



PSAC Local 555
Ontario Tech University
2000 Simcoe St. North
Oshawa, ON L1H 7K4
BIT2037

email: Office@PSAC555.ca, phone: (905)721-8668 ext. 5418

Hardship Fund Application Form

Instructions

Please refer to the Hardship Fund Policy for details of eligibility, requirements, and assessment procedures.

The Hardship is for PSAC Local 555 members who are going through financial difficulties (as described in the Hardship Fund Policy) that affect their ability to perform employment duties. Please complete this form, attach supporting documentation (i.e., receipts of expenses), and submit it to Office@PSAC555.ca for consideration. Applicants remain anonymous during the evaluation procedure. Submissions and recipients are kept confidential.

Note that funding can only be granted to members who have incurred expenses that can be proven at the time of application; future expenses are not covered.

Contact Information:

Name:

UOIT email:

Department:

Address:

Street number and name:

City, Province:

Postal Code:

Hardship Fund Classification: What has caused the financial distress?

- ☐ Medical Expenses
- ☐ Personal Expenses

For office use only

ID:

Date received:

Initials:

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ID:

Date received:

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Financial Information

Please provide your total income for each category for the last 12 months.

Income:

\$

Awards and bursaries received:

\$

OSAP received:

\$

Personal income from employment outside Ontario Tech U (if applicable):

\$

TOTAL HOUSEHOLD INCOME (Gross):

\$

Please provide your total expenses for each category for the last 12 months.

Rent/mortgages and household utilities:

\$

Groceries and food-related expenses:

\$

Transportation:

\$

Childcare:

\$

Tuition fees (including ancillary fees):

\$

Other expenses (loan repayments, etc.):

\$

TOTAL EXPENSES:

\$

If you would like to clarify the financial information declared above (for example, if your total expenses exceed your total income), please provide an explanation on the following page.

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ID:

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Hardship Fund Request Details

Ensure that all supporting documentation (bills/receipts) are attached.

Use the space below to provide any additional information that you believe qualifies you for financial assistance. You may attach an additional sheet if required. Please do not state your name or other information that will readily identify you.

I hereby certify that the information provided in this application is complete and accurate.

Signature:

Date: