 **ROTARY CLUB OF KENTVILLE**

**PWD COMMITTEE**

**APPLICATION FOR ASSISTANCE**

**Section 1: Tell us about yourself.**

|  |
| --- |
| Person to be assisted: |
| Name: |   | Age: |   |
| Civic Address: |   |
| Mailing Address (If different): |  |
| Phone (daytime): |  902- | Cell/Text | 902- | Evening | 902- |
| Person completing this form (“Helper”) |
| Name: |   |
| Civic Address: |   |
| Mailing Address (If different): |   |
| Phone (daytime): |  902- | Cell/Text | 902- | Evening | 902- |
| Relationship to the applicant: Parent [ ]  Power of Attorney[ ]  Guardian [ ]  |
| Other (specify) |   |
| REQUESTNeed: Brief Statement of your need and the assistance you are requesting: |
|  |
|  |
|  |
| Total of your REQUEST: | $ | If available attach: |
|  | a. | any supporting correspondence from professionals-doctors, dentists, optometrists,  |
|  |  | and other health care providers. Attached [ ]  |
|  | b. | any quotes or estimates of the cost of the assistance you are requesting. Attached [ ]  |
| **Consents**. The applicant, or his or her parent, power of attorney or guardian if applicable:1. consents to the Rotary Club of Kentville contacting proposed suppliers of requested equipment and services to confirm the need for and costs of those equipment and services; and
2. authorises the proposed suppliers of requested equipment and services to confirm the need for and costs of those equipment and services to the Rotary Club of Kentville. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**↑Initial consent(s) here**  |
| **Household**. Number and ages of dependant persons in your household, including yourself?  |  |
|  |
|  |

**Section 2: Tell us about the household financial situation per month:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Income** | **Applicant**: | **Spouse / Partner / Parent 1** | **Second parent if applicable** |
|  Monthly net take-home pay | **$** | **$** | **$** |
|  Pensions/ income supplement  | **$** | **$** | **$** |
|  EI received | **$** | **$** | **$** |
|  Other income (specify all other sources and amounts) | **$** | **$** | **$** |
| **Individuals’ subtotals** | **$** | **$** | **$** |
| **Total of all household income** | **$** |

**Required verification**: You must attach copies of the Applicant’s and Applicant’s Spouse’s`/Partner’s most recent Income Tax **Notice of Assessment** to this application\*. **Attached** [ ] **.** We may request copies of tax returns for some applications.

|  |
| --- |
| **Section 3: Monthly Expense Budget** |
|  |
| Rent/mortgage payment. |
| Other larger monthly expenses. (List on separate page if needed. Please be as detailed as possible and  |
| provide explanations): |
|  | **$** |
|  | **$** |
|  |  |
|  | **$** |
|  | **$** |
|  | **$** |
| Total monthly expenses | **$** |
|  |
| Net Income (all income less expenses).  | **$** |
|  |

**Section 4:**

|  |  |
| --- | --- |
| **Tell us about any additional assistance requested/received.** | **Amount** |
| Have you applied to the Dept. of Community Services for help? NO [ ]  YES [ ]   | **$** |
| Approved? Y [ ]  N [ ]   |
| DCS caseworker and contact information\*: |  | **$** |
| Have you applied for assistance from family members? NO [ ]  YES [ ]   |
|  If yes, name of family member(s) and their contact information\*  |
| Address: |
| Phone: |
| Approved? Y[ ]  N [ ]  |
|  |
| Have you applied for assistance from any other sources? NO [ ]  YES [ ]  |
| If yes, from whom their contact information\*.  | Name: |  |
| Address: |
| Phone: |
|  |
| Approved? Y [ ]  N [ ]   | **$** |
| **Total received, approved, or requested**  | **$** |
| \***You may contact my/our DCS case worker, family member(s) and other sources about this application.** **I/we consent to each of them providing you with the information needed for this request.**  |
| Yes (applicant’s initial) |  | (Helper’s initial if applicable) |  |
| **Section 5:** |
| Assets | Applicant | Spouse / Partner /Parent 1 | Second parent if applicable |
| Savings | **$** | **$** | **$** |
| RRSP | **$** | **$** | **$** |
| Vehicle(s) | **$** | **$** | **$** |
| Investments | **$** | **$** | **$** |
| Home equity (value minus amount owing) | **$** | **$** | **$** |
| Other | **$** | **$** | **$** |
| Other | **$** | **$** | **$** |
| Other | **$** | **$** | **$** |
|  |
| Individuals’ subtotals | **$** | **$** | **$** |
| Total Asset value | **$** |
|  |
| **Remember** – **Copies of Prior Years Notice(s) of Assessment for Applicant and Spouse/ Partner must be attached to this application**. **Incomplete applications and unreadable attachments may cause delays or may result in your application being rejected.** |
| I, (Print name) |  | do verify that the above information provided |
| is true and complete. |
|  |
| Signature of applicant |  |
|  |
| Signature of Helper, if applicable:  |  |
|  |  |
| Date: |  |  |
|  |
| For Committee use only |
| I have confirmed the financial criteria are met |  | (Reviewing member). |

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