

**ROYAL CANADIAN MOUNTED POLICE
VETERANS' ASSOCIATION**

**Application for Assistance
from the Benefit Trust Fund**

THE APPLICATION IS A:		
<input type="checkbox"/> First	<input type="checkbox"/> Continuance	<input type="checkbox"/> Update
THE APPLICANT IS A:		
<input type="checkbox"/> Former Member	<input type="checkbox"/> Widow	<input type="checkbox"/> Dependent

1	THE APPLICANT IDENTIFICATION							
	Surname		Given Name(s)	Date of Birth (Y-M-D)	Telephone No. ()			
	Address			Postal Code				
Present Employer		Address of Employment		Telephone No. ()				
2	FORMER MEMBER IDENTIFICATION							
	Reg. No.	Rank	Surname	Given Name(s)	Service From M Y To M Y	Divisions served in		
	Address					Postal Code		
	Date deceased (Y-M-D)	Surname of Next of Kin		Given Name(s)	Relationship			
Service in the Canadian Forces	Wartime	Other	Service No.	Unit				
3	PARTICULARS OF PERSONS RESIDING IN YOUR HOUSEHOLD - NUMBER OF ROOMS ?							
	NAME	RELATIONSHIP	AGE	STATUS	WORK/SCHOOL	INCOME/MONTH	COUNTRY	HEALTH
	PREVIOUS ASSISTANCE (Reasons)					Date (Y-M-D)	Amount	
4	DO YOU HAVE ANY DISABILITY WHICH REQUIRES SPECIAL ATTENTION ?							
5	DO YOU NEED OUTSIDE "HELP" TO ASSIST YOU IN MAINTAINING AN INDEPENDANT LIFE STYLE ?							
6	ASSETS (INCLUDE SPOUSE'S ASSETS IF APPLICABLE)							
	CASH ON HAND							
	SAVINGS							
	CHEQUING ACCOUNT							
	MONEY OWED TO YOU ON DEMAND							
	CANADA SAVINGS BONDS							
	INVESTMENT CERTIFICATES							
	STOCKS AND BONDS							
	MUTUAL FUNDS							
	REAL ESTATE INVESTMENTS (NOT INCLUDING PERSONAL RESIDENCE)							
	BUSINESS INTERESTS							
	RESIDENCE (EXPECTED SELLING PRICE)							
	VEHICLES (1) Year: Make: Value: (2) Year: Make: Value:							
	HOUSEHOLD FURNISHING / TOOLS							
	COLLECTIONS (STAMPS, COINS, ETC., APPROXIMATE VALUE)							
	RECREATION EQUIPMENT							
OTHER								
TOTAL OF ASSETS								
7	LIABILITIES							
		Name of Creditors			Monthly Payment		Total Debt	
	MORTGAGE (1st)							
	MORTGAGE (2nd)							
	CREDIT CARD (1)							
	CREDIT CARD (2)							
	CREDIT CARD (3)							
	CREDIT CARD (4)							
	OTHER DEBTS							
						TOTAL MONTHLY PAYMENTS		
(ATTACH COPIES OF MOST RECENT STATEMENTS)						TOTAL OF LIABILITIES		

8	MONTHLY HOUSEHOLD INCOME		MONTHLY EXPENSES	
	Previous Year	Current Year	Previous Year	Current Year
	EMPLOYMENT EARNINGS (Minus UIC/PPP/Income Tax)		RENT / MORTGAGE PAYMENTS (Including Property Taxes)	
	OLD AGE PENSION AND SUPPLEMENT		UTILITIES + ELECTRICITY + WATER + PHONE	
	CANADA PENSION PLAN (CPP)		FUEL FOR HOUSEHOLD	
	GUARANTEED ANNUAL INCOME SUPPLEMENT		INSURANCE - AUTO	
	DVA OR DISABILITY INCOME GAINS		INSURANCE - LIFE	
	GENERAL WELFARE ASSISTANCE - GWA		INSURANCE - HOSPITAL + MEDICAL	
	FAMILY BENEFITS ALLOWANCE - FBA		INSURANCE - PROPERTY	
	EMPLOYMENT INSURANCE - EI		FOOD AND PERSONAL CARE	
	FAMILY INSURANCE (Life or Accident)		CONTINUING MEDICAL (Drugs, etc.)	
	WORKER'S COMPENSATION		CLOTHING	
	MONTHLY INTEREST FROM BANK		TRANSPORTATION (Bus/Taxi) CAR (Gas + Upkeep)	
	INTEREST FROM INVESTMENTS		HOUSEHOLD MAINTENANCE	
	INCOME FROM OTHER FAMILY MEMBERS		RECREATION + TV (Cable) NEWSPAPERS, PERIODICALS	
	ANNUITY - RRIF		OTHER EXPENSES	
	OTHER INCOME (SPECIFY BELOW)		TOTAL MONTHLY PAYMENTS (From Part 7 of page 1)	
	TOTAL INCOME		TOTAL EXPENSES	
	BENEFIT TRUST FUND			

I solemnly declare that the above information is true and I hereby consent to the release of any personal information which, in the opinion of the Benefits Officer, may be deemed necessary in the investigation of my case.

		MONTHLY \$ DEFICIT
Signature of Applicant	Date (Y-M-D)	OR
		MONTHLY \$ SURPLUS
Signature of Spouse	Date (Y-M-D)	

9 INVESTIGATOR'S COMMENTS AND RECOMMENDATIONS

Signature of Investigator

Date

10 DIVISION EXECUTIVE RECOMMENDATION , APPROVAL AND COMMENTS

DENIED
 APPROVED AMOUNT OF BENEFIT TRUST FUND GRANT
Monthly Annually
 ONE-TIME ONLY BENEFIT TRUST FUND GRANT OF

Signature of Division President

Date

11 RCMPVA BENEFITS OFFICER RECOMMENDATION

Amount of Benefit Trust Fund Grant recommended	To be issued to as a one-time grant (Division)	
Monthly grant assistance to be dispensed	To (Name of Applicant)	
OR	For the period of (Y-M-D)	To (Y-M-D)

Signature of Benefits Officer

Date

12 RCMPVA TREASURER'S AUDIT

Signature of Treasurer

Date

13 RCMPVA DOMINION EXECUTIVE PRESIDENT'S APPROVAL

Signature of RCMPVA President

Date