



TIM'S TRIBUTE

Reg #82841 4771 RR0001

Providing Assistance to Families of Innocent
Victim's of Homicide

File NO.

(For Office Use Only)

Application For Financial Assistance

Immediate Needs

Trial Needs

Section 1: Information about the applicant

Applicant Relation to Victim: Spouse Parent Child Sibling (trial needs only)

Date of Birth (yyyy/mm/dd):

Last Name: First Name:

Unit No. Street No. Street Name P.O. Box

City/Town Province Postal Code

Telephone No. (incl. area code) Work No. (incl. area code)

Cell No. (incl. area code) Email Address

Do you have concerns with Tim's Tribute leaving messages regarding this application at any of the above phone numbers?

No Yes If yes, please provide preferred phone number or alternate method of communication

Were you convicted or do you have any pending charges against you related to the homicide, or did you contribute to the homicide?

No Yes Unsure

Section 2: Information about the homicide victim

Last Name: First Name:

Date of Birth (yyyy/mm/dd):

Marital Status at the time of death:
 Married Common Separated Divorced Single

Law

Date of the Homicide (yyyy/mm/dd): Location of Homicide (City/Town and Province):

Investigating Police Service:

Please provide a description of the event: (Please use additional pages if necessary)

To the best of your knowledge, did the victim contribute to his or her death through criminal activity or other behaviour that could reasonably have been expected to lead to the homicide?

No Yes Unsure

Section 3: Other family members of the victim who may apply for financial assistance

If other family members will be applying for assistance, the long form is available.

Section 4: Requested assistance Please indicate in which areas you are requesting financial assistance

Courthouse Parking Transportation Costs to Trial Groceries
 Child Care Expenses Hotel Accommodations** _____
 Meals Other (please specify): _____

**Hotel Accommodations, specify direct need

Section 5: Financial Information of Applicant(s)

Financial information of the Applicant may be requested in future, prior to full approval.

Section 6: Declaration and Signature

I/We am applying for financial assistance with Tim's Tribute and I declare that the information given in this application and any documents attached is true to the best of my knowledge and belief. If information is found by Tim's Tribute to be false or misleading, I am aware and accept that this will impact the approval of this application.

initial

I/We acknowledge and understand that Tim's Tribute distribution of funds is based upon the generous giving of donors, and therefore, distribution is based on available monies.

initial

I/We have read and accept the Privacy Policy of Tim's Tribute.

initial

I/We understand that the assistance decisions are the sole responsibility of Tim's Tribute and all decisions are final. I/We agree to release Tim's Tribute from any liability in their effort to provide the assistance.

I/We have read and accept the terms and conditions of application to Tim's Tribute.

initial

Applicant Signature

Date (yyyy/mm/dd)