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? | | | | | | | | | | | | | | | | | | | |  |
| **If the Rotary Club of Kentville pays for the services or goods we select we agree that we, not the Club, are responsible for ensuring that the services or goods we select are fit for our intended purposes. Initial here if you agree: \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |

**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 a 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 | | | | | | | **$** | | | | | **$** | | | | **$** | |
| Total Asset Value | | | | | | | | | | | | | **$** | | | | |
|  | | | | | | | | | | | | | | | | | |
| 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). | | |

Send your application and supporting materials to - or receive a secure link for uploading them from -[pwdckentville@gmail.com](mailto:pwdckentville@gmail.com) or mail them to the Rotary Club of Kentville, PO Box 85, Kentville NS B4N 3V9.

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