A yellow and black logo

Description automatically generated **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) | | | | | | |  | | | | | | | | | | | | | |
| REQUEST  Need: 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). | | |

C:\Users\Admin\Sync\PWD Committee\Forms\ROCK\_PWDC\_Application\_Form\_Rev\_2024\_02\_25 - Rev1.docx at 2024-03-05 19:12