



2023-2024

BENEVOLENT COUNCIL APPLICATION

Benevolent Council exists for the purpose of providing assistance to active members who find themselves in extreme financial need due to: **(a) prolonged illness;** **(b) accident;** or **(c) extreme emergency.**

This assistance can be benevolent relief grants of **up to \$3,000 in a Federation year** or simply advice to recommend other ways/means to alleviate distress suffered by members. **No active member may receive more than \$6,000.00 in benevolent relief grants from Benevolent Council within a five-year period.** Please be advised that Canada Revenue Agency (CRA) consider Benevolent grants to be taxable income to the recipient. In this regard, OSSTF/FEESO will issue a T4A slip to a recipient early in the next calendar year for inclusion with a personal income tax return.

APPLICATION PROCEDURE

1. Submissions shall be made by the **District President, Bargaining Unit President** or designate.
2. Application forms must be completed clearly and in full: **page 1 by the District President, Bargaining Unit President** or designate; pages 2 and 3 by the applicant.
3. **A letter of support by the District President, Bargaining Unit President or designate must be included.**
4. **A letter from the applicant with personal information pertinent to the application must also be included (see page 2).**
5. **Applications are due in to Provincial Office no later than 1pm the day before the scheduled Council meeting.**
6. **Please do not include personal information or documents in the application such as copies of bank statements, invoices, bankruptcy agreements, etc.**
7. Applications are to be forwarded to **(please do not send images of completed applications):**

Fatima De Jesus, Secretariat Liason
 c/o Jennifer Huber – jennifer.huber@osstf.ca
 Ontario Secondary School Teachers' Federation
 49 Mobile Drive, Toronto, Ontario M4A 2P3
 T: 416-751-8300 or 1-800-267-7867

ALL INFORMATION IS HELD IN STRICT CONFIDENCE

The Chairperson of Benevolent Council or Secretariat Liaison may contact the bargaining unit for further information, if required.

*Dan Sheeler, Benevolent Council
 District 21, OSSTF/FEESO*

Please print clearly within the margins

APPLICANT'S NAME: _____

Application completed by: _____ Title: _____

District President/Bargaining Unit President/Designate Information

| | |
|---|--|
| Name | Work Telephone # |
| OSSTF/FEESO District Name | Home Telephone # |
| OSSTF/FEESO District # Bargaining Unit | Union/Personal Email |
| Address (include postal code) | Consideration requested due to: (a) <input type="checkbox"/> prolonged illness (b) <input type="checkbox"/> accident, or (c) <input type="checkbox"/> extreme emergency |



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APPLICANT'S INFORMATION SHEET
CONFIDENTIAL
 (please PRINT clearly)

I hereby consent to the collection and use of the following information by the Ontario Secondary School Teachers' Federation. This information shall be used exclusively for the purposes of Union administration and the representation of our members.

Dated at _____ this _____ day of _____, 20 _____

Applicant Name (please print) _____

Applicant Signature _____

APPLICANT INFORMATION

| | |
|-------------------------------|---|
| Name | Employer |
| Address (include postal code) | Workplace Work Telephone # |
| Home Telephone # | Personal Email |
| Mobile Telephone # | |
| OSSTF/FEESO District Name | OSSTF/FEESO District # Bargaining Unit |
| Member # | |

PERSONAL INFORMATION

| | | | |
|--|------|-----|------------|
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| Dependents (as per income tax return) | Name | Age | Occupation |
| | | | |
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Applicants: please include a letter with personal information pertinent to the application to assist Benevolent Council in the consideration of your request for assistance.

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**APPLICANT'S FINANCIAL INFORMATION
CONFIDENTIAL**

| ASSETS | | |
|--|------------------------------------|----------------------|
| Current Source of Income (Total Net MONTHLY Income) | | |
| Current Income from Employment | \$ _____ /per month | |
| Partner/Spouse Income | \$ _____ /per month | |
| Other Income (specify) | \$ _____ /per month | |
| Total Household MONTHLY Income | | \$ _____ |
| | Value | |
| Savings Accounts | \$ _____ | |
| Chequing Accounts | \$ _____ | |
| Stocks/Bonds | \$ _____ | |
| RRSPs | \$ _____ | |
| Investments | \$ _____ | |
| Vehicle (s) : | | |
| 1. Make/Model <input type="checkbox"/> lease <input type="checkbox"/> own | Model Year | |
| _____ | _____ | \$ _____ |
| 2. Make/Model <input type="checkbox"/> lease <input type="checkbox"/> own | Model Year | |
| _____ | _____ | \$ _____ |
| Real Estate Owned | | |
| | Value | Balance Owing |
| House..... | \$ _____ | \$ _____ |
| Other Property..... | \$ _____ | \$ _____ |
| CURRENT MONTHLY EXPENSES | | |
| <input type="checkbox"/> Rent..... Owed to: _____ | MONTHLY Payment \$ _____ | |
| <input type="checkbox"/> Mortgage..... Owed to: _____ | \$ _____ | |
| Property Taxes (if not included in mortgage payment) _____ /per month | \$ _____ | |
| Loans: Vehicle(s)..... Owed to: _____ | \$ _____ | |
| Personal..... Owed to: _____ | \$ _____ | |
| Other (specify)... Owed to: _____ | \$ _____ | |
| Credit Cards: enter total MONTHLY payment required for each credit card | | |
| <input type="checkbox"/> Mastercard | \$ _____ /per month | |
| <input type="checkbox"/> Visa | \$ _____ /per month | |
| <input type="checkbox"/> Other (specify) | \$ _____ /per month | |
| TOTAL BALANCE OUTSTANDING on all credit cards \$ _____ | | |
| Utilities (total) | \$ _____ /per month | |
| Medical Expenses | \$ _____ /per month | |
| Insurance: enter MONTHLY payment required | | |
| Life: \$ _____ Vehicle: \$ _____ Property: \$ _____ | | |
| Total MONTHLY Insurance Costs → | \$ _____ | |
| MONTHLY Food Expenses (estimate cost) | \$ _____ | |
| MONTHLY Dependent Expenses | \$ _____ | |
| MONTHLY Spousal Payments (if required) | \$ _____ | |
| MONTHLY Transportation Expenses | \$ _____ | |
| Other Pertinent MONTHLY Expenses (specify): | \$ _____ | |
| TOTAL MONTHLY EXPENSES → | | \$ _____ |