

Health and Wellness Program Application for financial assistance

Please forward all applications to the
Health and Wellness Program co-ordinator

Confidential when completed. Please print—a completed application will expedite action.

Date of application: _____

1. General

Name (Mr./Mrs./Ms): _____

Address: _____

Postal Code: _____

Length of time at this address: _____ Email: _____

Social Insurance Number: _____ Date of birth: _____

Day/Month/Year

Home phone: _____ School/office phone: _____

Partner's/spouse's name: _____ Date of birth: _____

Dependent: _____ Age: _____

Dependent: _____ Age: _____

Dependent: _____ Age: _____

Have you previously applied to the Health and Wellness Program for financial assistance?

YES

NO

2. Record of teaching service

Present SD#: _____ SD name: _____

School name: _____ Current FTE: _____

Previous SD#: _____ SD name: _____ From: _____ To: _____

Total teaching service in BC: _____ Years

3. Amount of request \$ _____

Note: funding criteria and maximum available as per Health and Wellness Program Services funding guidelines.

Reason(s) why money is being requested. Please be specific. If more space is required, please enclose a separate sheet.

4. Income

- a. Gross annual income \$ _____
- Currently teaching
- On short-term disability
- On long-term disability
- b. Monthly take-home pay
- i. If paid on a 10-month basis \$ _____ Take-home pay x 10 ÷ 12
- ii. If paid on a 12-month basis \$ _____
- c. Partner's/spouse's monthly take-home pay \$ _____
- d. Other monthly income \$ _____
 (family allowance, child support, rent, pension, sick benefits, etc.)
- Total** \$ _____

5. Expenses and payments

- Monthly living expenses
- a. Food \$ _____
- b. Rent/mortgage (circle one) \$ _____
- c. Average utilities, telephone \$ _____
- d. Prescription drugs (after extended health) \$ _____
- e. Clothing \$ _____
- f. Transportation \$ _____
- g. Insurance (auto, property, health, life) \$ _____
- h. Other monthly expenses: \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- Total (other) \$ _____
- Total monthly expenses and payments (a to h)** \$ _____

6. Summary of income and expenses/payments

- a. Total monthly income (from Section 4) \$ _____
- b. Total monthly expenses and payments (from Section 5) \$ _____
- Difference** \$ _____

7. Creditors Attach additional page if insufficient space here

Name, address, and account number	Amount still owing	Monthly payments
a. _____ Account number _____	\$ _____	\$ _____
b. _____ Account number _____	\$ _____	\$ _____
c. _____ Account number _____	\$ _____	\$ _____
d. _____ Account number _____	\$ _____	\$ _____
e. _____ Account number _____	\$ _____	\$ _____
f. _____ Account number _____	\$ _____	\$ _____
g. _____ Account number _____	\$ _____	\$ _____
h. _____ Account number _____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Mortgage (if applicable)	Balance	Monthly payment
First mortgage held by: _____	\$ _____	\$ _____
Second mortgage held by: _____	\$ _____	\$ _____

8. Assets Assessed value of house and land, car, furniture, stocks, bonds, other investments, savings plans, etc.

Item	Value
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
Total	_____

9. Financial status

a. Have you declared bankruptcy in the past? Yes No

If yes: Date: _____ Province: _____

b. Have you filed for bankruptcy? Yes No

If yes: Date : _____ Province: _____

c. Funds obtained from other sources (e.g., parents, family members): _____

10. References (Please include name address, and phone number.)

a. _____

b. _____

c. _____

11. Salary Indemnity Plan

The Health and Wellness Program staff have my permission to use any information required from BCTF files, including the Salary Indemnity Plan. They may also contact creditors, president of my local association, and /or other references listed in Section 11 on this application.

I certify that I have completely and accurately reported all matters requested, and that my statements are true.

Signature

Consent

I hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or other information as deemed necessary in connection with the establishment and maintenance of a credit account or any other direct business requirement.

All consent is given pursuant to the *Personal Information Protection Act, SBC 2003*.

Date: _____ Signature _____

Send applications via mail, fax or email to:

BC Teachers' Federation
Ste. 100, 550 West 6th Ave.
Vancouver, BC V5Z 4P2
Fax: 604-871-2287
email: *benefits@bctf.ca*