



COMMUNITY KEY

Application

Welcome to the application process.

There are five main sections in the application:

Section I: Personal Information

Section II: Medical Information

Section III: Employment and Income Information

Section IV: Mortgage Information -

Section V: Checklist & Signatures

Applications must be received on or before the last day of the month to be part of the grant review process the following month.

For example: Any applications postmarked by Jan 31st would be reviewed in February. If approved, a March 1st housing grant would be made. Applications postmarked February 1 (or any date in February) would be reviewed in March. If approved, an April 1st housing grant would be made.

It is important to note that you may be pre-approved for a mortgage or rental grant PENDING confirmation of documentation showing that you are current on your home mortgage or rent.

Community Key Grant Application

Fields marked with a * are required.

Personal Information:

Date

Check if you are a renter or have a mortgage Rent Mortgage

Applicant Child's Name

Gender

- Male
 Female

Date of Child's birth

Parent/Guardian's Name

Parent/Guardian's Name

Relationship to Child

- Parent(s)

Legal Guardian(s)

Court Ordered Custodian(s)

Name & Ages of other Children in permanent home

--

Address 1

--

Address 2

--

City

--

County

--

Province

--

Postal Code

--

Home Phone

--

Cell Phone

--

Email

Family/Child Website

Previous Program Recipient?

If so when?

Medical Information:

Requirements

- Child has had 14 days in the hospital within the last 90 days.

Check in Date

Check Out Date

Check in Date

Check Out Date

Check In Date

Check Out Date

Name of Hospital/Location *

Name of Social Worker/Phone Number/Email

Please write a description of your child's illness and diagnoses or type of injury, length of hospitalization, number of surgeries and other information that you feel we should know. Social worker or medical care provider must sign this application stating that this is the medical situation and hospitalization information.

Child's Medical Situation

Employment & Income Information:

Parent/Guardian Employer 1

Address 1

Address 2

City

Province

Postal Code

Is Parent/Guardian currently on unpaid leave

Yes

No

Leave Start Date

Approximate monthly income after taxes

Number of Household Income Earners

One Full Time

Two Full Time

One Part-Time

Two Part-Time

Parent/Guardian Employer 2

Address 1

Address 2

City

Province

Postal Code

Is Parent/Guardian currently on unpaid leave?

- Yes
- No

Leave Start Date

Approximate monthly income after taxes

Total Number of Work Days missed by all household earners due to child's illness or injury (NOT INCLUDING PAID TIME OFF)

- None
- Less than One
- One
- Two to Five
- Six to Ten
- More than Ten

Loss of income due to additional time away from work (Clinic appointments, day procedures, etc)

- None
- \$1.00 to \$100.00
- \$101.00 to \$500.00
- \$501.00 to \$1,000.00
- \$1,001.00 to \$5,000.00
- Over \$5,000

Additional travel related expenses (Gas, parking, airfare, etc)

- None
- \$1.00 to \$100.00
- \$101.00 to \$500.00
- \$501.00 to \$1,000.00
- \$1,001.00 to \$5,000.00
- Over \$5,000.00

Other additional related expenses (child care, meals, hotels, etc)

- None
- \$1.00 to \$100.00
- \$101.00 to \$500.00
- \$501.00 to \$1,000.00
- \$1,001.00 to \$5,000.00
- Over \$5,000.00

Additional Medical Expenses (co-pays/deductibles/out of pocket expenses)

- None
- \$1.00 to \$100.00
- \$101.00 to \$500.00
- \$501.00 to \$1,000.00
- \$1,001.00 to \$5,000.00
- Over \$5,000.00

Please describe loss of income, due to unpaid leave from work or decreased work hours, as a result of your child's hospitalization. Also describe details of additional expenses incurred (mileage, meals, parking, gas, lodging, etc.) and out-of-pocket insurance payments.

Work & Financial Impact

Housing Information

What to Send in Order to Have Your Application Reviewed

1. This Application, completed in full, signed and dated.
 2. Copy of your most current mortgage statement verifying account number, property address and housing payment OR signed lease or rental agreement.
 3. Completed Client Consent Form (next)
- Fax to Community Key 1.888.754.5604

CLIENT CONSENT FORM

ATTN: _____ **(“LENDER”)**

This form authorizes Lender to release to and discuss my confidential mortgage information with Quantus Mortgage Solutions in conjunction with the Community Key Charity. Once signed and submitted to your office, this authorization remain in place for 90 days then expire, unless a separate form is received to cancel this authorization sooner.

CLIENT IDENTIFICATION

Client Name: _____
Mortgaged Property Address: _____
Mortgage Ref No.: _____
Client Phone No(s): _____

AUTHORIZATION

Signature	Printed Name	Date of Birth	Date
Signature	Printed Name	Date of Birth	Date

Application Checklist

How did you learn about Community Key?

Where do you do your personal banking?

- You have our/my consent to use my family's story publicly to raise awareness about the program.
- Do not use our Story

I have read the guidelines and understand them. I attest this information is true to the best of my ability. I authorize Comm-Key and my medical care provider to discuss my family's medical information pertinent to this case.

Completing and submitting this application is not a guarantee of a housing grant being approved on your behalf.

If approved for a housing grant you will be asked to complete a brief survey within 90 days of your grant being paid directly to your lender or landlord. Comm-Key would greatly appreciate it if you would complete the brief survey. Information you provide is critical to providing future support to other families and to seeking funds from donors and others to support our mission to help families "Bounce and not Break".

Signature of Parent/Guardian

Date

[Empty signature line]

Signature of Parent/Guardian

[Empty signature line]

Date

[Empty date line]

I/We have initiated and signed off on all parts of the application

We gratefully acknowledge our sister organization Spare Key in the US for the effort they put into creating this form, which we put to temporary use to get our own charity up and running.