



## APPLICATION FOR SOCIAL ASSISTANCE

Provision of the information requested on this document is voluntary and is being collected in order to make a fair decision. The information will be stored in personal information bank INA / P-PU-020 and is protected under the provisions of the Privacy Act.

Department or Band Administration Authority

## Section 1

Applicant's name		Band Name and Family No.		Province of Membership	
Address		Postal Code		On Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No.
Marital Status ▶ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Single Parent <input type="checkbox"/> Unmarried Couple					
Date of Birth		S.I.N.		Health Insurance No. (if non Indian)	
Are you a Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of arrival in Canada			
Date last Social Assistance received		Administering Authority		Amount \$	
Are you / your spouse awaiting other benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, benefit applied for		Date	
Are you seeking employment <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain			
Date of last employment		Date		Reason for termination	
If separated / divorced / deserted, have you applied for financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain			
Spouse's Name		Band Name and Family No.		Province of Membership	
Address		Postal Code		On Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation

## Section 2

Applicant's Previous Address(es)		From		To	
		Month	Year	Month	Year
1					
2					
Most Recent/Present Education or Training Program		From		To	
		Month	Year	Month	Year
Applicant ▶					
Spouse ▶					
Name & Address of Previous/Present Employer		From		To	
		Month	Year	Month	Year
Applicant ▶					
Spouse ▶					

## Section 3

Dependent(s) In Home Names	Relationship	Date of Birth	Band Name and Family No.	Education
Other Persons in Home Names	Relationship	Age	Source of Income	

Section 4									
Assets									
Money Owning from Other Persons <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount    \$			Savings <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount    \$			Equipment / Trapping Gear <input type="checkbox"/> Yes <input type="checkbox"/> No    Value    \$			
In Trust <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount    \$			1 <sup>st</sup> Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No    Make & Year			Livestock <input type="checkbox"/> Yes <input type="checkbox"/> No    Value    \$			
Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount    \$			2 <sup>nd</sup> Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No    Make & Year			Other Assets (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No    Value    \$			
Section 5									
Previous Month's Income		Applicant				Spouse and Dependent(s)			
		Yes	No	Amount	Date Received	Yes	No	Amount	Date Received
Wages - Including Severance and Holiday Pay				\$			\$		
Pension (State Type)				\$			\$		
Workers Compensation				\$			\$		
Unemployment Insurance				\$			\$		
Education and Training Allowance				\$			\$		
Fur & Fish Sales, Farming and Small Business				\$			\$		
Band Distribution				\$			\$		
Rental or Land Lease				\$			\$		
Family Support Payments				\$			\$		
Other Income				\$			\$		
Lump Sum Payment or Settlement within the Past Year				\$			\$		
Total earning's in the past 12 months		\$ _____							
Section 6									
Is Accommodation Shared? <input type="checkbox"/> Yes <input type="checkbox"/> No				Who is Responsible for Shelter Costs?					
Rented or Owned				CMHC Assisted Housing <input type="checkbox"/> Yes <input type="checkbox"/> No					
Costs:	Rent / Housing Payment	\$ _____	Utilities	\$ _____	Garbage, Water, Sewer	\$ _____			
	Fuel	\$ _____	Maintenance	\$ _____	Basic Telephone Rental	\$ _____			
			Home Insurance	\$ _____					
Section 7									
<p>I declare and affirm that the information provided by me on this application form is complete and correct and is given in order to substantiate my entitlement to Social Assistance. I agree to advise the Administering Authority of any change in my financial status, income, marital status, family size, or other circumstances that may affect my eligibility for benefits. I further consent to the Administering Authority disclosing any information in this application to any such source or any such reporting agency, in order to verify or confirm the information, and further consent to any such source disclosing information to the Administering Authority in order that it can verify or confirm the information in this application.</p> <p>⚠Social Assistance benefits obtained under false pretense or misrepresentation may lead to prosecution under the Criminal Code of Canada</p> <div><div>_____ Signature of Applicant</div><div>_____ Date</div><div>_____ Signature of Witness</div><div>_____ Date</div></div> <p>Information contained in this application has been verified by:</p> <div><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div> <p>Comments on Administrative Authority:</p> <div><div>_____</div><div>_____</div><div>_____</div><div>_____</div></div>									