



## COVID-19 Assistance Fund Application

Given the uncertainty surrounding employment for our members and their families due to the COVID-19 pandemic, the AESES Board of Representatives established this fund to allow members to apply for assistance with their grocery needs.

It has been established similarly to a Hardship Fund that would be created in the event of a strike or lockout.

All fields of this application are mandatory. Incomplete applications will not be processed.

### Eligibility

Any AESES member who has experienced a negative financial impact on his/her household income due to COVID-19 (e.g., layoff, spousal layoff, reduced hours) is eligible. Applicants may apply more than once but cannot receive benefits more than once in a two-week period.

### Benefit Funds

If eligible, the applicable sum listed below will be issued via a gift card for Safeway/Sobeys (these same gift cards can also be used at FreshCo, IGA, and Foodland):

- Single person - \$150.00;
- Common-law/married couple - \$200.00;
- Dependents - \$50.00 each (family maximum not to exceed \$400.00 total)

### Receiving Funds

- Applications must be submitted electronically and will be processed once per week
- Gift card will be mailed to your address

### Applicant Details

Full Name:			
Employee #:		Campus:	
Department:			
Email Address:			
Phone Number:			
Mailing Address:			
City, Province:		Postal Code:	

### Family Size

Please choose one of the following and list the number of dependents you have, if applicable. A dependent is defined as a child or grandchild who is age 25 or less and living in your household.

- ☐ Single person, \_\_\_\_ number of dependents
- ☐ Common-law/married couple, \_\_\_\_ number of dependents

**Please outline the extenuating circumstances that explain your need for this benefit:**

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**DECLARATION AND CONSENT**

I hereby declare that all the information on this application is complete and true in every respect. I understand that my personal information will be collected and used only for the purposes outlined in the application form by the COVID-19 Assistance Fund Committee and AESES Office staff, and will not be shared with others without my prior express consent. I understand that request of these funds for anything other than emergency funding purposes could result in the disqualification from future funding.

*Type your name and today's date below to confirm your declaration and consent electronically:*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please email your completed application to: [assistance@aeses.ca](mailto:assistance@aeses.ca)**

**Include 'Benefit Application' in your email's subject line.**