



APPLICATION FOR ASSISTANCE

The Actors' Fund of Canada
1000 Yonge Street, Suite 301, Toronto, Ontario M4W 2K2
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Fax: 416-975-0306 E-mail: contact@actorsfund.ca

Except in extraordinary circumstances, you are eligible to apply for assistance only if you have earned a substantial portion of your income in the entertainment industry within at least the last three years. You must clearly demonstrate that the entertainment industry is for you a profession not a sideline, and that you have made a significant commitment to establishing it as your career. You may also qualify if you are of retirement age and have made a significant portion of your life's earnings from the industry. Young, able-bodied people out of work are not normally eligible for assistance.

This application can only be processed if all items have been filled out completely. Do not leave items blank; incomplete forms will lead to delays in reviewing your application. Please print clearly. Confidential when completed. If you have any questions about this form, please call our office. Applications may be submitted by mail, by fax, or in person. The Fund's office is open for in-person visits by appointment only.

Your completed application will be reviewed by Actors' Fund staff and forwarded to the Fund's Disbursement Committee, which will make a decision on granting your request. This process usually takes about one week, depending on the nature of the request. You will be contacted by telephone or mail as soon as the Disbursement Committee has come to a decision. Please do not call the office unless you have additional information to provide.

IS THIS YOUR FIRST APPLICATION TO THE FUND? YES NO

1. CONTACT INFORMATION

Name: _____ SIN #: _____

Profession: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ Phone (Cell): _____

May we leave details about this application on your voice mail/answering machine? Yes No

E-mail Address: _____ Please add me to the Fund's e-mail list

Age: _____ Date of Birth: _____ Citizenship: _____

If you are not a Canadian citizen, how long have you lived in Canada and what is your status?

2. FAMILY DETAILS

2a. Residential Status:

Live Alone Live with Spouse/Partner Live with Roommate (# of Roommates ____)

Live with Children (# of Children ____) Other

2b. Marital Status:

Single Married Separated Divorced Widow/er Common-law

2c. Partner/Spouse (This includes ex-partners with whom you have children, or who pay or receive support):

Partner's Name: _____

Address (if different from yours): _____

Occupation: _____ Gross Annual Income: _____

Do you have children? Yes No (if not, you can go to the next page)

If yes, what are their names and ages? _____

Do they live with you full-time? Yes No (please describe): _____

Address (if different from yours): _____

3. PROFESSIONAL STATUS

Only entertainment industry workers who can demonstrate their status as full-time professionals, either through membership in a professional organization or by documenting their ongoing involvement in the industry, may be considered for assistance.

3a. How long have you worked in the Canadian entertainment industry? _____

Affiliations (ACTRA, CAEA, SAG, IATSE, AFofM, etc.): _____ Member Number: _____

How long have you been a member of your current union(s)? _____

Current Status: Active (in good standing) Permittee Suspended Voluntary Withdrawal Retired

For Performers:

Agency: _____ Represented by: _____

3b. Which of the following documents are included in this application?

- Complete resume showing all entertainment industry credits and details of each production
- Work history from current affiliation going back at least three years
- I have contacted my affiliation and asked them to send a work history directly to the Actors' Fund's office.

4. EMPLOYMENT INFORMATION

4a. Your two most recent professional engagements:

Production: _____ Production: _____

Type of Work: _____ Type of Work: _____

Date(s): _____ Total days: _____ Date(s): _____ Total days: _____

4b. Are you currently employed? No (if no, go to the next question)
 Yes (if yes, please complete the details below)

Job: _____

When did you start this job? _____

Hours per week: _____ Monthly income: _____

Is this a temporary job? No Yes If yes, when does it end? _____

4c. Do you have any confirmed work upcoming? No (if no, go to the next question)
 Yes (if yes, please complete the details below)

Job: _____

Start Date: _____

Hours per week: _____ Projected monthly income: _____

Is this a temporary job? No Yes If yes, when does it end? _____

4d. Have you searched for temporary employment outside the entertainment industry?

(for example: waiting tables, temp work, market research, construction, etc.)

Yes (please list, and continue on a separate page if necessary):

| Organization | Date | Position | Contact Person |
|--------------|-------|----------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

No

(You will have room to explain your emergency situation on the following pages. If your situation has restricted your ability to look for work, please be sure to explain how.)

5. FINANCIAL DETAILS

All questions should be answered to the best of your ability. If you do not have an exact figure, give an estimate and mark it as such. If you need more space to answer fully or give more detail, you can attach a separate piece of paper.

Bank Account Information:

List all bank accounts here, or on a separate page if you need more space. Corporate bank accounts should be listed below.

Bank: 1. _____ 2. _____ 3. _____
 Type of Account: 1. _____ 2. _____ 3. _____
 Current Balance: 1. \$ _____ 2. \$ _____ 3. \$ _____

6. CORPORATE FINANCIAL DETAILS

Are you incorporated?

- No (if no, you can go to the next section)
 Yes (if yes, please fill in all blanks below. If you do not have accurate records, please give estimates.)

Is it a loan-out corporation? Yes No

Gross corporate income this calendar year (to date): \$ _____
 Last calendar year: \$ _____
 Previous calendar year: \$ _____

Corporate Bank Accounts:

Bank: 1. _____ 2. _____ 3. _____
 Type of Account: 1. _____ 2. _____ 3. _____
 Current Balance: 1. \$ _____ 2. \$ _____ 3. \$ _____

7. ANNUAL INCOME

If you do not know the exact amount you made, you must provide an estimate. The Disbursement Committee will use this information to assess your usual financial situation vs. your current emergency situation. **Do not leave spaces blank. Answer each question, and write \$0 if you need to.**

| | Total Gross Income | Amount Earned From Entertainment Industry | Amount of Other Income | Describe Any Non-Entertainment Industry Income |
|--------------------------------|--------------------|-------------------------------------------|------------------------|------------------------------------------------|
| This Year to Date: | \$ _____ | \$ _____ | \$ _____ | _____ |
| Last Calendar Year: | \$ _____ | \$ _____ | \$ _____ | _____ |
| Previous Calendar Year: | \$ _____ | \$ _____ | \$ _____ | _____ |

Are you receiving:

- E.I.: \$ _____ /month Start date: _____ End date (if applicable): _____
 Welfare: \$ _____ /month Start date: _____ End date (if applicable): _____
 Pension: \$ _____ /month Start date: _____ Source(s) (CPP, OAS, etc): _____
 Alimony/Child Support: \$ _____ /month
 Income from Investments (example: RRSP, RIFF): \$ _____ /month
 Other: \$ _____ /month Describe: _____

You must report **ALL** sources of income. We may ask you to provide personal or corporate tax returns for clarification.

8. CURRENT ASSETS

- House/Condo Approximate current value: \$ _____ Approximate equity: \$ _____
- RRSP Approximate current total: \$ _____
- Have you recently withdrawn money from your RRSP accounts? No Yes
- If yes, how much and when? _____
- Other Assets Type: _____ \$ _____
(including Type: _____ \$ _____
investments) Type: _____ \$ _____

9. AVERAGE MONTHLY EXPENSES

Please list your regular **monthly** costs for each of these categories. We need to know how much you are normally paying per month, not how much you owe right now. If you share these costs with anyone, please list only the portion you owe directly. If the cost varies, please list an average or estimate. **Do not list any outstanding debts here.**

| Category | Average Monthly Amount | Details: |
|--------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------|
| Housing | \$ _____ | <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage |
| Property Taxes | \$ _____ | |
| House/Apt. Insurance | \$ _____ | |
| Utilities (Average cost for one month of gas, hydro, and water) | \$ _____ | |
| Phone & Internet | \$ _____ | |
| Transportation | \$ _____ | Transit: \$ _____ Car Payment: \$ _____ Gas: \$ _____ Insurance: \$ _____ |
| Food | \$ _____ | |
| Other (eg. child support) | \$ _____ | Please describe: _____ |
| Other | \$ _____ | Please describe: _____ |
| TOTAL MONTHLY EXPENSES | \$ _____ | |

10. OUTSTANDING DEBTS

- Past due mortgage/rent: \$ _____ For the months of: _____
- Outstanding loans: (check all that apply)
- Line of Credit Student Loan Personal/Family Other: _____
- Total: \$ _____
- Total balance on credit cards: \$ _____ Total monthly minimum payments: \$ _____
- Other (eg. outstanding taxes): _____ Total: \$ _____

11. EMERGENCY CIRCUMSTANCES

Please describe the immediate circumstances that have led you to apply to the Actors' Fund. Please type or print **very clearly** on a separate sheet of paper if you need more room. Your answer to the questions on this page will be your explanation of why you need to be considered for emergency assistance. We encourage you to provide **detailed** information about your situation wherever possible.

What type of emergency has led you to apply to the Actors' Fund?

- Injury or Illness (you will need to provide a doctor's note or copy of a medical report)
- Family Illness/Bereavement
- Loss of work
- Dental Emergency (you will need to provide your dentist's estimate with costs for each procedure **before** the work is done. Please note that dental assistance has a maximum of 80% coverage and is for **emergency costs only**; it is available only for eligible applicants, not for their dependents or families.)
- Separation/Relocation (if seeking a new apartment, please estimate the amount of rent you intend to pay per month; if assistance is approved, the amount will be confirmed before you sign a lease.)
- Other (please explain)

Please describe the details of the emergency you checked above.

Be sure to explain:

- Any other circumstances that you think would help us understand your situation (for example, pre-existing medical conditions, obligations that restrict your ability to work, recent costs, etc.);
- How your health, housing, or ability to work has been affected by your current emergency;
- What consequences you are facing as a result of this emergency.

Attach a separate sheet of paper or additional pages if you need more room to explain. Please type or print **very clearly**.

12. OTHER RESOURCES

Please describe below any measures you have taken or plan to take to improve your situation. The Actors' Fund encourages you to seek other forms of assistance. A willingness to find out about different options and resources generally reflects favourably on an applicant.

12a. Have you applied for health care/insurance benefits from your union, guild, or association? Provide details:

12b. Have you explored other financial options, such as government assistance or borrowing against existing assets? Provide details:

12c. Have you sought assistance from relatives or friends? Provide details:

12d. Are there other measures you have taken to address your situation?

12e. Is this a short-term emergency? If not, what are your plans for the long term?

13. ASSISTANCE REQUESTED

Please use the chart below to detail the type and amount of assistance requested. You must submit copies of bills or proof of costs for each item listed below (unless you are requesting assistance with groceries or other basics). Be as specific as possible about the items you are requesting assistance for, the person or company you make payments to, and the exact amount you are requesting. Generally, assistance is approved for no more than one month or one minimum payment.

| Type of Assistance Requested | Amount | FOR OFFICE USE ONLY |
|-----------------------------------------------------------------|-----------------|-----------------------------------|
| <i>EXAMPLE: Rent (January) payable to 'Apartments Inc.'</i> | \$ 748.50 | <i>do not write in this space</i> |
| 1. _____ | \$ _____ | _____ |
| 2. _____ | \$ _____ | _____ |
| 3. _____ | \$ _____ | _____ |
| 4. _____ | \$ _____ | _____ |
| 5. _____ | \$ _____ | _____ |
| 6. _____ | \$ _____ | _____ |
| TOTAL AMOUNT REQUESTED: | \$ _____ | _____ |

14. SUMMARY

Did you include:

- Proof of costs for all the items above?
- A current work history or resume?
- Any needed medical or other documentation (detailed on page 5)?

Please send copies of any relevant bills or documents. **Do not mail original documents.**

I, _____ (PRINT NAME) BY MY SIGNATURE, AUTHORIZE THE ACTORS' FUND OF CANADA, ITS STAFF AND MEMBERS OF ITS DISBURSEMENT COMMITTEE TO CONDUCT ANY INQUIRIES WITH, INCLUDING, BUT NOT LIMITED TO, BANKS, CREDIT BUREAUS, LANDLORDS, AGENTS, ETC., AS MAY BE DEEMED NECESSARY TO EXPEDITE THE DECISION ON THIS APPLICATION. I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION AND ON ANY DOCUMENTS ATTACHED IS CORRECT AND COMPLETE, AND FULLY DISCLOSES MY PRESENT SITUATION AND MY INCOME FROM ALL SOURCES.

DATED THIS _____ DAY OF _____, 20____.

SIGNED: _____

APPLICATIONS MAY BE SUBMITTED BY MAIL, BY FAX, OR IN PERSON. **THE FUND'S OFFICE IS OPEN FOR IN-PERSON VISITS BY APPOINTMENT ONLY.**