

1) Service identification of eligible Veteran

Given name(s)

Family name

**NOVA SCOTIA NUNAVUT COMMAND 61 Gloria McCluskey Avenue** Dartmouth, NS B3B 2Z3

Tel: 902.429.4090

Date of birth

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## **Benevolent Fund Application**

Service No.

Rank

Use a blank sheet of paper if additional space is required for any of the following questions.

Enrolment date		Release date	Unit		Location (if serving) Country & Service (if Allied)					
2) Address										
Home address of applicant				Telephone number and er	mail of Veteran/app	licant				
						,,,,,				
3) Family particulars	(All	those residing in				1 -				
Name			Relations	ship to Veteran		Age	Single or married			
Employment		Monthly Income		Monthly contribution to	Health					
					household					
Name			Relations	ship to Veteran		Age	Single or married			
				•	T					
Employment or school			Monthly	Income	Monthly contribution to household	Health				
					liouseiloiu					
4) Summary										
State previous assistance (	Name	of Fund)	Date	Date						
Problem and type of assista	nco r	naunstad								
Problem and type of assista	ince i	equesteu								
		Veteran/applican	t and/or	spouse/common-law par	tner					
Name(s) of registered own	er		Location							
Description				dwelling, state number of						
			bedroom	15						
Cost price Current value		Amt of I	Mortgage-loan	-						
Cost price		current value	Aine: Or i	wortgage roun						
6) Assets of Veteran	/app	licant and spouse	c/commo	on-law partner						
Assets		Value (\$	)	Assets	Value (\$)					
Available Cash Resou	rces	\$		Insurance – Surrender	\$					
		-		Value						
				-						
Auto – Year and Ma	lko.	\$		Bonds – Other	\$					
Auto – Tear and IVIa	and iviane			Investments	7					
				-						
and Walter										
2 <sup>nd</sup> Vehicle		\$	Other Assets		\$		<b>-</b>			
							Total			
A Total \$		l .					1.			
			B Total	\$	A + B=	\$				
Remarks, special instructio	ns and	l recommendations of	interviewe	1	1	l	1			
•	iis aii	i recommendations of	cc. victoc	r						
	113 0111	recommendations of		r						
	113 0111	recommendations of	c.viewe	r						
	113 4111	recommendations of	c	r						
		a recommendations of	c	r						
	iis ain	a recommendations of	er	r						

7) Debts Monthly Expe						hly Expens	es			
Name and address of credit	ors	Articles or services obtained	Date Incurred			Original amount (\$)	Monthly	renavment	Balance Owing (\$)	
										-
										-
										-
										-
			T	otal →						
8) Monthly Incom	е						Mont	hly Expens	es	
Salary of Veteran or applicant			\$	\$			Food and personal care			
						Rent				
							Mortgage (including interest)			
							Property taxes			
							1		\$	
Salary of spouse			\$	\$			Electricity		\$	
Contributing wage earning	hom		\$	\$			Water		\$	
	Child	lren not residing a e	\$	\$			Phone		\$	
	Rent boar	s from tenants ar ders	nd \$	\$			T.V.		\$	
Pension or other annuities (specify)				\$			Internet		\$	
(Veteran)							Home Fuel		\$	
			\$				Insurance (Medical, Life, Property etc)			
							Transportation/Car expenses/gas			
							Pension plans			
Pension or other annuities (specify) (Spouse/widow)				\$			Child/Spousal Support			
							Mess dues (if serving)			
			\$				Recreation			
							Continuing medical expenses			
							Other, Include debt from above			
A Total income			\$	\$			B Total expenses			
B Total expenses			\$							
A-B= Monthl	ily surplus  ily deficit		\$	\$			State total family gross income for 12 months (attach pay information			
			\$			slips or most rece summaries)	\$			
Veteran's/applicant's Signature			Spouse's/common-law	partner's s	igna	ture (if readily ava	ilable)	Date		
Application approved	ı		If application declined,	If application declined, reason for				declining Date		

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Application declined