



WHISTLER COMMUNITY SERVICES SOCIETY

"A Helping Hand Toward A Healthy Community"

# Emergency Financial Assistance

7328 Kirkpatrick Way  
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## APPLICATION FOR EMERGENCY ASSISTANCE

(This information is confidential)

*Whistler Community Services Society provides one-time financial assistance for Whistler residents in the event of an emergency threatening their health or well being. Applicants must provide driver's license or other photo identification.*

Name (Last, First, Middle Initial): \_\_\_\_\_

Drivers License number (or other photo i.d.): \_\_\_\_\_

Address: \_\_\_\_\_

Residential phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

How long have you been a Whistler resident? \_\_\_\_\_

Amount requested: \_\_\_\_\_

Funds will be used to pay for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cheque should be made payable to (this is the name of your landlord, pharmacy, etc.):

\_\_\_\_\_

Will you need additional funding in the future? \_\_\_\_\_

Are you willing to help in a volunteer capacity? \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Thank you. A WCSS staff member will contact you to let you know when your application has been approved.**

**\*\*\* FOR OFFICE USE ONLY \*\*\***

**Date application reviewed:** \_\_\_\_\_ **Approved?**  Yes  No

**Financial information has been presented and meets our criteria:**  Yes  No

**If no, state reason:** \_\_\_\_\_

**Amount approved:** \_\_\_\_\_ **Date monies issued:** \_\_\_\_\_ **Cheque #:** \_\_\_\_\_

**Authorized signature:** \_\_\_\_\_

Comments / Circumstances of request:	Funding Provided:

