

**ROYAL CANADIAN LEGION
POPPY FUND ASSISTANCE APPLICATION
Statement of Income and Expense Form**

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 / Boarders	_____	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	=====

ASSETS: _____ \$ **LIABILITIES:** _____ \$

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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. This will also confirm that I consent to the collection and sharing of personal financial information for the sole purpose of assessing my application for Poppy Fund Assistance by authorized personnel only.

Signature of Applicant _____

Witness Name and Signature _____

Dated _____

Interviewer's Remarks _____

