



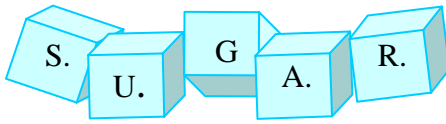
**S**upport **U**nlimited **G**uaranteed for **A**ppliances **R**equired,

*Assistance for Diabetic Devices*

495 Enfield Road, Burlington, ON L7T 2X5 Message Line 905-632-0932

**Application package**

**Updated November 2005**



Support Unlimited Guaranteed for Appliances Required,  
Assistance for Diabetic Devices  
495 Enfield Road. Burlington. ON L7T 2X5 Messaae Line 905-632-0932

*At this time applicant must be a resident of Canada.*

**Application Checklist**

*Application must be completed in full, S.U.G.A.R. cannot consider any applications that have not been completed when submitted.*

- 1. Letter from current doctor indicating the need for an insulin pump, this letter must include how critical the placement of a pump is for the applicant.*
- 2. Letters from health insurance companies declining coverage of the device where the applicant has health care insurance.*
- 3. Ability to obtain and provide a certificate of Insurance Rider for the Insulin Pump.*
- 4. Current Statements of accounts to back up application data.*
- 5. Last T4, Last Income Tax as well as Last Notice of Assessment.*
- 6. The amount the recipient is looking for, as not all recipients will receive full pump value.*
- 7. All applicants must sign a Declaration of Trust.*
- 8. All applicants must include total income for their household including that of children living at home who work full time, spouses and or partners.*
- 9. All applicants must include their last two years completed income tax as well as the notice of assessment received from Revenue Canada for each respective year.*

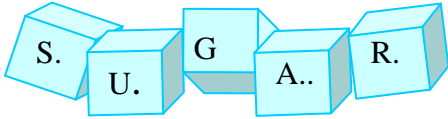
*The information is reviewed at the next possible meeting after receiving the application. The applicant may be required to furnish information as requested by the Executive Board. Please be explicit on the application.*

**These items must be forwarded to**

*S.U.G.A.R. Applications  
c/o 495 Enfield Road  
Burlington, ON L7T 2X5*

*Please allow sufficient time for the review of the application. Each application must be reviewed by the Executive Board of Directors.*





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<b>Application form – Part 2 - Employment Information – include all household info</b>			
<b>Current Employer:</b>			
Employer Address:		How long?	
Phone:	E-mail:	Fax:	
City:	Province:	PC:	
Position:	Hourly Salary (Please circle)	Annual Income:	
Previous Employer:			
Address:		How long?	
Phone:	E-mail:	Fax:	
City:	Province:	PC:	
<b>Spouse Current Employer:</b>			
Employer Address:		How Long?	
Phone:	E-Mail:	Fax:	
City:	Province	PC:	
Position:	Hourly Salary (Please circle)	Annual Income:	
Previous Employer:			
Address:		How Long?	
Phone:	E-mail:	Fax:	
City:	Province:	PC:	
Are you presently receiving disability benefits? Yes or No			
Who do you receive the benefits from?			
How much do you receive Monthly? Or How much do you receive Annually?			
<b>PLEASE PROVIDE A COPY OF THE DISABILITY PAYMENT CONFIRMATION AS WELL AS A LETTER FROM THE DISABILITY PENSION PROVIDER.</b>			

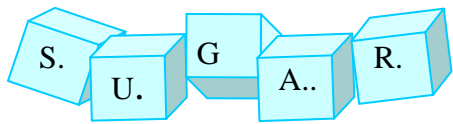
Please ensure that all employment income information is completed in the Cash flow and Net worth statements following.

Failure to complete each section will result in a null and void application.

Attach:

1. T4 for most recent two tax years.
2. Income Tax form completed for last two tax years.
3. CCRA assessment from Income tax filed for each of the last two years.
4. Disability certificate, letter from disability provider.

Remember that all information is kept strictly confidential.



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Application form part 3 – Credit/Financial disclosure – all household information			
<i>All Family Credit Cards</i>			
Name	Account No.	Current Balance	Monthly Payment
<i>Mortgage Company</i>			
Account No.:		Address:	
<i>All Family Auto Loans</i>			
Auto Loans	Account No.	Balance	Monthly Payment
<i>All Family Other Loans, Debts, or Obligations</i>			
Description	Account No.		Amount
<i>All Family Other Assets or Sources of Income</i>			
Description	Amount per Month or Value		

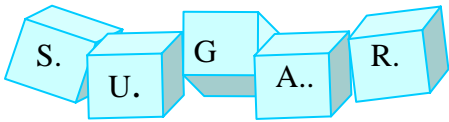
Please ensure that all financial and credit disclosure information is completed in the  
 Cash flow and  
 Net worth statements below.

**Failure to complete each section will result in a null and void application.**

- Attach:
5. Copies of the last three months credit card statements.
  6. Copy of Mortgage statement (current).
  7. Copy of Auto Loan statement or payment schedule.
  8. Copy of Other loans, promissory notes indicating original amounts, balances and payment history.
  9. Provide details of other income such as annuities, etc.







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**Application Part 5 - Household Financial Cash Flow—page 2**

**Payments**

Auto Loan Balance:  
 Credit Cards  
 Insurance (life/heath)  
 Other \_\_\_\_\_  
**Expense Total E**

Monthly	Annual

**Investments/Assets/Income Payments**

RRSP Contributions  
 Education Savings Plan  
 Other Investment Savings (GIC, Stocks)  
 Emergency Fund  
**Income/ Assets/ Payments Total F**

Monthly	Annual

**Cash Flow Summary:**

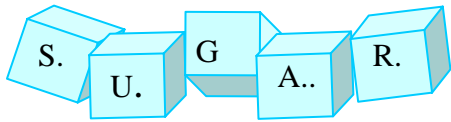
Add  
**Income Total A**  
 subtract  
**Expense Total B**  
**Expense Total C**  
**Expense Total D**  
**Expense Total E**  
**Income/ Assets/ Payments Total F**

Monthly	Annual

Cash Flow Balance:

Please attach all documentation as requested, review checklist.

**Failure to complete each section will result in a null and void application.**



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Application Checklist:		
Items completed and /or included	Yes	No
Application form – <b>part 1 - Personal information completed?</b>		
Application form – <b>part 1 – Personal information Health documentation attached?</b> <i>Letters from Doctor(s), Letters from Insurance Companies, Letters from Disability showing coverage of Supplies?</i>		
Application form – <b>Part 2 – Employment information completed?</b>		
<b>Part 2 – Employment information - documentation</b> <ol style="list-style-type: none"> <li>1. T4 for last two tax years.</li> <li>2. Income Tax form completed for last two tax years.</li> <li>3. CCRA assessment from last two years of Income tax filed.</li> <li>4. Disability certificate, letter from disability provider.</li> </ol>		
Application form - <b>Part 3 – Credit – Financial Disclosure completed?</b>		
<b>Part 3 – Credit – Financial Disclosure documentation attached?</b> <ol style="list-style-type: none"> <li>5. Copies of the last three months credit card statements.</li> <li>6. Copy of Mortgage statement (current).</li> <li>7. Copy of Auto Loan statement or payment schedule.</li> <li>8. Copy of Other loans, promissory notes indicating original amounts, balances and payment history.</li> <li>9. Provide details of other income such as annuities, etc.</li> </ol>		
Application form - <b>Part 4 Household Networth statement completed?</b> <i>Attached documentation where needed.</i>		
Application form – <b>Part 5 – HouseholdFinancial Cash Flow completed?</b>		
Information Verification		
I certify that all information included herein being accurate and true and complete.		
I certify that S.U.G.A.R. may verify the information included herein with respect to this application for assistance.		
<b>By signing this document I authorize S.U.G.A.R. to verify all information provided on this form.</b> I acknowledge that failure to complete this application form in full would result in the application becoming null and void, therefore not considered by S.U.G.A.R.		
Signature	Date	
Signature of Spouse/Partner	Date	