



RELIEF APPLICATION FORM

FOR OFFICE USE ONLY:

Date received:

Date approved:

Termination date:

reference #

by

by

by

A little bit about You:

First name:

Last name:

Phone number:

Email:

Street address:

City:

Post code:

Best contact method: phone

email

Referred by:

Your income:

Employment Status:

Full time

Part Time

Unemployed

Other

Annual household NET income: \$

(note: to qualify, annual household net income must be \$42,000 or less)

Financial Information: please provide any of the following documents to verify your family unit annual income of \$42,000 or less.

Notice of Assessment for current tax year

Confirmation of receipt of MSP Supplementary Benefits

Release of Information from the Ministry of Social Development

Confirmation of receipt of Guaranteed Income Supplement (GIS)

Confirmation of receipt of SAFER rental subsidy

Your expenses:

Number of family member in each age group:

Children:

0-2:

3-5:

6-10:

11-14:

15-19:

Adults:

20-29:

30-39:

50-59:

60+:

Childcare expense: \$

Rent expense: \$

Medical expense: \$

Commuting to work expense: \$

(If the applicant is employed)

Other: \$

How to submit your documents:

Please email scans or photos to: bigwheelfoundation@bigwheelburger.com

Signature

Privacy policy: we do not share any of your information with anyone else. Email us at any time for more details