



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 A, Ottawa, Ontario K1G 4K3**

**Phone: 613-739-4334 Fax: 1-877-440-7797 Email: [president@opseu464.org](mailto:president@opseu464.org)**

Name of Applicant (*first name, last name*): \_\_\_\_\_

Brief description of hardship situation:

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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.			