



Emergency Assistance Request Form

Date: _____

Client Name: _____

Date of Birth: _____

ID Number (last four digits only): _____

ID type (please circle): Health Card | Driver's License | Birth Certificate | Passport | other: _____

Address: _____
Street City Postal Code

Phone: _____ Email: _____

Reason for assistance:

Other agencies checked:

Monthly Expenses

Please list below the dollar amount you pay for any essential bills you have on a regular basis.

Rent / Mortgage:		Childcare:	
Power:		Insurance (car, home, life):	
Heat:		Transportation (bus, taxi):	
Groceries:		Car Payments:	
Phone:		Gas:	
Internet:		Loan Payments:	
Medical:		Cable, TV Subscriptions:	
Other:			

Proof of Income

Please attach a record of all income sources. This includes, but is not limited to, child tax benefits, social assistance, EI, CPP, private pension, or a pay cheque. A copy of a physical cheque with information regarding how often payments are received or a copy of a bank statement showing the money deposited in your account is acceptable.

Type of Assistance

Please check below which type of assistance you are applying for. Please read carefully what other documents are required.

POWER

If requesting assistance with power please phone NS Power and give Parker Street authorization to view your account. This will let us see your most up to date balance and advocate on your behalf. Payment arrangements cannot be made without this authorization.

Please attach a copy of your most recent power bill.

OIL

If requesting assistance with oil please note where on the property the oil tank is, and how full it is.

MEDICATION

If requesting assistance with medication please have your pharmacy email info@parkerstreet.org or fax an invoice to us showing your total amount owing.

Processing time takes approximately one week. Once your application has been reviewed you will be contacted. IF approved, payments will be sent directly to the company on your behalf. Please note we CANNOT reimburse you for payments already made. This program can be accessed by a household once per year. By signing your name below, you are acknowledging that the information provided is accurate and that you understand and comply with the application. You also acknowledge that completion of this form does not guarantee approval.

Applicant's Signature _____