

Administration of Benefits

Per Section 2.2 of the Social Development Policy and Procedures Manual

I, _____ of _____
(Name) (Address)
request that my monthly Income Assistance shelter entitlement be paid directly to:

☐ TFN CMHC Social Housing
☐ BC Hydro
☐ Landlord
☐ Fuel Provider (e.g., firewood, propane)

Check all that apply.

Name

Signature

Date

Witness Name

Witness Signature

Date