

# ASSISTANCE SOCIETY

100–550 West 6th Avenue, Vancouver, BC V5Z 4P2

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

Direct 604-871-1921 ■ Fax 604-871-2287

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 dependents 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 reluctant to look at requests that are in the tens of thousands of dollars. Generally, assistance is not 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 he/she appears 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  
1-855-232-4888 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.

## Who makes the decisions on aid?

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.

## 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.

**Please note: Directors will consider only fully completed applications.**

**To obtain an application form** or further information, please contact the BCTF Assistance Society secretary, c/o B.C. Teachers' Federation:  
100-550 West 6th Avenue  
Vancouver, B.C. V5Z 4P2  
Telephone: 604-871-1955  
Toll free: 1-800-663-9163

Applications can also be downloaded from BCTF's webpage: [bctf.ca/SalaryAndBenefits.aspx?id=4776](http://bctf.ca/SalaryAndBenefits.aspx?id=4776)

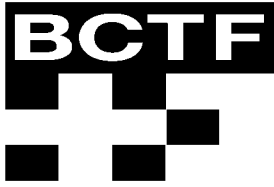
## Among the services the Society may give assistance for:

- 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.



# ASSISTANCE SOCIETY

100-550 West 6th Avenue, Vancouver, BC V5Z 4P2  
Toll free 1-800-663-9163, local 1921  
Direct 604-871-1921 ■ Fax 604-871-2287

**CONFIDENTIAL WHEN COMPLETED**

Date received in ISD

**NOTE: Directors will consider only fully completed applications  
PLEASE PRINT OR TYPE**

**DATE OF APPLICATION:** \_\_\_\_\_

## A. GENERAL

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_ Postal code \_\_\_\_\_
3. Length of time at this address \_\_\_\_\_
4. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Insurance Number \_\_\_\_\_  
Day Month Year
5. Home phone ( ) \_\_\_\_\_ School/office phone ( ) \_\_\_\_\_  
Cell phone ( ) \_\_\_\_\_ email \_\_\_\_\_
6. Partner's/Spouse's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year
7. Dependents \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_
8. Have you applied previously to the Assistance Society?  yes  no  
If yes, when? \_\_\_\_\_(year)

## B. RECORD OF TEACHING SERVICE

9. Present SD # \_\_\_\_\_ Name \_\_\_\_\_ School name \_\_\_\_\_
10. Service in this school district \_\_\_\_\_ (years), from \_\_\_\_\_ (year) to \_\_\_\_\_ (year)  
 Continuing appointment  Temporary appointment  Teacher on call
11. Previous SD# \_\_\_\_\_ SD Name \_\_\_\_\_ from \_\_\_\_\_ (year) to \_\_\_\_\_ (year)
12. Total teaching service in BC \_\_\_\_\_ (years)
- 13a. If not teaching, reason for leaving teaching \_\_\_\_\_
- 13b. If not employed, please provide details \_\_\_\_\_

## C. RECORD OF OTHER EMPLOYMENT

14. If not teaching, name of present employer \_\_\_\_\_
15. Length of employment with this employer \_\_\_\_\_(years) from \_\_\_\_\_ to \_\_\_\_\_



**E. APPLICATIONS TO OTHER SOURCES FOR ASSISTANCE**

17. To what financial institutions have you applied for assistance, within the last 3 months, to remedy your financial crisis?

Name	Address	Date of application	Amount	Response
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____
e.	_____	_____	_____	_____

**F. INCOME (Household) Gross income: \$ \_\_\_\_\_**

- 18. Applicant's monthly take-home pay:
  - a. if paid on a 10-month basis, monthly take-home pay x 10 ÷ 12 = \$ \_\_\_\_\_
  - b. if paid on a 12-month basis, monthly take-home pay \$ \_\_\_\_\_
- 19. Partner's/spouse's monthly take-home pay \$ \_\_\_\_\_
- 20. 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**

- 21. Monthly living expenses:
  - a. Food \$ \_\_\_\_\_
  - b. Rent or Mortgage (see item 25) \$ \_\_\_\_\_  
(please circle one)
  - c. Average household utilities: heat, electrical, phone, cable \$ \_\_\_\_\_
  - d. Prescription drugs (after extended health benefit reimbursement) \$ \_\_\_\_\_
  - e. Non-prescription drugs, services & treatments \$ \_\_\_\_\_
  - f. Clothing \$ \_\_\_\_\_
  - g. Transportation \$ \_\_\_\_\_
  - h. Insurance (auto, property, life, health) \$ \_\_\_\_\_
  - i. Monthly credit payments (list under item 24 & transfer total here) \$ \_\_\_\_\_



25. <b>Mortgage (if applicable)</b>	<b>Balance</b>	<b>Monthly payment</b>
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. <b>Asset</b>	<b>Value</b>
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____
g. _____	\$ _____
h. _____	\$ _____
Total	\$ _____

**K. FINANCIAL STATUS**

27. a. Have you filed for bankruptcy?  yes  no  
 If yes: date \_\_\_\_\_ province \_\_\_\_\_  
 If no: are you considering filing for bankruptcy?  yes  no
- b. Have you ever filed for bankruptcy?  yes  no  
 If yes: date \_\_\_\_\_ province \_\_\_\_\_
28. Have you filed for Orderly Payment of Debt (OPD)?  yes  no

**L. REPAYMENT SCHEDULE**

29. I propose a monthly repayment schedule of \$ \_\_\_\_\_ per month.  
 30. Starting date \_\_\_\_\_

**M. REFERENCES (name, address and phone number)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**See General Conditions on page 7 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 such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

I further give my permission to the Society to use any information required from BCTF files, including those in the Salary Indemnity Plan, and 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.

All consent is given pursuant to the *Personal Information Protection Act*, SBC 2003.

Date \_\_\_\_\_ Signed \_\_\_\_\_

---

For Assistance Society use only

Membership status \_\_\_\_\_

Date of board meeting \_\_\_\_\_

Action taken: Loan \$ \_\_\_\_\_ Grant \$ \_\_\_\_\_ Denied

Repayment schedule \_\_\_\_\_

Date of review of repayment schedule \_\_\_\_\_

