The BCTF Assistance Society, incorporated under the *Societies Act* (BC), provides **emergency financial aid** to those who are, or have been, active members of the British Columbia Teachers’ Federation and to their spouses including common-law partners and dependants as defined in the *Income Tax Act*.

The Society has limited resources and endeavours to help as many teachers as possible. Generally, the Society is able to make small loans or grants available to assist the member, and assistance is not made available until all other avenues have been explored.

Depending on funds available:

* The Society is able to provide loans if an applicant makes a good case for need, and if it appears that the applicant will be able to repay the loan over time.
* The Society is able to provide grants when/if a person’s circumstances are dire, and repayment of a loan seems impossible. Grants are provided infrequently and only for very modest amounts.

In cases, where applicants have need for very large loans and/or grants, applicants may wish to explore bankruptcy or orderly payment of debt, to address overwhelming financial difficulties.

**Free credit counseling** is available through:

Credit Counselling Society

1-888-527-8999 or [*www.nomoredebts.org*](http://www.nomoredebts.org)

**Where does the money come from?**

The Society is financed from the interest on residual funds from the Provincial and Vancouver Teachers’ Medical Service associations, plus voluntary contributions or legacies that may be bequeathed to the Society. The BCTF pays the administrative costs for the Society’s operations.

The Society’s funds are not acquired through BCTF members’ union dues.

**Who makes the decisions on aid?**

Practising and retired teachers volunteer their time to consider applications. Half of the directors are appointed by the BCTF Executive Committee, and half are elected at the AGM of the Society. The board is responsible for managing the fund in a way

that will ensure that future demands can be met.

The board is also responsible for granting financial assistance and ensuring that loans are repaid in accordance with an established repayment schedule. The board meets once a month (except July and August).

**Who may submit an application?**

Requests for assistance may be made by members, a local association on behalf of a member, the member’s family, or past members

of the BCTF. Each application is carefully and confidentially considered by the Society.

**For** **further information**, please contact the BCTF Assistance Society Secretary, c/o BC Teachers’ Federation:

100-550 West 6th Avenue

Vancouver, BC V5Z 4P2

Telephone: 604-871-1921

Toll-free: 1-800-663-9163, local 1921

Email: *benefits@bctf.ca*

Download application from BCTF’s webpage: [*www.bctf.ca/services-guidance/benefits/apply-for-emergency-financial-assistance*](http://www.bctf.ca/services-guidance/benefits/apply-for-emergency-financial-assistance)

Please ensure that all sections have been completed in full before submitting your application. It is helpful to the directors when members provide a detailed and accurate description regarding their request, including why funds are being requested and what exactly they will be used for.

**Among the services the Society *may* give assistance for:**

* medical emergencies
* housing emergencies
* local disasters
* personal disaster
* family crisis.

**Among the services the Society is *unable* to give assistance for:**

* refinancing of mortgages
* meeting summer expenses
* meeting education expenses
* consolidating personal debts
* business debt.

Generally, assistance is not available for situations arising from strikes/lockouts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONFIDENTIAL WHEN COMPLETED**  **NOTE: Please fully complete all sections that apply.**  **PLEASE PRINT OR TYPE**  **DATE OF APPLICATION:** | | **DATE RECEIVED IN ISD** | | |
| **A. GENERAL** | | | | |
| 1. Name: | | | | |
| I identify as: Male Female Non-binary Two-Spirit Other (specify):  Prefer not to answer | | | | |
| 1. Address: | | Postal Code: | | |
| 1. Length of time at this address: | | | | |
| 1. Date of Birth (Day/Month/Year): | | SIN: | | |
| 1. Home phone:   School/office phone: | | | | |
| Cell phone: | | | | |
| Email: | | | | |
| 1. Partner/spouse name: | | | | |
| Partner/spouse DOB (Day/Month/Year): | | | | |
| 1. Dependants: | | | | |
| Name: | | | Age: | |
| Name: | | | Age: | |
| Name: | | | Age: | |
| 1. Have you previously applied to the Assistance Society? Yes  No | | | | |
| If yes, when? (year): | | | | |
|  | | | | |
| **B. RECORD OF TEACHING SERVICE** | | | | |
| 1. Present SD (number and name): | | | | |
| Name of School: | | | | |
| 1. Service in this SD (years): | | From: | | To: |
| Continuing appointment  Temporary appointment  Teacher on call | | | | |
| 1. Previous SD (number and name): | | | | |
| 1. Total teaching service in BC (years): | | | | |
| 1. a) If not teaching, reason for leaving teaching: | | | | |
| b) If not employed, please provide details: | | | | |
|  | | | | |
| **C. RECORD OF OTHER EMPLOYMENT** | | | | |
| 1. If not teaching, name of present employer: | | | | |
| 1. Length of employment with this employer (yrs.): | From: | | | To: |

|  |  |  |
| --- | --- | --- |
|  | | |
| **D. AMOUNT OF REQUEST** | **LOAN: $** | **GRANT: $** |
| 1. PLEASE BE SPECIFIC. Summarize why money is being requested and what exactly the money will be used for. If more space is required, please enclose a separate sheet. | | |
|  | | |

|  |
| --- |
| **E. APPLICATIONS TO OTHER SOURCES FOR ASSISTANCE** |
| 17. To what financial institutions have you applied for assistance, within the last three months, to remedy your financial crisis? |
| **Specify: name/address/date of application/amount/response** |
| a. |
|  |
|  |
|  |
| b. |
|  |
|  |
|  |
| c. |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **F. INCOME (Household) Gross income:** | | **$** |
| 18. Applicant’s monthly take-home pay: | | |
| 1. If paid on a 10-month basis, monthly pay x 10÷12= | | **$** |
| 1. If paid on a 12-month basis, monthly take-home pay | | **$** |
| 1. Partner/spouse’s monthly take-home pay | | **$** |
| 1. Other monthly income (child tax credit benefit, child support,   rental income, pension, sick benefits, investments income, etc.) | | **$** |
| **Total monthly household income** *(transfer total to item 22)* | | **$** |
|  | |  |
| **G. EXPENSES AND PAYMENTS** | |  |
| 1. Monthly living expenses: | |  |
| 1. Food | | **$** |
| 1. Rent or Mortgage *(see item 25*) (*check one)* | | **$** |
| 1. Average household utilities: heat, electrical, phone, cable | | **$** |
| 1. Prescription drugs (after extended health benefit reimbursement) | | **$** |
| 1. Para-medical services and treatments (after EHB reimbursement) | | **$** |
| 1. Non-prescription drugs | | **$** |
| 1. Clothing | | **$** |
| 1. Transportation | | **$** |
| 1. Insurance (auto, property, life, health) | | **$** |
| 1. Monthly credit payments *(list under item 24 and transfer total here)* | | **$** |
| 1. Other: | | |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Total (other)** | **$** |  |
| **Total monthly expenses and payments** (*transfer total to item 23*) | | **$** |

|  |  |
| --- | --- |
|  | |
| **H. SUMMARY OF INCOME AND EXPENSES/PAYMENTS** | |
| 22. Total monthly household income *(transfer total from Section F)* | **$** |
| 1. **Total monthly expenses and payments** *(transfer total from Section G)* | **$** |
| **Difference** | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **I. CREDITORS (attach optional page if insufficient space)** | | | |
| 24. **Name/address/account number** | | **Balance** | **Monthly payment** |
| a. | |  |  |
|  | |  |  |
| Account # | | **$** | **$** |
| b. | |  |  |
|  | |  |  |
| Account # | | **$** | **$** |
| c. | |  |  |
|  | |  |  |
| Account # | | **$** | **$** |
| d. | |  |  |
|  | |  |  |
| Account # | | **$** | **$** |
| e. | |  |  |
|  | |  |  |
| Account # | | **$** | **$** |
| f. | |  |  |
|  | |  |  |
| Account # | | **$** | **$** |
| **Total** *(transfer total monthly credit payments to item 21.j.)* | | **$** | **$** |
|  | |  |  |
| 25. **Mortgage (if applicable)** | | **Balance** | **Monthly payment** |
| First mortgage held by: | | **$** | **$** |
| Second mortgage held by: | | **$** | **$** |
|  | |  |  |
| **J. ASSETS**  Assessed value of house and land, car, furniture, stocks, bonds, RRSP, other investments, savings plans, etc. | | | |
| 26. **Asset** | **Value** | | |
| a. | **$** | | |
| b. | **$** | | |
| c. | **$** | | |
| d. | **$** | | |
| e. | **$** | | |
| f. | **$** | | |
| g. | **$** | | |
| h. | **$** | | |
| **Total** | **$** | | |

|  |
| --- |
| **K. FINANCIAL STATUS** |
| 27. a. Have you filed for bankruptcy in the past 5 years?  Yes  No |
| If **yes**, date (DD/MM/YY): province: |
| If **no**, are you considering filing for bankruptcy?  Yes  No |
| b. Have you **ever** filed for bankruptcy in the preceding years?  Yes  No |
| If **yes**, date (DD/MM/YY): province: |
| 28. Have you ever filed for Orderly Payment of Debt (OPD)?  Yes  No |
| If **yes, date** (DD/MM/YY)**:** province: |
|  |
| **L. REPAYMENT SCHEDULE** |
| 29. I propose a monthly repayment schedule of **$**  per month. |
| 30. Starting date (DD/MM/YY): |
|  |
| **M. REFERENCES (name, address, and phone number)** |
| 1. |
| 2. |
| 3. |

**See General Conditions on next page and sign consent form.**

***General Conditions—Loans***

Interest will be added on the outstanding balance at the Society’s bank PRIME RATE commencing on the first of the month following any failure to meet the agreed upon repayment schedule.

*The repayment schedule may be varied as to amounts and frequency of payments by mutual agreement of the borrower and the Society. The Society reserves the right to require increases in the amounts or frequency of payment by giving sixty (60) days notice of such increases to the borrower. The borrower may submit particulars to the Board of Directors if the increases will create hardship, but the decision of the Board of Directors shall be final. The revised schedule of repayments will apply until the loan is repaid or until variations are required.*

**Consent**

I hereby authorize the BCTF Assistance Society, to whom this application is submitted, to obtain a credit information report on me from a consumer reporting agency.

I hereby authorize the British Columbia Teachers’ Federation (“BCTF”) to disclose my “personal information” and/or my “employee personal information,” as those terms are defined in the *Personal Information Protection Act*, to the BCTF Assistance Society, including disclosure of the details of my claim for benefits to the BCTF Salary Indemnity Plan.

I hereby authorize the BCTF Assistance Society to contact creditors, the local association president, and other references listed herein.

I certify that I have completely and accurately reported all matters requested and that my statements are true.

I understand that should the Society provide me with a loan, I will sign and return the loan contract and the pre-authorized debit (PAD) form to the Secretary for the BCTF Assistance Society prior to receiving the funds.

I understand that if I fail to comply with the loan repayment schedule, loan repayments may be deducted from any BCTF Salary Indemnity Plan payments paid to me, now or in the future.

All consent is given pursuant to the *Personal Information Protection Act*, SBC 2003, and is in effect from the date signed until cancelled in writing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Signed:** |  |
| *Note: Type name if completing online for authorization purposes*. | | | |

CH:TSU/mho:tfeu