



HBPA of Ontario

Administrative Office

135 Queens Plate Drive, Suite 420, Toronto, Ontario M9W 6V1

Telephone: 416-747-5252 or 1-866-779-3067

Fax: 416-747-9606 / Email: general@hbpa.on.ca

Website: www.hbpa.on.ca

BENEVOLENCE APPLICATION

LAST NAME:

FIRST NAME:

MIDDLE NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

RESIDENCE PHONE #:

CELL PHONE #:

EMAIL ADDRESS:

DATE OF BIRTH (DD/MM/YR)

AGCO LICENSE #:

NUMBER OF DEPENDANTS:

MARTIAL STATUS:

ARE YOU ON THE HBPA MEDICAL / DENTAL PLAN:

YES / NO

REASON FOR APPLYING:

WORK HISTORY

EMPLOYER:

LICENSED AS:

HOW LONG:

EMPLOYER:

LICENSED AS:

HOW LONG:

EMPLOYER:

LICENSED AS:

HOW LONG:

AMOUNT REQUESTED: \$ _____

PLEASE COMPLETE FINANCIAL INFORMATION ON SCHEDULE "A".

I, HEREBY GIVE THE HBPA OF ONTARIO CONSENT TO MAKE ALL INQUIRES IT DEEMS NECESSARY TO PROCESS THIS APPLICATION INCLUDING BUT NOT LIMITED TO THE ALCOHOL AND GAMING COMMISSION OF ONTARIO (AGCO), WORKERS SAFETY INSURANCE BOARD (WSIB), HUMAN RESOURCES SKILLS & DEVELOPMENT CANADA (HRSDC), ETC..

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT.

SIGNATURE OF APPLICANT:

DATE:



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SCHEDULE "A"

MONTHLY INCOME

Applicant's Monthly Income	\$
Spouse's Income	\$
Pension (Government, HBPA)	\$
Other Income (Alimony, Child Tax, Public Assistance, Rental etc.)	\$
TOTAL COMBINED INCOME	\$

MONTHLY EXPENSES

Housing (Rent, Mortgage etc.)	\$
Child Care	\$
Medical / Dental Insurance	\$
Groceries	\$
Utilities (Hydro/Water)	\$
Phone	\$
Cable	\$
Transportation	\$
Insurance	\$
Loans	\$
Credit Cards	\$
Other Expenses	\$
TOTAL EXPENSES	\$

DISPOSABLE INCOME (Income - Expenses =)	\$
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ASSETS

(List the value of all your assets)

Property (House/Condominium, etc)	\$
Car (s)	\$
Horse (s)	\$
RRSPs/Investments	\$
Other Assets	\$
TOTAL ASSETS	\$

All benevolence applications must be accompanied by backup (i.e.: landlords letters, copies of utility bills, statements etc., in order to be accepted and reviewed by the HBPA of Ontario. All applicants will be notified once the Benevolence Committee has made a decision.



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BENEVOLENCE APPLICATION - CHECK LIST

- I have completely filled in the Benevolence Application
- I have completely filled in the Schedule "A".
- I have attached to the application a short biography of myself which includes my race track history and the reason I am applying for financial assistance.
- I have attached to the application all backup documents (i.e.: rent agreement, monthly bills, etc.).
- I have attached to the application a copy of my current Alcohol and Gaming Commission License.
- I have attached to the application a copy of my Alcohol and Gaming Commission Licensing history.
- I have attached to the application a copy of all the bills that, if approved, I would like the HBPA of Ontario to pay on my behalf.
- If you were injured while you were working; ___ I have attached to the application a copy of my WSIB form 7.
- Copy of Drug Card (Only if on Medical / Dental Plan)