ monthly
- OLD AGE SECURITY \$ _____ monthly
- STUDENT LOAN* \$ _____ monthly
- CANADA CHILD BENEFIT \$ _____ monthly
- CHILD SUPPORT \$ _____ monthly
- OTHER _____ \$ _____ monthly

*If you have received or will be receiving a student loan, you **MUST** provide a copy of your Alberta Student Aid **Notice of Assessment**.

DO YOUR DEPENDENT(S) RECEIVE MONTHLY INCOME FROM A SOURCE NOT LISTED ABOVE? (TABLE E)YES NO

Please Explain: _____

_____ \$ _____ monthly

IF YOU HAVE ADULT CHILDREN LIVING IN YOUR HOME (18 years old and older) DO THEY CONTRIBUTE TOWARDS YOUR MONTHLY HOUSEHOLD EXPENSES? (TABLE F)

YES NO

Please provide their monthly contribution. \$ _____ monthly

If NO, please explain why not? _____

INCOME - ADD THE TOTALS FROM THE PREVIOUS TABLES (A+B+C+D+E+F)

APPLICANTS NET INCOME (TABLE A) \$ _____ monthly

APPLICANTS ADDITIONAL SOURCES (TABLE B) \$ _____ monthly

SPOUSE/PARTNER NET INCOME (TABLE C) \$ _____ monthly

SPOUSE/PARTNER ADDITIONAL SOURCES (TABLE D) \$ _____ monthly

DEPENDENT OTHER SOURCES (TABLE E) \$ _____ monthly

ADULT CONTRIBUTION AMOUNT ONLY (TABLE F) \$ _____ monthly

TOTAL \$ _____ monthly

ASSETS

DO YOU OWN YOUR OWN HOME? YES NO

If YES, what is the approximate value of your home? \$ _____

What is the amount remaining on your mortgage? \$ _____

DO YOU OR YOUR SPOUSE/PARTNER OWN OR LEASE A VEHICLE(S)? YES NO

If YES, what is the year, make, mileage (kms) and approximate value Year _____ Make _____

of the vehicle(s)? kms _____ Value \$ _____

What is the amount owing on the vehicle(s)? \$ _____

Additional vehicles (Please list) _____

DO YOU OR YOUR SPOUSE/PARTNER HAVE ANY INVESTMENTS? - (RRSP, GIC, SAVINGS, OTHER) YES NO

What is the total value of these investments?

HAVE YOU, OR YOUR SPOUSE/PARTNER RECEIVED, OR WILL BE RECEIVING, MONEY FROM INSURANCE AND/OR AN INSURANCE SETTLEMENT? YES NO

\$ _____

What is the approximate settlement value?

\$ _____

DO YOU OR YOUR SPOUSE HAVE ANY OTHER ASSETS NOT LISTED? YES NO

Asset: _____ Value: \$ _____

Asset: _____ Value: \$ _____

Asset: _____ Value: \$ _____

Asset: _____ Value: \$ _____

ASSETS **TOTAL \$** _____

MONTHLY EXPENSES

If you are living in shared accommodations please indicate **YOUR** monthly portion only.

Rent/Mortgage: \$ _____ monthly

Gas/Furnace: \$ _____ monthly

Electricity: \$ _____ monthly

Water: \$ _____ monthly

Phone (Home): \$ _____ monthly

Phone (Cell): \$ _____ monthly

Internet: \$ _____ monthly

Cable: \$ _____ monthly

Food/Groceries: \$ _____ monthly

Clothing: \$ _____ monthly

Medical expenses (non-insurable): \$ _____ monthly

Child care - Number of children in child care: (#) \$ _____ monthly

Vehicle payments: \$ _____ monthly

Vehicle insurance: \$ _____ monthly

Vehicle gas: \$ _____ monthly

Vehicle maintenance: \$ _____ monthly

Bus pass: \$ _____ monthly

Taxi: \$ _____ monthly

Other monthly expenses (please list)
1. _____ \$ _____ monthly

2. _____ \$ _____ monthly

3. _____ \$ _____ monthly

4. _____ \$ _____ monthly

MONTHLY EXPENSES **TOTAL \$** _____

REQUEST FOR FUNDING - PLEASE PRINT

WHAT DO YOU NEED FUNDING ASSISTANCE FOR? (Check which box(es) applies)

Rental Arrears - Total Amount Requested: \$ _____

(You must include a copy of your lease agreement, statement of arrears and eviction notice if one has been issued.)

Damage Deposit - Total Amount Requested: \$ _____

(You must include a copy of a rent report/intent to rent, or a lease agreement if applicable.)

First Month of Rent - Total Amount Requested: \$ _____

(You must include a copy of a rent report/intent to rent, or a lease agreement if applicable.)

Utility Bill - Total Amount Requested: \$ _____

(You must include a copy of all pages of the most recent bill, and a disconnection notice if applicable.)

Food/Clothing/Household Items/Furniture - Total Amount Requested: \$ _____

Please explain: _____

Medical Equipment or Supplies - Total Amount Requested: \$ _____

Please explain: _____

(You must include quotes from two suppliers.)

OTHER (PLEASE EXPLAIN) - Total Amount Requested: \$ _____

TOTAL AMOUNT REQUESTED (COMBINED): \$ _____

***IF YOU DO NOT INCLUDE THE PROPER DOCUMENTATION TO SUPPORT YOUR REQUEST FOR FUNDING YOUR APPLICATION WILL BE REJECTED**

APPLICATION QUESTIONNAIRE - PLEASE PRINT

PLEASE EXPLAIN THE CIRCUMSTANCES THAT LED TO YOUR CURRENT SITUATION?

EXAMPLES: Loss of job, medical illness, divorce, etc.)

WHAT CHANGES WILL YOU MAKE TO ENSURE THIS EXPENSE IS NOT AN ISSUE IN THE FUTURE?

DO YOU HAVE ANY FAMILY AND/OR FRIENDS WHO WILL BE WILLING AND/OR ABLE TO PROVIDE ASSISTANCE?

WHAT IS YOUR ALTERNATE PLAN SHOULD YOU NOT RECEIVE FUNDING FROM THE GOOD NEIGHBOUR FUND?

The Good Neighbour Fund is considered a Charity of last resort. It is expected that you have turned to other organizations for assistance before coming to us.

PLEASE LIST ALL OTHER AGENCIES/ORGANIZATIONS THAT YOU HAVE CONTACTED FOR ASSISTANCE FOR THIS NEED?

AGENCY	AMOUNT	APPROVED	NO	PENDING
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If **NO** please explain.

HAVE YOU RECEIVED OTHER FINANCIAL ASSISTANCE AT ANY TIME IN THE LAST 5 YEARS?

YES **NO** If **YES**, please list the organization and the amount.

- 1) _____ \$ _____
- 2) _____ \$ _____
- 3) _____ \$ _____

Please explain.

IMPORTANT INFORMATION

PLEASE INCLUDE A LETTER OF SUPPORT FROM A SOCIAL WORKER, SUPPORT WORKER, OR HEALTHCARE WORKER IF YOU HAVE BEEN WORKING WITH ONE.

IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE TO HELP US MAKE OUR DECISION?

(Please provide on separate page)

APPLICATION DECLARATION

This information is collected in accordance with the **Personal Information Protection Act** (Alberta) and is required to determine your eligibility for a financial grant. If you have any questions about the collection, use, or disclosure of this information you may contact the Program Administrator, **Good Neighbour Fund** at **(780) 486-9215** or by email, **info@goodneighbourfund.ca**

I declare that:

- i)** All statements made in connection with this application, and any supporting documents, are true and complete in all respects and that no requested information has been withheld;
- ii)** I will provide any information or documents that may be requested by the Good Neighbour Fund to verify any statement made in this application;
- iii)** I consent to the disclosure and exchange of my personal information by and between the Good Neighbour Fund and federal, provincial, or municipal government departments, agencies or individuals that I identified in this application to verify any information provided in this application and to determine my eligibility for a grant;
- iv)** I consent to the disclosure and exchange of my personal information by and between the Good Neighbour Fund and any third party identified in this application, including but not limited to, landlord, lending institution, credit bureau, utility company, federal, provincial, municipal government department, social service agency, employer, or child care provider to verify any information provided in this application and to determine my eligibility for a grant;
- v)** I will notify the Good Neighbour Fund in writing of any changes in my name, address, marital status, financial circumstances, or other requested information in this application;
- vi)** I have not previously been a recipient of a financial grant from the Good Neighbour Fund;
- vii)** I understand that should I receive a financial grant that is used for construction or renovation project(s) or purchase of equipment, that I am wholly responsible for the maintenance, repairs and warranties;
- viii)** I understand that all decisions by the Good Neighbour Fund Board of Directors regarding my application for a financial grant are final and that any appeals of the decision will not be considered;
- ix)** The foregoing consents apply to the information that I have provided in this application and all applicable supporting documents, and to any additional information that I may subsequently provide to the Good Neighbour Fund in respect to this application.

I have read and understand the above declaration.

NAME OF APPLICANT

DATE

SIGNATURE OF APPLICANT