

**Highland Mennonite Brethren Church  
Policy Manual  
Compassion Fund Policy**

**Appendix – Application for Financial Assistance**

The completed *Application for Financial Assistance* shall be submitted to the Highland Mennonite Brethren Church (“HMBC”) pastoral staff or HMBC office at 4018 Centre B St NW, Calgary AB T2K 0W2, [office@highlandchurch.ca](mailto:office@highlandchurch.ca), 403-276-9396. Upon consideration and any required response, the original document shall be maintained in a confidential file in the HMBC office or archives. Personal information collected may also be stored in a password-protected database.

<b>Applicant:</b>	Name:		Age:
<i>Co-Applicant if applicable:</i>	Name:		Age:
<i>Dependent(s) if applicable</i>	Name:		Age:
	Name:		Age:
	Name:		Age:
	Name:		Age:
Street Address:			Postal Code:
Phone Numbers	Home:	Work:	Cell:
E-mail Address:	@		
Relationship to HMBC	<input type="checkbox"/> Member <input type="checkbox"/> Adherent <input type="checkbox"/> Other (please provide details):		

**Financial Details**

Amount of HMBC Compassion Fund financial assistance requested:    \$ \_\_\_\_\_

Please provide details of how you arrived at this amount. *Attach supporting documentation.*

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If financial assistance is awarded, to whom should the cheque be made payable? *Where applicable, the cheque will be made payable to the vendor or landlord.*

Cheque made payable to: \_\_\_\_\_

Approved by: HMBC Leadership Team Executive  
Approval Date: September 27, 2016  
Notice to: HMBC Membership

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**Please check the circumstance(s) that led you to apply for financial assistance:**

- Fire    Flood    Storm    Crime    Illness    Injury    Accident    Death    Other

If you checked "Other", please describe circumstance(s). *Use additional pages if necessary.*

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**Please list steps taken up to this point to address this need** (*sought assistance from other agencies, sought assistance from family and friends, called creditors to arrange payment plans, etc.*)?

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**Please list how financial assistance, if awarded, would be used to address this need?**

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**Declaration**

I, the undersigned, declare that this *Application for Financial Assistance* is valid and that all the information provided is true and correct. I declare that the claim is necessary and that all other available resources have been explored. Supporting documentation is attached.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Approved by: HMBC Leadership Team Executive  
Approval Date: September 27, 2016  
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**Confidentiality Agreement**

I, the undersigned, agree to maintain confidentiality before, during and after the processing of this *Application for Financial Assistance* and agree to disclose information only to those stakeholders (Applicant; HMBC pastoral staff or LTE or HMBC members; those to whom money is owed; those who may provide funds; and others who have an established interest in the claim) as deemed necessary to consider the eligibility of this claim.

\_\_\_\_\_  
HMBC Representative Name                      Signature                      Date

**Consent for Release and Disclosure of Confidential Information**

I, the undersigned, give permission to the above named HMBC Representative to disclose the information found in this *Application for Financial Assistance* to stakeholders (those to whom money is owed, those who may provide funds, or others who have an established interest in the claim) as deemed necessary to consider the eligibility of this claim.

\_\_\_\_\_  
Applicant Name                      Applicant Signature                      Date

**Application Review**

I, the undersigned, have reviewed the completed *Application for Financial Assistance* on behalf of HMBC.

- Requirements have not been satisfied and I deny the claim.
- Requirements have been satisfied and the amount of \$\_\_\_\_\_ from the Compassion Fund is awarded
  - to the Applicant; or
  - to the stakeholder on behalf of the Applicant.

\_\_\_\_\_  
HMBC Representative Name                      Signature                      Date

**Mennonite Mutual Insurance ("MMI")**

This application may be eligible for MMI matching funds, and a claim will be submitted:

- No
- Yes

\_\_\_\_\_  
Date of MMI Application                      Date of MMI Response

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Approval Date: September 27, 2016  
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