



Regional Hardship Fund Application Form

First name: _____ Last name: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Preferred phone: _____ Alternate phone: _____

Secure email: _____ Local #: _____

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

Reason for applying

Please give us a full and detailed explanation (or 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: (mm/dd/yyyy) _____

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



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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 and 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: 1092 Dearness Dr., London, ON N6E 1N9
- Region 2: 2285 Highway 20 East, Fonthill, ON L0S 1E6
- Region 3: 500 King St. W., Unit 6, Oshawa, ON L1J 2K9
- Region 4: 824 John Counter Blvd., Kingston, ON K7K 2R1
- Region 5: 2550 Victoria Park Ave., Suite 400, Toronto, ON M2J 5A9
- Region 6: 150 First Avenue, Suite 101, 2nd Floor, North Bay, ON P1B 3B9
- Region 7: 326 Memorial Ave, Thunder Bay, ON P7B 3Y3

For Regional Hardship Committee Use Only

Decision

Signature:

Date: mm/dd/yyyy

Signature:

Date: mm/dd/yyyy

Signature:

Date: mm/dd/yyyy