

The AFC is the lifeline for Canada's entertainment industry. We provide short-term emergency financial assistance to Canadian entertainment professionals.

You are eligible to apply if you have:

- earned more than half your income in the entertainment industry over the last 3 years
- earned the majority of your income from the entertainment industry, if over 65
- experienced an unforeseeable emergency that has led to a financial crisis
- made reasonable efforts to support yourself through other means

The AFC can help with costs like:



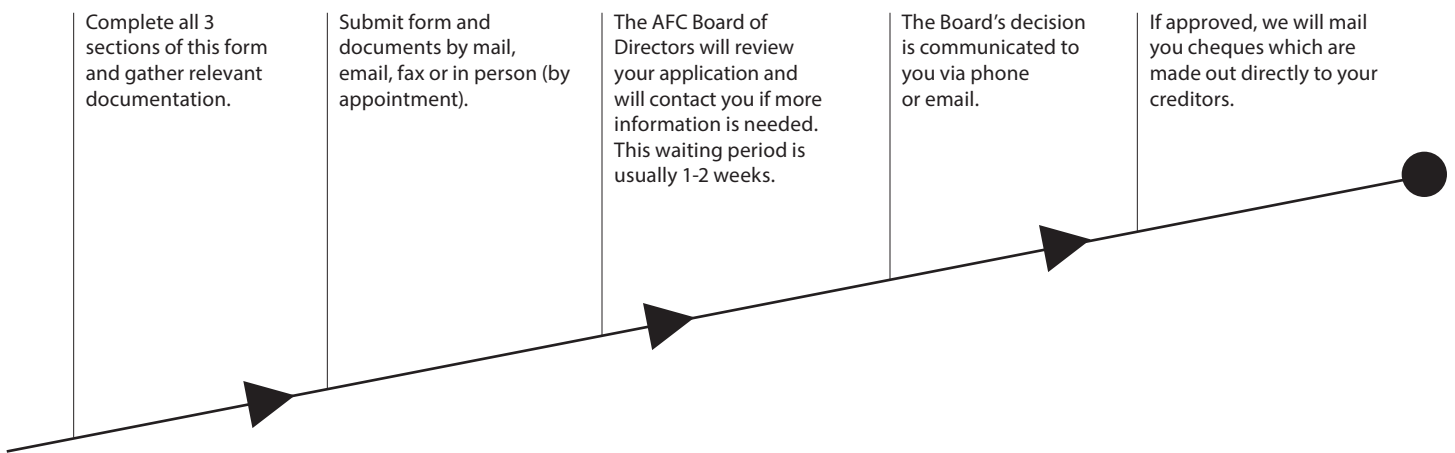
- Rent or mortgage
- Grocery costs
- Transportation costs
- Medical costs
- Emergency dental costs
- Utility costs
- Dues (1 year max.)
- Phone and internet (\$150 max.)
- Childcare expenses

We cannot assist with:



- Life insurance
- Income tax
- Credit card or loan payments
- Legal fees
- Education costs
- Business costs
- Cable TV
- Agent fees and photos
- Union initiation fees

## The Application Process



# Application Checklist

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Before you send your application, use the checklist below to ensure it is complete.

## Required Documents:

Application form, with Sections 1, 2 and 3 completed (*you do not need to send this page or Before You Start*)

Complete résumé or work history going back at least 3 years

Contact your agent or union office to obtain a résumé or work history if you do not have one.

Doctor's note in cases of illness or injury

Dentist's estimate in cases of dental emergency

Documentation of the cost of each item on Assistance Requested list (page 2)

For example:

- Rent: Lease or past rent receipts
- Utility or phone costs: Utility or phone bills
- Medical or dental expenses: Treatment plan with estimated costs
- Insurance or other automatically withdrawn payments: Bank statement showing auto withdrawal (also submit a void cheque or verification of the owner of the account)
- You do *not* need to provide documentation for requests for gas (transportation), transit, and food.

For more information about what documents to include, visit [AFChelps.ca/gethelp](http://AFChelps.ca/gethelp).

## What next?

Submit your application one of the following ways:

By mail

The AFC, 1000 Yonge St., Suite 301, Toronto, Ontario M4W 2K2

In person during office hours: you must call the office to make an appointment.

Mon-Fri 9:30-5:30

By email

[contact@AFChelps.ca](mailto:contact@AFChelps.ca)

By fax

416 975 0306

If you have not heard from us within a week of submitting your application, please contact the office by phone at 1 877 399 8392 or 416 975 0304. If you need assistance, call the office to make an appointment with our staff.

# Your Emergency

Your Name

Phone Number

Profession

What is the nature of your emergency?

- Personal illness or injury       Dental emergency       Loss of work  
 Family injury, illness or death       Separation / relocation       Other

Tell us what happened and how this is affecting your health, housing or ability to work.

Please note that The AFC provides short-term assistance and cannot provide assistance on an ongoing or recurrent basis.

Section

1

Emergency  
Assistance  
Request



## Tips

If you need help with this form, please call the office at 1 877 399 8392 or 416 975 0304.

The AFC expects applicants to make all reasonable efforts to find other employment or sources of support.

Try to explain the circumstances that will help us understand your situation.

Examples include:

- Pre-existing medical conditions
- Obligations that restrict your ability to work
- Recent unexpected costs

Explain the consequences you are facing due to this emergency.

Feel free to attach a document explaining your situation if you run out of room here.



## Supporting Documents

Include any relevant documentation. For example:

- Doctor's note or medical record
- Dentist's estimate
- Eviction notice

# Assistance Requested

What amount are you requesting from The AFC to help you with this emergency?

\$

Only items that you list below will be considered for assistance.

If you do not list a cost here, it will not be considered part of your request.

Please itemize the costs that make up the total above.

Item	Amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

You must include documents with your application that prove the cost of each item on this list, except for requests for food, transit, and gas for transportation.

See [AFChelps.ca/gethelp](http://AFChelps.ca/gethelp) for examples.

Section  
1  
Emergency Assistance Request



Common requests include...

- Rent or mortgage
- Grocery costs
- Transportation costs
- Medical costs
- Emergency dental costs
- Utility costs
- Dues (1 year max.)
- Phone and internet (\$150 max.)
- Childcare expenses



We cannot assist with...

- Life insurance
- Income tax
- Credit card or loan payments
- Legal fees
- Education costs
- Business costs
- Cable TV
- Agent fees and photos
- Union Initiation Fees



Supporting Documents

In order to help us verify your costs, please provide documentation. For example:

- Bills
- Lease
- Dentist's estimate
- Bank statements showing automatic withdrawals
- Unpaid invoices

We do not require documentation for food, transit and fuel.



# Personal Information

Legal Name

Preferred Name

Email Address

Address

Apt #

City

Prov/Terr

Postal Code

Primary Phone Number

Secondary Phone Number

OK to leave voicemail here

OK to leave voicemail here

Date of Birth

DD  MM  YYYY

Age

Do you have legal Canadian work status?

Yes  No

Citizenship

Last three digits of your  
Social Insurance Number

Section

2

Supporting  
Information



Need help?

If you need help with this form,  
please call the office at  
1 877 399 8392 or 416 975 0304.

# Living Situation

Do you live with...

- Parents       Roommates (# )       Alone  
 Children (# )       Spouse / Partner  
 Other, please describe

Marital status

- Single       Married       Separated  
 Common-law       Divorced       Widowed

Partner's Name

Occupation

Approx. Annual Income

Address, if different from yours

I have  children, ages

Do your children live with you full time?

- Yes       No

If no, please describe

Ex-Partner's Name

Approx. Annual Income

Children's address, if different from yours

Section

2

Supporting  
Information



Info

If a field is not applicable, please enter "N/A" rather than leaving it blank.

# Entertainment Industry Status

How long have you worked in the Canadian entertainment industry?

Professional affiliations (eg. ACTRA, IATSE 873)

How long have you been a member of your current union?

## Current Status

Active       Voluntary Withdrawal       Retiree  
 Permittee       Suspended

Are you in good standing?

Yes       No

Please detail your two most recent industry engagements below. One of these may be your current job.

### Production 1 Title

Type of Work	Approx. Dates	Total Days
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Production 2 Title

Type of Work	Approx. Dates	Total Days
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have an agent, please provide the following information.

Agency

Represented by

Section

2

Supporting Information



## Tips

You can call your union to request a complete work history.

If a field is not applicable, please enter "N/A" rather than leaving it blank.



## Supporting Documents

Please include the following documentation with your application:

- Complete résumé showing entertainment industry credits and details of each production

OR

- Work history from current union going back at least three years

# Employment Information

If you are currently employed:

Current Employment (any type)

Full time     Part time

When did you start this job?

Monthly Income

Is this a temporary job?

Yes, end date \_\_\_\_\_  No

If you have confirmed upcoming work:

Describe

Full time     Part time

When will you be starting this job?

Monthly Income

Is this a temporary job?

Yes, end date \_\_\_\_\_  No

Please provide details of any employment for which you have recently applied.

Company	Position	Date Applied
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section

2

Supporting Information



Tip

If a field is not applicable, please enter "N/A" rather than leaving it blank.



Need help?

If you need help with this form, please call the office at 1 877 399 8392 or 416 975 0304.



# Corporate Status

Are you incorporated?

Yes  No

If no, please skip this page.

Is it a loan-out corporation?

Yes  No

## Corporate Income

Provide your total corporate income, before deductions. Please provide this year to date, and going back 3 years.

Year	Amount
Year to date	<input type="text" value="\$"/>
20 ____	<input type="text" value="\$"/>
20 ____	<input type="text" value="\$"/>
20 ____	<input type="text" value="\$"/>

## Corporate Accounts

Corporate chequing, current balance

Corporate savings, current balance

Other corporate accounts, current balances

# Section 3

## Financial Information



### Tips

Section 3 helps us build a picture of your financial situation.

While filling out this section, it may help to refer to pay stubs, online banking, tax returns, etc.

We may ask you to provide personal or corporate tax returns for clarification.

You may need the assistance of your accountant for this section.

Estimates are always better than blank spaces.

# Annual Income

Section  
**3**  
Financial Information

Provide your total income from the entertainment industry only, before deductions. Please provide this year to date, and going back 3 years.

Year	Amount
Year to date	\$ <input type="text"/>
20 ____	\$ <input type="text"/>
20 ____	\$ <input type="text"/>
20 ____	\$ <input type="text"/>

Provide your total income from outside the entertainment industry, before deductions. Please provide this year to date, and going back 3 years.

Year	Amount	Source(s) of Income
Year to date	\$ <input type="text"/>	<input type="text"/>
20 ____	\$ <input type="text"/>	<input type="text"/>
20 ____	\$ <input type="text"/>	<input type="text"/>
20 ____	\$ <input type="text"/>	<input type="text"/>

Are you receiving...

<input type="checkbox"/> EI	Per month \$ <input type="text"/>	Start Date <input type="text"/>	End Date <input type="text"/>
<input type="checkbox"/> Welfare	Per month \$ <input type="text"/>	Start Date <input type="text"/>	End Date <input type="text"/>
<input type="checkbox"/> Pension	Per month \$ <input type="text"/>	Start Date <input type="text"/>	Source (ie. CPP, OAS) <input type="text"/>
<input type="checkbox"/> Disability	Per month \$ <input type="text"/>	Start Date <input type="text"/>	Source (ie. union, government) <input type="text"/>
<input type="checkbox"/> Alimony / Child Support	<input type="text"/>	\$ <input type="text"/>	Per month
<input type="checkbox"/> Income from Investments	<input type="text"/>	\$ <input type="text"/>	Per month
<input type="checkbox"/> Other	<input type="text"/>	\$ <input type="text"/>	Per month

If Other, please describe (include start and end dates if possible):



### Tips

Estimates are always better than blank spaces.

Answer each question, write \$0 if you need to.

You must report all sources of income. We may ask you to provide personal or corporate tax returns for clarification.

If you need more space, feel free to provide more information in a separate document.

If a field is not applicable, please enter "N/A" rather than leaving it blank.



# Personal Accounts, Assets & Debts

Personal Chequing, current balance	\$
Personal Savings, current balance	\$
Balance of other personal account/s	\$

## Current Assets

<input type="checkbox"/> House / Condo	Approx. Value \$	Approx. Equity \$
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<input type="checkbox"/> RRSP	Approx. Current Total \$
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Have you recently withdrawn from your RRSP accounts?

<input type="checkbox"/> Yes, I withdrew	\$	on	
<input type="checkbox"/> No			

Other assets, including vehicles and investments

	\$
	\$
	\$

## Outstanding Debts

<input type="checkbox"/> Past due mortgage / rent	\$
For the months of	

<input type="checkbox"/> Total credit card balance	\$
Min. monthly payment	\$

<input type="checkbox"/> Line of credit	\$
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<input type="checkbox"/> Student loan	\$
---------------------------------------	----

<input type="checkbox"/> Personal / family	\$
--	----

<input type="checkbox"/> Other (eg. outstanding taxes)	\$
--	----

If Other, please describe

--

Section

3

Financial  
Information



Tips

Estimates are always better than blank spaces.

Answer each question, write \$0 if you need to.

If you need more space, feel free to provide more information in a separate document.

If a field is not applicable, please enter "N/A" rather than leaving it blank.

# Average Monthly Expenses

Housing  Rent  Mortgage  \$  per month

Property Tax  \$  per month

House / Apartment Insurance  \$  per month

Utilities (heating, hydro, water)  \$  per month

Phone and Internet  \$  per month

Transit  \$  per month

Fuel (transportation)  \$  per month

Car Payment  \$  per month

Car Insurance  \$  per month

Food  \$  per month

Other   \$  per month

Other   \$  per month

Other   \$  per month

Other   \$  per month

Other   \$  per month

Total average monthly expenses  \$  per month

## Section 3 Financial Information



### Tips

This information helps us build a picture of your usual financial situation.

Some common other monthly expenses include:

- Child support
- CRA payments
- Medical expenses

If the cost of any particular item (eg. utilities) varies, please give an average or estimate.

List only your monthly costs, not the total amount you owe.



# Other Types of Assistance

What other types of assistance have you investigated?

- Union benefits     Borrowing against assets     Government assistance  
 EI     Credit     Friends or relatives     Other \_\_\_\_\_

Please provide details of any assistance received, including dates and amounts.

Is there anything else you would like us to know about your situation?

How did you hear about The AFC?

### Declaration

I, \_\_\_\_\_ (print name) by my signature, authorise The AFC, its staff and members of its disbursement committee to conduct any inquiries with, including, but not limited to, banks, credit bureaus, landlords, agents, etc., as may be deemed necessary to expedite the decision on the application.

I understand that The AFC is under no obligation to provide assistance and that decisions of the Board are final. I agree that the decision of the Board to grant or not grant assistance cannot form the basis of a legal action against The AFC.

I certify that the information given on this application and on any documents attached is correct and complete and fully discloses my present situation and my income from all sources.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed \_\_\_\_\_



Info

Being proactive in exploring other options and long-term plans reflects favourably on a request.

Please feel free to attach additional pages.

