Community Development

HEALTH – EMERGENCY ASSISTANCE APPLICATION

General Overview

Emergency Assistance is to help members with floods, house fires, essential bills (Power or Energy), and groceries. Members can receive up to $250 per year. This is a last resort program, if you haven't already gotten help from other areas then you can apply for help though Community Development.

Application must include:

☐ Copy of your essential bill in your name (if applicable);
☐ Proof of emergency. For example, if there is an apartment fire you need a letter from your landlord.
☐ Explanation of why you need help with groceries.

Receipts, or poof of payment from any previous application must be submitted before a new application can be made.

Please allow sufficient time for your application to be reviewed, we require 10 business days to process any applications.

Application Information

Full name:		Date:	
	Last *First* *M.I.*		
Address:		Phone:	
	Street address *Apt/Unit #*		
		Email:	
	City *Prov* *Postal Code*		

Status Number:		Date of Birth:	

Have you received emergency help before?	Yes ☐ No ☐	If yes, when?

| Have you submitted proof of payment from previous applications? | Yes ☐   No ☐   N/A ☐ | If no, why? | _____ |

Reason for Application

If you require more space, please attach a separate page.

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Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If you do not have all the documents required, the application will not be approved.
Only the applicate or the legal guardian of the applicant can apply and must sign the application.

Signature: _____   Date: _____