

## **Application for Emergency Financial Support**

To be considered for emergency support a household must: Are you eligible?

- Average monthly household income below \$2400(net) and documents must be provided to verify this. Canada Child Benefits are not considered monthly income.
- Are a family with children, or a woman or gender diverse person who is 55 years of age or older.

Date:		
Name of Applicant(s):		pal
Amount of Dependents in Applicants Care:		
Name of Referral Source (if applicable):		
Contact Information of Applicant:	Phone:	5
Housing Status:	Rent Board Unhoused (please share for how long):	
Amount of monthly income and source: (please include 2 most recent pay stubs and/or budget sheet)	\$ Income Source:	ne)

Monthly Rent: (please include a copy of your lease, if applicable)	\$
Landlord Information (if applicable)	Name:
Contributing Factors resulting in Need for Financial Aid (check all that apply):	Unexpected Loss of Income Transitioning to Income Assistance Transitioning to Employment Insurance Delay in Subsidy due to Processing Times Change in Family Composition History of homelessness Other:
Reason for Financial Aid:	Rental Arrears Housing Acquisition (to secure housing opportunity) Utility Arrears Relocation/Diversion from Shelter Other:
Amount of Financial Aid Requested:	\$
Please share what other se	rvices or organizations have been contacted for financial assistance
Please share any addition situation:	al information that would be helpful to best understand your curren
Some accompanying docu utility bills, proof of arrear	ments may be required to receive diversion funds (lease if applicable s, etc.)

Please attach any documents relevant to your application to this form and submit your application to: EvictionPrevention@adsumforwomen.org