



**THE CORPORATION OF THE CITY OF LONDON
NON-SOCIAL ASSISTANCE RECIPIENT APPLICATION
DISCRETIONARY BENEFITS**

London
CANADA

NOTICE OF COLLECTION OF PERSONAL INFORMATION

The personal information collected on this form is collected under the authority of Policy 24(5) *Special Assistance and Supplementary Aid* and will be used to determine eligibility for Discretionary Benefits assistance. Questions about this collection should be addressed to the Manager of Discretionary Benefits at 785 Wonderland Rd., London, ON N6K 1M6 Tel: 661-5910.

1. Personal Data for Applicant				
Surname		Given Name		Date of Birth (dd/mm/yy)
Address		Phone Number	Marital Status	
2. Income				
List all income of applicant, spouse and dependents living in the household, such as social assistance of any kind, wages, full or part time earnings, rentals, contribution or payments from any source, pensions. Please provide documents verifying all household income.				
Income	Applicant	Spouse/ Dependent	Other persons living in the Household (eg. Relatives, boarders)	
	(monthly)	(monthly)		(monthly)
Earnings from employment	\$	\$	Roomer:	\$
Ontario Works (OW)	\$	\$	Boarder:	\$
Ontario Disability Support Program (ODSP)	\$	\$		
Child Tax Benefit/NCBS	\$	\$	WHAT ITEM(S) ARE YOU REQUESTING? - WHO IS THE ITEM(S) FOR? # OF FAMILY MEMBERS RESIDING IN HOUSEHOLD ____ APPLICANT: _____ SPOUSE: _____ DEPENDENTS: _____ ITEM(S): _____	
Worker's Safety and Insurance Board (WSIB)	\$	\$		
Employment Insurance (EI)	\$	\$		
Training Allowance (eg. Second Careers)	\$	\$		
CPP	\$	\$		
OAS	\$	\$		
GAINS	\$	\$		
Support Payments	\$	\$		
All the information on this application is true to the best of my/our knowledge and belief and no information required to be given has been concealed or omitted. I/we will inform The Corporation of the City of London Department of Social Services immediately of any changes in my/our circumstances, such as marital status, employment, income or assets and/or any other changes in my/our situation.				
Date: _____	_____ Signature of Applicant			
Date: _____	_____ Signature of Spouse			
Date: _____	_____ Signature of Dependent(s) – aged 16 years and older			

INFORMATION YOU MUST SUBMIT WITH THIS DISCRETIONARY BENEFITS APPLICATION:

- ✓ Copy of ID for all household members (example; health card, birth certificate)
- ✓ Provide proof of the need for the item (example; prescription, medical letter)
- ✓ An estimate for the item you are requesting (please note, prescription only is required for eye glasses and estimate is not required for dental assistance)
- ✓ Verification of London address (example; recent utility bill, lease or rental agreement, mortgage documents)
- ✓ Income verification (example; most recent Notice of Assessment from Revenue Canada for all household members, most recent Annual Canada Child Tax Benefit (CCTB) statement showing family income, pay stubs, bank statements or other documentation of income)

If you are found eligible, you are eligible for assistance for 12 months from the date you are found eligible. You will be required to reapply for assistance every 12 months.

PLEASE DO NOT SUBMIT ORIGINAL DOCUMENTS

MAIL YOUR COMPLETED APPLICATION AND INFORMATION TO:
DISCRETIONARY BENEFITS @ 785 Wonderland Rd. South, LONDON, ON N6K 1M6
OR FAX TO: 519-661-6488.

COMPLETED APPLICATIONS CAN ALSO BE SUBMITTED AT OUR MAIL BOXES AT CITIPLAZA, SOUTH LONDON COMMUNITY CENTRE, NORTHLAND MALL, CANADA GAMES AQUATICS CENTRE, GLEN CAIRN COMMUNITY RESOURCE CENTRE, CARLING HEIGHTS OPTIMIST RESOURCE CENTRE, LONDON EAST OFFICE.