SD01

Please Print (Enter N/A where field is not applicable)

Client/Applicant Identification (members of the household for whom assistance is requested – please ensure										
photocopy of identification for all adult members of household										
Client/Applicant last name:		Applicant given name(s):			Applicant treaty number:			: 		
Applicant date of birth: Month d		day	ay year s		ex Applicant		cant S.I.N	: S.I.N.		
Educational Attainment:				1						
Without High School diploma With High School Completed Post Secondary education							ı			
Marital Status: Effective Date: MB Health Registration No. PHIN:										
Second Adult: (Spouse or Common-Law - Dependant)										
Spouse/Common-Law Last name: Spouse/Common-Law				w giv	iven name(s): Spouse/Common-law treaty number:					
Spouse/Common-Law date of birth:				Se	ex S.I.N.			1 1 1		
Month day	year									
Educational Attainment										
Without High School diploma With High School Completed Post Secondary education										
Marital Status: E	ffective D	ective Date: MB Healt				th Registration No. PHIN:				
Dependent Children:										
Last name		Given name	e(s)		Treaty number			Date of birth	PHIN/SIN:	
					 				1 1 1 1	
Attending School:	Grade	Grade Level:			Name of School:					
Yes No No										
							1 1			
Attending School: Yes No	Grade	Grade Level:			Name of School:					
									1 1 1 1 1	
Attending School:	Grade	Grade Level:			Name of School:					
Yes No	Grade				Name o	SCHO	Oi.			
					 				1 1 1 1 1	
Attending School: Yes No	Grade	e Level:			Name o	Scho	ol:			
							1 1		1 1 1 1	
Attending School:	Grade	e Level:			Name of	Scho	ol:			
Yes No No										
Children Out of the Parental Home: (Please attach Children Out of the Parental Home Application and Authority)										
Last name	(Given name(s)			Treaty r	umbe	r	Date of birth	PHIN/SIN:	

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					1 1 1 1		
Attending School:	Grade	Level:	Name of School:		L		
			rame or concon.				
Yes No No							
Disabled Adults: (Please attach medical assessment for disabled adult)							
Last name		Given name(s)	Treaty nun	nber Date o	f birth SIN:		
			1 1 1	1 1	1 1 1 1		
			1 1 1				
Residency: (All Applicants and members of the household for whom assistance is requested <u>must</u> reside on reserve)							
What type of residence do you occupy? CMHC housing Band Owned housing Private housing House number: 024 Street: Phone number :							
House number:	UZ4 Stre	eet:		_ Phone number :			
Tenancy Profile must be completed, signed and on file A copy of the Tenancy Agreement signed by all parties must be on file, if Shelter Allowance benefits are being considered.							
Are you the household head? Yes No If no, complete							
Name of household head Treaty number of household head Client							
Initial:					Client		
	erent fro	m Δnnlicant) ·		Pro-Rated: Ve	s No N		
Hydro Customer Name (if different from Applicant): <u>Pro-Rated:</u> Yes No Hydro account number:							
Applicant must bring copy of household bill for the initial application for Hydro benefits to be considered.							
EMPLOYMENT EXPECTATION							
Check the appropriate box:							
Economic Social - Single Parent Social - Other Health WOP ASARET							
Please complete an Employability Screening tool for all adults with employment expectations and Children 16 or 16 + who are not attending school.							
A case plan is mandatony for all adults with ampleyment apportations also Children 4.5 and 5. and 5. and 5.							
A case plan is mandatory for all adults with employment expectations plus Children 16 or 16 + who are not attending school. Case Plans must be signed and dated by client plus updated regularly. (Employability Assessments and subsequent Case Plans							
are optional for the two other categories unless active measures are being considered.)							
DECLARATION OF ASSETS							
ASSETS: Please answer Yes or No for each item below. Include details for all members of the household for whom							
assistance is requested. If the amount or value of an asset is not known, please indicate this under Current Amount or Marke Value. A COPY OF BANK STATEMENT FROM THE DATE OF APPLICATION covering 60 days MUST BE PROVIDED.							
		Current	Account or Policy				
LIQUID ASSETS	Yes I		Number	Company/Institu	ution Name and Address		
Cash on Hand							
Bank Accounts (ALL IN YOUR OR YOUR SPOUSES NAME)							
Credit Unions							
Stocks, Bonds, GICs, RRSPs							
Insurance Policy							

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Please Print (Enter N/A where field is no	ot applic	able)					
Other							
Other							
0=1150 4005=0			Est. MARKET				
OTHER ASSETS	YES	No	VALUE	AMOUNT OWING	LEG	AL DESCRIPTION	
Business/Farm/Fishing Inventory/Equipment							
Vehicles/Recreation Vehicles							
Boat/Motor							
Snowmobile							
Debts							
	bts (m			I	ruptcy Po	ersonal or Business, payday loans)	
Name		An	nount \$	Name		Amount \$	
DECLARATION OF INCOME							
Did you, your spouse or dependents receive any income or financial assistance during the past 30 days? Yes No							
If yes, complete form SD03 - Declaration of Income							
FINANCIAL NEEDS ASSESSMENT							
If you do not have a Bank Account you must provide a copy of your latest Notice of Assessment from Canada Revenue Agency							
30 days from the date of Application. Client initial:							
APPLICANT ACKNOWLEDGEMENT							
I hereby apply for assistance under the Income Assistance Program of Indigenous and Northern Affairs Canada with this Issuing Authority. If							
eligible, I agree to inform the Issuing Authority immediately of any changes of address, marital status, family, financial, medical, and social							
conditions.							
I the undersigned have no income to report for myself or my dependents except as declared for this period. I hereby authorize release of							
information concerning our circumstances, financial, medical or otherwise to the Issuing Authority and Indigenous and Northern Affairs Canada.							
This will specifically include information regarding claims and payments under Canada Pension Plan, Old Age Security, Employment Insurance							
Benefits, Income Assistance from other sources and other revenues as described on form SD03. I understand that legal actions may be taken							
against me for making false statements.							
Amuliaant Cinnatura				Data			
Applicant Signature				Date			
Spouse/Common-Law Signatur	е			Г	ate		
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
For use by Issuing Authority				Rriafl	v state t	he conditions for eligibility:	
-Was the income statement ver	rified?		Yes □ N		y olalo t	no conditions for engionity.	
-Is the applicant eligible for Employment Insurance? Yes No No							
-Do you have a signed Individual Consent to Disclosure and/or Use of							
-Personal Information form on file? Yes ☐ No ☐ -Have you checked against registered membership? Yes ☐ No ☐							
-Do you have copies of identification on file? Yes No No							
-Is the applicant eligible to receive assistance? Yes ☐ No ☐ If yes, complete and attach form SD04-Budget and Decision Form							

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Please Print (Enter N/A where field is not applicable)

Signature of Issuing Authority _____ Date ____

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