



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

- Applications that are **incomplete** will be **returned** and **will not be reviewed**. You must ensure that the application form is **filled out correctly** and provide **copies of all documentation** that clearly show you are in need of the **specific amount** that you are applying for. **ALL DOCUMENTS MUST BE SCANNED. NO PHOTOGRAPH OR CELL PHONE PICTURES ACCEPTED.**

*Examples: bills (power, water, gas) notices from landlords, lease or rental agreements, **two separate quotes** for equipment/supplies, etc.*

- **The Good Neighbour Fund assists with basic needs.** We do not provide for voluntary personal expenditures or options. *Examples: personal debt, legal fees, fines and penalties, pets.*
- This is a **one-time application**. If approved, **no future requests will be considered**.
- The applicant must provide a reasonable **plan** for becoming **sustainable moving forward**.
- All information is held in strict confidence.
- The applicant is responsible for the maintenance, repairs or warranties of any equipment supplied.
- All applicants will be notified of the board's decision in writing.
- All decisions are **final**, there is no appeal process. **All applications must be dated and signed.**
- **The Good Neighbour Fund is intended to be a charity of last resort.** You are strongly encouraged to explore other funding sources and/or approach other agencies for assistance before applying to the Good Neighbour Fund.
- **For information about financial support available through the Alberta government please visit:**
www.humanservices.alberta.ca/financial-support.html

SUBMISSION TIPS FOR THE GOOD NEIGHBOUR FUND APPLICATION

- Fill in all parts of the application and send in all documents. This is important to your chance of being approved!
- If you have a **support worker** or a **social worker**, include a letter from them. **This will be a big help to your application.**
- If you have not asked **other charities first**, your application will likely not be granted.
- The Good Neighbour Fund is **NOT** best for emergencies.
- Show us that you **have a plan** that will allow you to pay your bills going forward.

Please send completed applications to:

THE GOOD NEIGHBOUR FUND

By mail: co/ Jerry Forbes Centre. 12122 - 68 Street, Edmonton, AB T5B 1R1

Office Hours: Monday to Friday - 8:00am - 4:30pm (**reception only - we do not have a staff member present**)

By email: info@goodneighbourfund.ca

Phone/ Fax: 780-486-9215

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 of the vehicle(s)?
Year _____ Make _____
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 \$** _____

APPLICATION QUESTIONNAIRE - PLEASE PRINT

WHAT DO YOU NEED FUNDING ASSISTANCE FOR? Please be specific.

WHAT IS THE TOTAL AMOUNT OF FUNDING YOU ARE ASKING FOR?

Please specify exactly what makes up this amount. You **MUST** provide all documents (copies) that clearly show that you are in need of this specific amount. **EXAMPLES:** Current utility bills (power, water, gas, etc.) notices from landlords, lease or rental agreements, **TWO** separate quotes or estimates for equipment/supplies, etc.)

TOTAL AMOUNT REQUESTED \$ _____

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?

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

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