



Freshslice Team Member Fund Application

The first step in requesting financial assistance from the TM Fund is to read the program guidelines. If you feel your request falls within the guidelines, complete and return this confidential application. Directions about how to send this form are at the end of the application. Once received, the TM Fund department will contact you within three business days.

Team Member Information

Name: _____

Date: _____

Freshslice location: _____

Cell phone: _____

Current Address: _____

Home phone: _____

City: _____

Restaurant phone: _____

Owners Name: _____

PH rating: _____

Owners Phone: _____

Manager's Signature: _____

Initial Eligibility for TM Fund consideration

You have met Freshslice "expectations" and by signing this application, you agree and understand that we may obtain employment information, in order to consider your application for TM Fund assistance.

For applicant's manager/owner use only:

Please select from below ratings for the above applicant's current performance.

- Team Member exceeds expectations*
- Team Member meets expectations*
- Team Member needs improvement*

Team Member has received warning letter in last 90 days

Comments: _____

Completed by: _____ *FS Location:* _____

Position: _____ *Date:* _____

Manager's Signature: _____

If your employment status meets initial eligibility requirements, then Freshslice TM Fund committee will review the information you have provided, in response to the following questions. This may include: personal information, financial data and details about the specific event or specific need that has prompted your request for funding, as to make a determination on your TM Fund application. This information will be kept confidential and will not be used for any purpose other than in conjunction with this application for Freshslice TM Fund benefits.

Current Situation

Please describe the current situation that is causing a financial need: _____

1) Date of occurrence: _____

Required:

Provide supporting documentation when applicable. Documentation may include but is not limited to:

- Police reports
- Minor league sports application with costs
- Eviction notice or demand for past due payment(s)
- Medical invoices or quotations for service to be provided
- Utility bills (past due or shut off notice)
- Transit pass "Paid" receipts
- If applying for housing assistance, a rental agreement indicating move in date, deposit required and ongoing monthly rent amount **will be required**, prior to assistance grant.
- Any other documentation that you feel is relevant to this application.

2) Do you have any other resources available to you? (Life insurance, renter's or auto insurance, extended health care, community services, etc.): _____

3) What is the amount you are requesting from TM Fund? \$ _____

4) Specifically, how do you plan to use the funds? _____

Financial Information

Please complete the following to the best of your ability so that we can better understand your financial need.

1) Are the funds you are requesting for: (circle one)

Yourself

A family member

A combination

2) Are you financially responsible for anyone besides yourself?

YES / NO

3) On average how much do you bring home (after all deductions), from each paycheck?

\$ _____ . How much do you bring home per week in tips/bonuses? \$ _____

4) Is your Freshslice job your only source of income? YES / NO

If **YES**, please detail other sources and income as follows:

Spouse or domestic partner monthly income: _____

Other employment/ 2nd job: (monthly income): _____

Child support or third-party financial aid: _____

Any other members of the same household with income: _____

5) Do you have a savings/chequing account?

YES /NO If "yes" what is the balance? _____

6) Please detail your regular monthly expenses:

Rent/Mortgage: \$ _____ Combined Utilities: \$ _____

Car/Transit: \$ _____ Gasoline: \$ _____

Car/ Home insurance: \$ _____ Cell phone: \$ _____

Groceries: \$ _____ Child Care: \$ _____

Other: \$ _____

Other Information

1) How did you find out about the TM Fund? _____

2) Have you ever applied for TM Fund assistance before? _____

If so, when and what was the amount? \$ _____

Acknowledgement

I represent and acknowledge that the above information is true and accurate to the best of my knowledge and has been provided in conjunction with my application for TM Fund benefits. I understand the TM Fund Guidelines and I also understand that the allocation of TM Funds is determined by priority of situation, the availability of funds and the sole discretion of the TM Fund board of directors.

Applicant Signature

Date

Please send completed form along with related supporting documentation to:

Freshslice Team Member Association
c/o Freshslice Pizza
1610 Ingleton Ave., 2nd Floor
Burnaby B C
V5C 5R9

The Freshslice Team Member Association department will contact you within three business days of receiving the application for further information. If you have any questions, please email sohan.danyal@freshslice.com .

For TM Fund Office Use Only:

Notes: _____

Pending approval, requires additional information or supporting documentation: _____

Final date to receive additional information: _____

Income: _____

Requested: _____

Expenses: _____

Grant: _____

Previous Grants: _____

Date: _____

Additional Funds Available: \$ _____

Approved by: _____

Signature: _____