Indigenous Services Canada | Services aux Autochtones 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 Administering Authority

Section 1

Applicant name		Band Name and Status No.	Province of Membership
Address	Postal Code / E-Mail Address	On Reserve ☐ Yes ☐ No	Telephone No.
Marital Status ' ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widower ☐ Single Parent ☐ Unmarried Couple			
Date of Birth (YYMMDD)	S.I.N.	Health Insurance No. (if non Status)	Occupation
Are you a Canadian Citizen? ☐ Yes ☐ No	Date of arrival in Canada (YYMMDD)		
Date last Social Assistance received (YYMMDD)	Administering Authority		Amount $
Are you or your spouse awaiting other benefits ☐ Yes ☐ No	If yes, when was benefit applied for? (YYMMDD)	Date	
Are you seeking employment ☐ Yes ☐ No	If no, explain		
Date of last employment (YYMMDD)	Reason for termination		
If separated / divorced / deserted, have you applied for financial support? ☐ Yes ☐ No	If no, explain		
Spouse's Name	Band Name and Status 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 Status 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 Dependant(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 earnings in the past 1 month $ _____

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 (YY/MM/DD) | Signature of Witness | Date (YY/MM/DD)

_____ _____

Signature of Spouse (if applicable) | Date (YY/MM/DD)

Information contained in this application has been verified by:

_____ _____ _____ _____

Name of Administering Authority | Date (YY/MM/DD) | Signature of Administering Authority | Date (YY/MM/DD)

Comments (Administering Authority):