

BCTF ASSISTANCE SOCIETY

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2

Toll free 1-800-663-9163, local 1921

Direct 604-871-1921 ■ Fax 604-871-2287

The BCTF Assistance Society, incorporated under the Societies Act (BC), provides emergency financial aid to those who are, or have been, active members of the British Columbia Teachers' Federation and to their spouses including common-law, same-sex partners and dependents as defined in the *Income Tax Act*.

The Society is financed from the interest on residual funds from the Provincial and Vancouver Teachers' Medical Service associations, plus voluntary contributions or legacies that may be bequeathed to the Society. The BCTF pays the administrative costs for the operation of the Society.

Assistance is given in the form of loans or non-repayable grants.

A board of directors is elected annually at a general meeting of Society members. The board is responsible for managing the fund in a way that will ensure that future demands can be met. The board is also responsible for granting financial assistance and ensuring that loans are repaid in accordance with an established repayment schedule.

Requests for assistance may be made by members, a local association on behalf of a member, the member's family, or past members of the BCTF. Each application is carefully and confidentially considered by the Society.

Directors will consider only fully completed applications.

To obtain an application form or further information, please contact the BCTF Assistance Society, c/o B.C. Teachers' Federation, 100-550 West 6th Avenue, Vancouver, B.C. V5Z 4P2 or telephone 604-871-1955 or toll free 1-800-663-9163 and ask for the Assistance Society secretary.

Among the services the Society may give assistance for:

- medical emergencies
- housing emergencies
- local disasters
- personal disaster
- family crisis.

Among the services the Society is unable to give assistance for:

- refinancing of mortgages
- meeting summer expenses
- meeting education expenses
- consolidating personal debts
- business debt

Generally assistance is not available for situations arising from strikes/lockouts.
Generally assistance is not available until all other avenues have been explored.





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F03-35/Rev.June 2008

Date received by BCTF Income Security

CONFIDENTIAL WHEN COMPLETED

**NOTE: Directors will consider only fully completed applications
PLEASE PRINT OR TYPE**

DATE OF APPLICATION: _____

A. GENERAL

1. Name _____
2. Address _____
_____ Postal Code _____
3. Length of time at this address _____
4. Date of Birth ____/____/____ Social Insurance Number _____
Day Month Year
5. Home phone (____) _____ School/office phone (____) _____
6. Partner's/Spouse's Name _____ Date of Birth ____/____/____
Day Month Year
7. Dependents _____ Age _____
_____ Age _____
_____ Age _____
8. Have you applied previously to the Assistance Society? yes no
If yes, when? _____ (year)

B. RECORD OF TEACHING SERVICE

9. Present SD # _____ Name _____ School Name _____
10. Service in this school district _____ (years), from _____ (year) to _____ (year)
 Continuing appointment Temporary appointment Teacher on call
11. Previous SD# _____ SD Name _____ from _____ (year) to _____ (year)
12. Total teaching service in B.C. _____ (years)
- 13a. If not teaching, reason for leaving teaching _____
- 13b. If not employed, please provide details _____

C. RECORD OF OTHER EMPLOYMENT

14. If not teaching, name of present employer _____
15. Length of employment with this employer _____ (years) from _____ to _____

E. APPLICATIONS TO OTHER SOURCES FOR ASSISTANCE

17. To what financial institutions have you applied for assistance, within the last 3 months, to remedy your financial crisis?

Name	Address	Date of Application	Amount	Response
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

F. INCOME (Household) Gross income: \$ _____

- 18. Applicant's monthly take-home pay:
 - a. if paid on a 10-month basis, monthly take-home pay x 10 ÷ 12 = \$ _____
 - b. if paid on a 12-month basis, monthly take-home pay \$ _____
- 19. Partner's/spouse's monthly take-home pay \$ _____
- 20. Other monthly income (child tax credit benefit, child support, rental income, pension, sick benefits, investments income, etc.) \$ _____
- Total monthly household income \$ _____

G. EXPENSES AND PAYMENTS

- 21. Monthly living expenses:
 - a. Food \$ _____
 - b. Rent or Mortgage (see item 25) \$ _____
(please circle one)
 - c. Average household utilities: heat, electrical, phone, cable \$ _____
 - d. Prescription drugs (after extended health benefit reimbursement) \$ _____
 - e. Non-prescription drugs, services & treatments \$ _____
 - f. Clothing \$ _____
 - g. Transportation \$ _____
 - h. Insurance (auto, property, life, health) \$ _____
 - i. Monthly credit payments (list under item 24 & transfer the total) \$ _____

j. Other

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total (other)	\$ _____	\$ _____

Total monthly expenses and payments \$ _____

H. SUMMARY OF INCOME AND EXPENSES/PAYMENTS

- 22. Total monthly household income (from Section F) \$ _____
- 23. Total monthly expenses and payments (from Section G) \$ _____
- Difference \$ _____

I. CREDITORS (attach additional page if insufficient space)

24. Name, Address and Account Number	Balance	Monthly Payment
a. _____ _____		
account # _____	\$ _____	\$ _____
b. _____ _____		
account # _____	\$ _____	\$ _____
c. _____ _____		
account # _____	\$ _____	\$ _____
d. _____ _____		
account # _____	\$ _____	\$ _____
e. _____ _____		
account # _____	\$ _____	\$ _____
f. _____ _____		
account # _____	\$ _____	\$ _____
Total (transfer total monthly payment to item 21.i.)	\$ _____	\$ _____

25. Mortgage (if applicable)	Balance	Monthly Payment
First Mortgage held by _____	\$ _____	\$ _____
Second Mortgage held by _____	\$ _____	\$ _____

J. ASSETS

Assessed value of house and land, car, furniture, stocks, bonds, RRSP, other investments, savings plans, etc.

26. Asset	Value
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
Total	\$ _____

K. FINANCIAL STATUS

27. a. Have you filed for bankruptcy? yes no
- b. Are you considering filing for bankruptcy? yes no
 if yes: date _____ province _____
- c. Have you ever filed for bankruptcy? yes no
 if yes: date _____ province _____
28. Have you filed for Orderly Payment of Debt (OPD)? yes no

L. REPAYMENT SCHEDULE

29. I propose a monthly repayment schedule of \$ _____ per month.
30. Starting date _____

M. REFERENCES (name, address and phone number)

1. _____
2. _____
3. _____

See General Conditions on page 6 and sign Consent Form

General Conditions—Loans

Interest will be added on the outstanding balance at the Society's bank PRIME RATE commencing on the first of the month following any failure to meet the agreed upon repayment schedule.

The repayment schedule may be varied as to amounts and frequency of payments by mutual agreement of the borrower and the Society. The Society reserves the right to require increases in the amounts or frequency of payment by giving sixty (60) days notice of such increases to the borrower. The borrower may submit particulars to the Board of Directors if the increases will create hardship but the decision of the Board of Directors shall be final. The revised schedule of repayments will apply until the loan is repaid or until variations are required.

Consent

I hereby authorize the BCTF Assistance Society to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

I further give my permission to the Society to use any information required from BCTF files, including those in the Salary Indemnity Plan, and to contact creditors, the local association president and other references listed herein.

I certify that I have completely and accurately reported all matters requested and that my statements are true.

Date _____ Signed _____

For Assistance Society Use Only

Membership status _____

Date of board meeting _____

Action taken: Loan \$ _____ Grant \$ _____ Denied

Repayment schedule _____

Date of review of repayment schedule _____