



OPSEU LOCAL 464 HARDSHIP FUND APPLICATION

Name of Applicant (*first name, last name*): _____

Mailing Address: _____

City, Province, Postal Code: _____

Preferred phone # _____ Alternate # _____

Total amount requested (Complete details on next page): _____

A member of the Hardship Committee may contact you. Receipts, invoices or proof of need may be required.

By signing this application, you give consent for your personal information to be discussed with all members of the Local 464 Hardship Committee.

To the best of my knowledge, all the information given in this application is true.

Signature of Applicant

Date

Submit by either fax or email to:

OPSEU Local 464

2255 St. Laurent Blvd, Suite 310, Ottawa, Ontario K1G 4K3

Phone: 613-739-4334 Fax: 1-877-440-7797 Email: president@opseu464.org

Name of Applicant (*first name, last name*): _____

Brief description of hardship situation:

Please list each individual expense in order of urgency and need:

| | Explanation of assistance needed | Name and address of vendor/creditor to receive payment (if applicable). | Amount Requested |
|----|----------------------------------|---|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |