

REGIONAL HARDSHIP FUND APPLICATION FORM

Name of Applicant (Last name, First name): _____

Mailing Address: _____

City, Province, Postal Code: _____

Preferred Phone #: () _____ **Alternate #** () _____

E-Mail: _____ **Local #:** _____

Please state the amount of your request from the Hardship Fund \$ _____

Reason for applying:
Please give us a full and detailed explanation (you can continue on a separate page if required.)

The Hardship Committee may contact you. Where necessary receipts, invoices or proof of need may be required.

To the best of my knowledge, all the information given in this form is true.

Signature of the Applicant

Date signed (day/month/year)

By signing this application, you give consent of your personal information to be discussed with all members of the Regional Hardship Committee.

**NOTE: THE APPLICATION FORM MUST BE COMPLETED.
 ANY INCOMPLETE APPLICATION FORMS WILL BE RETURNED TO YOU.**

CHECKLIST BEFORE MAILING APPLICATION FORM:

- Please ensure the application form is signed.
- You have indicated your reason for applying.
- You have ensured all your contact information is correct.
- You have included all documents that support your application.
- PLEASE MARK YOUR ENVELOPE PRIVATE & CONFIDENTIAL

PLEASE MAIL THE COMPLETED FORM AND ALL SUPPORTING DOCUMENTS TO THE APPROPRIATE REGIONAL OFFICE C/O THE CHAIR OF THE REGIONAL HARDSHIP COMMITTEE.

- Region 1 - 1100 Dearness Dr. Unit 27, London, ON, N6E 1N9
- Region 2 - 55 Frid St. Suite #1, Hamilton, ON, L8P 4M3
- Region 3 - 1789 Stenson Blvd. Unit 4/5, Peterborough, ON, K9K 2H4
- Region 4 - 920 Princess St. Ste. 102, Kingston, ON, K7L 1H1
- Region 5 - 31 Wellesley St. East, Toronto, ON, M4Y 1G7
- Region 6 - 866 Newgate Ave. Sudbury, ON, P3A 5J9
- Region 7 - 1201 Amber Drive, Thunder Bay, ON, P7B 6M4

| For REGIONAL HARDSHIP COMMITTEE USE ONLY | |
|----------------------------------------------------------------------------|-------------------------------------------------------------|
| <p>Decision</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| <p>_____</p> <p style="text-align: center;">Signature</p> | <p>_____</p> <p style="text-align: center;">Date</p> |
| <p>_____</p> <p style="text-align: center;">Signature</p> | <p>_____</p> <p style="text-align: center;">Date</p> |
| <p>_____</p> <p style="text-align: center;">Signature</p> | <p>_____</p> <p style="text-align: center;">Date</p> |