



# BENEVOLENCE APPLICATION

## BENEVOLENCE APPLICATION (PLEASE PRINT)

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGCO LICENSE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU ON THE HBPA MEDICAL/DENTAL PLAN?      YES      OR      NO

REASON FOR APPLYING: \_\_\_\_\_

## WORK HISTORY

EMPLOYER: \_\_\_\_\_ LICENSED AS: \_\_\_\_\_ YEARS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ LICENSED AS: \_\_\_\_\_ YEARS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ LICENSED AS: \_\_\_\_\_ YEARS: \_\_\_\_\_

***PLEASE NOTE ANY APPROVED BENEVOLENCE WILL BE PAID DIRECTLY TO BILLS***

AMOUNT OF BENEVOLENCE REQUESTING: \$ \_\_\_\_\_

PLEASE COMPLETE FINANCIAL INFORMATION ON NEXT PAGE— SCHEDULE “A”

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

**I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT.**



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## SCHEDULE "A"

### MONTHLY INCOME

APPLICANT'S MONTHLY INCOME:

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SPOUSE'S MONTHLY INCOME:

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PENSION (GOVERNMENT, HBPA):

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ANY OTHER INCOME:

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### TOTAL INCOME

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### MONTHLY EXPENSES

HOUSING (RENT, MORTGAGE):

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CHILD CARE:

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MEDICAL / DENTAL INSURANCE:

---

GROCERIES:

---

UTILITIES (HYDRO/GAS/WATER):

---

PHONE:

---

CABLE:

---

TRANSPORTATION:

---

INSURANCE:

---

LOANS:

---

CREDIT CARDS:

---

ANY OTHER EXPENSES:

---

### TOTAL EXPENSES

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### DISPOSABLE INCOME

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### ASSETS

PROPERTY:

---

CAR:

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HORSE(S)

---

RRSP'S/INVESTMENTS:

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ANY OTHER ASSETS:

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### TOTAL ASSETS

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***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.***

Woodbine Race Track Office - P.O. Box 156, 555 Rexdale Blvd., Toronto, Ontario M9W 5L2

Phone: 1-800-268-9967 ext. 2249 or 416-675-3802 / Fax: 416-675-5569 / Email: [cep@hbpa.on.ca](mailto:cep@hbpa.on.ca) / Website: [www.hbpa.on.ca](http://www.hbpa.on.ca)



# BENEVOLENCE APPLICATION

## CHECKLIST—ENSURE ALL APPLICABLE ARE CHECK

- I have fully completed the Benevolence Application
- I have completed the Schedule “A”
- I have attached to the application a short biography of myself which includes my racetrack history and the reason I am applying for financial assistance
- I have attached to the application a copy of my Alcohol and Gaming Commission of Ontario licensing history
- I have attached to the application a copy of **ALL** bills and backup documents, that, **if approved**, I would like the HBPA of Ontario to pay on my behalf (i.e Rental agreement, monthly bills, etc.)
- If you were injured while you were working; attached a copy of the Form 7 application submitted to WSIB
- Copy of Drug Card (Only if on HBPA Medical/Dental Plan)
- Completed Checklist

*I, \_\_\_\_\_, acknowledge that if my benevolence application is approved, approved funding will be paid directly to my outstanding bills.*

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_