

ROYAL CANADIAN LEGION POPPY FUND ASSISTANCE APPLICATION

Full Name _____

Address _____

Phone _____ Email _____

Service # _____ D.O.B. _____ Marital Status _____

of Dependants _____

Assistance Required _____

MONTHLY INCOME:	\$	MONTHLY EXPENSES:	\$
Gross Wages of Applicant	_____	Rent or Mortgage	_____
Gross Wages of Spouse	_____	Property Taxes	_____
Family/Youth Allowance	_____	Food	_____
All Pensions	_____	Clothing	_____
Tenants/Borders	_____	Telephone/Cell/Internet	_____
Other (specify)	_____	Insurance (all types)	_____
_____	_____	Pension Plans (all types)	_____
_____	_____	Utilities (all types)	_____
TOTAL MONTHLY INCOME	=====	Income Taxes	_____
LESS TOTAL EXPENSES	_____	Transportation	_____
MONTHLY SURPLUS/DEFICIT	=====	Vehicle Payments	_____
		Vehicle Fuel	_____
		Entertainment/Recreation, etc.	_____
		Other Expenses (specify)	_____
		_____	_____
		_____	_____
		TOTAL MONTHLY EXPENSES	=====

**ROYAL CANADIAN LEGION
POPPY FUND ASSISTANCE APPLICATION**

ASSETS:	\$	LIABILITIES:	\$
Cash on Hand & in Bank	_____	_____	_____
Bonds, Certificates, Terms, etc.	_____	_____	_____
Property/Furniture, etc.	_____	_____	_____
Automobile & Other Vehicles	_____	_____	_____
Life Insurance (Surrender Value)	_____	_____	_____
Other (specify)	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	=====	TOTAL LIABILITIES	=====

Do you receive financial assistance from other sources?

Please specify: _____

Previous assistance from local Legion Branch or Poppy Fund:

Amount \$ _____ **Dates:** _____

STATUTORY DECLARATION

I solemnly declare that the above information is true and complete.

Signature of Applicant _____

Witness Name and Signature _____

Dated _____

Interviewer's Remarks _____