



PSAC Local 555
University of Ontario Institute of Technology
2000 Simcoe St. North
Oshawa, ON L1H 7K4
ERC 1085

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 Fund is for PSAC Local 555 members who are going through personal financial hardships that affect their abilities 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 which 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:

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

Signature: Date:

For office use only

ID: Date received: Initials:

For office use only

ID:

Date received:

Initials:

Financial Information

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

TA/GRA/Postdoc/Sessional income:

\$

Awards and bursaries received:

\$

OSAP received:

\$

Personal income from employment outside UOIT (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.

For office use only

ID:

Date received:

Initials:

Hardship Fund Request Details

Please select your Hardship Fund category (select all that apply):

Medical Emergency

Personal Emergency

TOTAL CLAIM AMOUNT (up to \$500):

\$

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.