Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

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

Section 2

Applicant's Previous Address(es)		From Month	From Year	To Month	To Year
1					
2					

Most Recent/Present Education or Training Program	From Month	From Year	To Month	To Year
Applicant ➤				
Spouse ➤				

Name & Address of Previous/Present Employer	From Month	From Year	To Month	To 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

Canada

Section 4

Assets

Money Owing from Other Persons ☐ Yes ☐ No Amount $	Savings ☐ Yes ☐ No Amount $	Equipment / Trapping Gear ☐ Yes ☐ No Value $
In Trust ☐ Yes ☐ No Amount $	1st Vehicle Make & Year ☐ Yes ☐ No	Livestock ☐ Yes ☐ No Value $
Life Insurance ☐ Yes ☐ No Amount $	2nd Vehicle Make & Year ☐ Yes ☐ No	Other Assets (Specify) ☐ Yes ☐ 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) SSS	☐	☐	$		☐	☐	$	
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? ☐ Yes ☐ No	Who is Responsible for Shelter Costs?
Rented or Owned	CMHC Assisted Housing ☐ Yes ☐ No

Costs:

Rent / Housing Payment	$ _____	Utilities	$ _____	Garbage, Water, Sewer	$ _____
		Maintenance	$ _____		
Fuel	$ _____	Home Insurance	$ _____	Basic Telephone Rental	$ _____

Section 7

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.

Social Assistance benefits obtained under false pretense or misrepresentation may lead to prosecution under the Criminal Code of Canada

_____ Signature of Applicant

_____ Date

_____ Signature of Witness

_____ Date

Information contained in this application has been verified by:

_____ Date

_____ Signature of Administering Authority

_____ Date

Comments on Administrative Authority: