



Application For Support

The David Foster Foundation provides financial support for Canadian families of children requiring life-saving transplants. The foundation can only provide financial assistance for non-medical expenses for children prior to their 20th birthday. By completing and signing this form, you are giving the foundation permission to verify the financial information provided.

Family Information

Child's name _____

Date of birth _____ Sex M F

Father's name _____ Date of Birth _____

Address _____

_____ Postal Code _____

Phone # _____ Cell phone# _____

Email address _____

SIN # _____ Marital Status _____

Occupation _____

Employer's name _____

Address _____

_____ Phone # _____

Mother's name _____ Date of Birth _____

Address _____

_____ Postal Code _____

Phone # _____ Cell phone# _____

Email address _____

SIN # _____ Marital Status _____

Occupation _____

Employer's name _____

Address _____

_____ Phone # _____

Other Family Members living with you *(please provide name, relationship and age for each)*

Financial Information

INCOME *(please include copies of the past two years income tax returns for both parents with your application)*

Father's annual income _____

Mother's annual income _____

Do you own your own home? _____

Do you own other commercial, revenue or vacation property? _____

Have you or your spouse sold any property or assets in the past 5 years? If yes, give details.

Other income sources: _____

RRSPs _____

Stocks/ bonds _____

Child Support _____

Alimony _____

Rental income _____

Child tax benefit _____

Are any other charitable organizations assisting you? If yes, please provide details.

Is part of your income subsidized by the Ministry responsible for social services in your province and/or Health and Welfare Canada? If yes, please provide details.

Expenses

Mortgage or rent payment _____

2nd mortgage payment _____

Monthly utilities (heat, light, water) _____

Automotive expenses _____

Food _____

Insurance _____

Miscellaneous _____

Banking information

Name of financial institution _____

Branch address _____

Account number(s) _____

Privacy Commitment:

The David Foster Foundation is firmly committed to protecting the privacy of the families it supports. The information collected in this application form is used only to determine eligibility for financial support and will not be shared for any other purpose.

Declaration:

I, the undersigned, solemnly declare that the information I have provided in this application is true and complete to the best of my knowledge and belief.

I give the David Foster Foundation permission to discuss my child's medical condition and our family's financial circumstances with my social worker or other medical professionals as required.

I give the David Foster Foundation permission to verify this information, to have access to my previous two years of income tax returns from the Canadian Revenue Agency and to obtain a credit report.

I also agree to submit the first two pages of my Canada Revenue income tax return to the David Foster Foundation by no later than May 15 each year for as long as my family is receiving financial assistance from the foundation.

Date _____

Location _____

Signature of Applicant _____

Signature of Applicant's spouse _____

Signature of Witness _____