



**Community Wings / CommunAiles**  
**Application for Food and Clothing Assistance**  
 info@communitywings.net  
 514-970-2643

<b>Office Use Only</b>
<b>Client ID#:</b>
<b>Area:</b>

Community Wings is a non-profit, non-denominational organization which provides **emergency assistance** to families in need in any combination of the following forms: food, household goods, gently used clothing, used furniture and/or grocery and pharmacy gift cards. Please note that a visit to the applicant's home is generally required prior to approval of assistance and due to limited funds not all applicants will be accepted. Community Wings reserves the right to add or withdraw assistance at any time. Please return this completed form to info@communitywings.net or in person by calling 514-970-2643.

All information is kept confidential. We use this information to:	We may be required to share some information with:
Determine who is eligible for our programs Manage our programs Ensure all applicable laws are being followed	Federal and provincial government agencies, as required by law Law enforcement agencies, as required by law Other local charitable agencies in order to prevent duplication of services

First Name	Middle Name or Initial	Last Name	
Street Address Where You Live	City	Prov.	Postal Code
Mailing Address (If Different)	City	Prov.	Postal Code
Phone Number (Home)	Phone Number (Work/Cell)	Email	

List everyone who lives in your household on a full-time or part-time basis, including yourself

Name (First, Middle, Last)	Sex (M or F)	Date of Birth (DD/MM/YYYY)	Relationship to Applicant	Employment Status/Student Status	Check if Assistance is Requested for this Person
			Myself		<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Applying for (check all that apply)		
Food Assistance <input type="checkbox"/>	Clothing Assistance <input type="checkbox"/>	Furniture/Household Goods Assistance <input type="checkbox"/>
List any food allergies or special dietary requirements:	List clothing sizes and genders required:	List items required:
Reason for application (please describe any illness, domestic violence situation, family situation, financial difficulties, etc.)		
Current monthly household income, including all pensions, social assistance, disability, CSST, etc.	Cost of rent or mortgage (monthly)	Amount spent on food (monthly)
\$	\$	\$
Are you currently receiving assistance from any another charitable organization (including but not limited to food banks, emergency assistance funds, churches or community aid organizations)? If so please describe what type and the amount (monthly): <b>PLEASE NOTE: FAILURE TO DISCLOSE ASSISTANCE FROM OTHER SOURCES MAY RESULT IN PERMANENT DISQUALIFICATION FROM RECEIVING BENEFITS</b>		
Primary Language		
English <input type="checkbox"/>	French <input type="checkbox"/>	Other:
Applicant Signature		Date

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Received By	Date Received	Application Approved
		YES NO
Notes (type of assistance granted, projected delivery date, reason for refusal, additional information)		