



## APPLICATION FOR HARDSHIP FUNDS

Last Name			
First Name			
Address			
Phone	Work:	Home:	
Email address			
local #	Component	PSAC ID	
Classification	Pay level	Annual salary	
Number of family members you are supporting			
Additional family income - spouse/partner - other income			
Total savings you have (including savings bonds, mutual funds, RRSP, etc)			
Do you have a line of credit?			
How many days did you participate in picket activities			
Amount deducted from pay cheque(s) (please attach stub)			
How many paycheques have you received with deductions			
How many additional days will be deducted still			
Please list your ongoing monthly expenses below			
Food		Transportation	
Daycare/elder care		Loan payments	
Mortgage/rent		Other	
Did you contact your bank about deferring payments? If yes, what was the result? If no – why not?			
<p>Please give reasons for application and additional information on the back of this form or a separate sheet. Mail to: PSAC Hardship Fund Committee            302 – 5238 Joyce St., Vancouver, V5R 6C9 or email to <a href="mailto:revp-bc@psac-afpc.com">revp-bc@psac-afpc.com</a>            or fax to: 604-430-0194. For additional information call: 604-430-0191 or 1-866-811-7700</p>			