

For Office Use Only

ID: \_\_\_\_\_

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_



# FOOD SUPPORT & RESOURCES APPLICATION

## PSAC Local 610

University of Western Ontario, Somerville House, Room 1313, London, ON N6A 3K7  
Phone: 519-661-4137 Email: staffpsac610@gmail.com Fax: 519-850-2998  
www.psac610.ca

UWO EMAIL \_\_\_\_\_

(ALL INFORMATION IS CONFIDENTIAL)

MAILING  
ADDRESS

The Food Support & Resources Fund is intended to aid members who are experiencing unexpected financial need or an emergency that diverts income from their food budget. With a limited budget, the fund is not sufficient to address chronic need. Given these limited resources, not everyone will be approved.

Members with personal or medical emergencies should also consider applying for PSAC 610's Financial Assistance Fund and Extended Health Plan. Please review the application criteria for all of our benefits at [www.psac610.ca/benefits](http://www.psac610.ca/benefits). Each successful applicant will receive \$75 in vouchers, plus \$25 for every dependent in their household (e.g., spouse, children) to a maximum of \$175.

Members who live with a partner who is also employed as a TA or Post-Doc at Western shall apply together on one form. Successful two-member applications receive \$75 for each member (total \$150), plus \$25 for dependents to a maximum amount of \$175.

### Member Information

Are you currently employed as a TA or PD?  Yes  No

If not, when was the last time you were employed as a TA or PD? \_\_\_\_\_ (month/year)

Are you a Canadian / permanent resident or international student or PD?  Canadian/PR  International

### Income Information

**Potential sources of income include:** Teaching Assistantship, Research Assistantship, Postdoctoral Fellowship, WGRS/Department Funding, External Scholarships, Off-Campus Employment, Loans, and Child Care Benefits.

What is your **estimated** annual income? \$ \_\_\_\_\_

### Household Information

Do you have a domestic partner?  Yes  No

If yes, is s/he also a TA or PD at The University of Western Ontario?  Yes  No

If yes, please provide their UWO email address: \_\_\_\_\_

If your partner is working, what is their estimated total income? \$ \_\_\_\_\_

Do you have children?  Yes  No If yes, how many? \_\_\_\_\_

### Household Expenses

**Expenses include the following costs of living:** Tuition Fees, Books/Other School-Related Materials, UHIP Fees, Study Permit Fees, Rent/Mortgage, Utilities - Heat, Hydro, Water, Telephone, Internet, and Television - Groceries, Child Care Expenses, and Transportation.

What are your **estimated** annual expenses? \$ \_\_\_\_\_

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To the extent that you are comfortable, please describe why you are a member in need of support from the Food Support & Resources Fund. Please DO NOT SIGN or write your name - applications are reviewed anonymously.

**Verification Statement**

I declare as true and complete all the information disclosed in my application to the PSAC Local 610 Food Bank.

Yes

No