

## **Artist Relief Fund Information for Applicants**

Please read carefully before completing the application form.

The Artist Relief Fund is a fund administered by the Canadian Arts Resources Foundation for Ontario (CARFO) which operates under the name, CANVAS. The Fund provides Ontario visual artists with assistance for the relief of poverty, and provides short-term financial aid for rent, mortgage payments, utility bills, food, dental and medical care, and prescription medicines.

### **Application Process**

Completed applications are reviewed by the Canvas Artist Relief Fund committee. Decisions are based on policies and information provided in the application and supporting documentation. The review process takes up to two weeks, depending upon the nature of the request. Funds for food or homelessness prevention may be provided sooner if deemed necessary by the committee. It is therefore important that applications be as complete and thorough as possible. Applicants will be contacted by telephone or mail when the Committee has come to a decision.

### **Eligibility Criteria**

1. Applicants must be professional visual artists living in Ontario.
2. Applicants must have attempted to earn a portion of their income from their art careers within the last year.
3. Applicants who have received assistance from the Artist Relief Fund in the last twelve months are ineligible.

### **Categories of Assistance**

The Fund provides short-term financial aid to assist applicants in maintaining their current housing, health and art practice. Eligible items include:

- food • rent/mortgage • utilities • homecare • telephone • transportation • medical care • dental care • psychological services • exceptional circumstances (at discretion of committee)

### **Amounts**

The maximum amount available for assistance is \$1000.00. The amount and type of assistance provided depends on the Committee's assessment and the particular circumstances of each application. Not every applicant will be guaranteed funding; each application is reviewed on a case-by-case basis. Successful applicants will not necessarily receive a cheque; in some instances the Fund will purchase gift certificates for groceries, pay medical and dental providers directly, purchase transit tickets and passes or pay utility companies directly.

**Ineligible requests**

- taxes, including GST • legal fees • credit cards • exhibition expenses • art supplies • loans • child support payments • education • marketing expenses • cable bills • accounting fees • long-distance charges • art insurance • storage fees framing Internet

**Documentation**

Applicants are required to submit a current résumé or curriculum vitae and where appropriate, copies of relevant bills, medical invoices or assessments, unfilled prescription quotes, dental estimates or landlord's name, telephone number and address.

Drop off or mail completed application forms including résumés, receipts, quotes and invoices to the following address:

CANVAS Artist Relief Fund 401 Richmond Street West, Suite 440, Toronto, Ontario, M5V 3A8  
416-340-8534 Charitable number 87186 8501 RR0001

## Artist Relief Fund Application

All information provided is strictly confidential Please print clearly

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apartment # \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: m/d/y \_\_\_\_\_

SIN #: \_\_\_\_\_

May we leave details about this application on your voice mail/answering machine? Yes\_\_ No  
Please add me to the Fund's e-mail list \_\_\_ Citizenship: \_\_\_\_\_ If you are not a Canadian citizen, how long have you lived in Canada and what is your status?

2a. Residential Status: Live Alone \_\_\_\_\_ Live with Spouse/Partner \_\_\_\_\_  
Live with Roommate (# of Roommates ) Live with Children (# of Children )  
Other \_\_\_\_\_

2b. Marital Status: Single\_\_ Married\_\_ Separated\_\_ Divorced\_\_ Widow/er\_\_ Common-law\_\_

2c. Partner/Spouse (This includes ex-partners with whom you have children, or who pay or receive support): Partner's Name: \_\_\_\_\_

Address (if different from yours):  
\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Annual Income: \_\_\_\_\_ Do you have children? Yes No (if not, you can go to the next page) If yes, what are their names and ages? Do they live with you full-time? Yes No (please describe): \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Is this your first application to the Artist Relief Fund? Yes / No (Please circle)

How long have you worked as a visual artist? \_\_\_\_\_

Are you a member of any professional associations? Specify \_\_\_\_\_

\_\_\_\_\_

### **Applicant's Financial Information**

Average annual income from visual arts practice \$ \_\_\_\_\_

Total annual income including visual art and employment incomes \$ \_\_\_\_\_

Average annual expenses associated with visual art practice \$ \_\_\_\_\_

Percentage of income earned annually from visual art practice \_\_\_\_\_%

Other sources of income:

\_\_\_\_\_

Are you currently employed by an employer? Part-time / Full-time (please circle)

Do you have any confirmed art related work upcoming? (art show with exhibition fees, workshop instructor, Curatorial work, Community arts, Commissions, etc.) No \_\_ Yes\_\_ (if yes, please detail) \_\_\_\_\_

Please describe the circumstances that have led you to apply to the Artist Relief Fund:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fixed Monthly Expenses: Housing (rent/mortgage/taxes/insurance: \$ \_\_\_\_\_ Utilities including phone/internet: \$ \_\_\_\_\_ Transportation (public transit, car payments, car insurance) \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Medical \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

(Please print clearly in the space provided. If you require more room please attach a separate sheet.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe in the table below what form of financial assistance you are requesting, with specific dollar amounts. You must submit all relevant bills or photocopies of bills with your application.

Type of Assistance Requested	Amount	FOR OFFICE USE ONLY
EXAMPLE: Rent (January) payable to 'Apartments Inc.'	\$ 748.50	do not write in this space
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
TOTAL AMOUNT REQUESTED: \$ _____		_____

Please describe below any measures you have taken or plan to take to improve your situation. CANVAS encourages you to seek other forms of assistance. A willingness to find out about different options and resources generally reflects favourably on an applicant.

12a. Have you applied for health care/insurance benefits from your union, guild, or association? Provide details:

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12b. Have you explored other financial options, such as government assistance or borrowing against existing assets? Provide details:

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12c. Have you sought assistance from relatives or friends? Provide details:

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12d. Are there other measures you have taken to address your situation?

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12e. Is this a short-term emergency? If not, what are your plans for the long term?

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A CURRENT RÉSUMÉ HAS BEEN SUBMITTED WITH THIS APPLICATION : Yes No (Circle)

I, \_\_\_\_\_ (print name) by my signature certify that the information provided on this application and on any attached documents is correct and complete. I acknowledge that CANVAS may from time to time request to contact the landlord, physician, or payee etc. as may be deemed necessary to expedite the decision on the application.”

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ .

Signed \_\_\_\_\_

Applications may be submitted by mail or in person. The Fund office is open for in-person visits by appointment only.

CANVAS 401 Richmond Street West, Suite 440, Toronto, Ontario M5V 3A8

Telephone (416) 340-8534

Email : [info@canvasfoundation.ca](mailto:info@canvasfoundation.ca)

Charitable number 87186 8501 RR0001

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