



Benevolent Fund Application

POPPY RCNBF ALLIED VAC SOT OTHER Please specify:

Use a blank sheet of paper if additional space is required for any of the following questions.

1) Service identification of eligible Veteran

Family name	Given name(s)	Service No.	Rank	Date of birth
Enrolment date	Release date	Unit	Location (if serving) Country & Service (if Allied)	

2) Address

Home address of applicant	Telephone number and email of Veteran/applicant
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3) Family particulars (All those residing in the house)

Name	Relationship to Veteran	Age	Single or married
Employment	Monthly Income	Monthly contribution to household	Health
Name	Relationship to Veteran	Age	Single or married
Employment or school	Monthly Income	Monthly contribution to household	Health

4) Summary

State previous assistance (Name of Fund)	Date	Amount
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Problem and type of assistance requested

Remarks, special instructions and recommendations of interviewer

5) Real estate owned by Veteran/applicant and/or spouse/common-law partner

Name(s) of registered owner	Location	
Description	If private dwelling, state number of bedrooms	
Cost price	Current value	

6) Assets of Veteran/applicant and spouse/common-law partner

Assets	Value (\$)	Assets	Value (\$)	
Available cash resources	\$	Insurance - Surrender Value	\$	
Auto- Year and make	\$	Bonds - Other investments	\$	
2nd vehicle	\$	Other assets	\$	
A Total	\$	B Total	\$	A + B =
				Total

7) Debts							
Name and address of creditors	Articles or services obtained	Date Incurred		Original amount (\$)	Monthly repayment rate (\$)	Balance Owning (\$)	
Total →							

8) Monthly Income			Monthly Expenses				
Salary of Veteran or applicant		\$	Food and personal care		\$		
			Rent		\$		
			Mortgage (including interest)		\$		
			Property taxes		\$		
			Clothing		\$		
Salary of spouse		\$	Utilities	Electricity	\$		
Contributing wage earning	Children residing at home	\$		Water	\$		
	Children not residing at home	\$		Phone	\$		
	Rents from tenants and boarders	\$		T.V.	\$		
Pension or other annuities (specify) (Veteran)		\$		Internet	\$		
				Home Fuel	\$		
			Insurance (Medical, Life, Property etc)		\$		
			Transportation/Car expenses/gas		\$		
			Pension plans		\$		
Pension or other annuities (specify) (Spouse/widow)		\$	Child/Spousal Support		\$		
			Mess dues (if serving)		\$		
			Recreation		\$		
			Continuing medical expenses		\$		
			Other, Include debt from above		\$		
A Total income		\$	B Total expenses		\$		
B Total expenses		\$					
A-B=	Monthly surplus <input type="checkbox"/>	\$			State total family gross income for past 12 months (attach pay information slips or most recent income tax summaries)		\$
	Monthly deficit <input type="checkbox"/>	\$					
Veteran's/applicant's Signature		Spouse's/common-law partner's signature (if readily available)			Date		
Application approved <input type="checkbox"/>		If application declined, reason for declining			Date		
Application declined <input type="checkbox"/>							

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