

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 are on file)				
Client/Applicant last name:		Applicant given name(s):		Applicant treaty number:
Applicant date of birth: Month day year		Sex	Applicant S.I.N. 	
Educational Attainment: Without High School diploma _____ With High School _____ Completed Post Secondary education _____				
Marital Status: Effective Date:		MB Health Registration No.		PHIN:
Second Adult: (Spouse or Common-Law - Dependant)				
Spouse/Common-Law Last name:		Spouse/Common-Law given name(s):		Spouse/Common-law treaty number:
Spouse/Common-Law date of birth: Month day year		Sex	S.I.N.	
Educational Attainment Without High School diploma _____ With High School _____ Completed Post Secondary education _____				
Marital Status: Effective Date:		MB Health Registration No.		PHIN:
Dependent Children:				
Last name		Given name(s)		Treaty number
				Date of birth
PHIN/SIN: 				
Attending School: Yes <input type="checkbox"/> No <input type="checkbox"/>		Grade Level:		Name of School:
Attending School: Yes <input type="checkbox"/> No <input type="checkbox"/>		Grade Level:		Name of School:
Attending School: Yes <input type="checkbox"/> No <input type="checkbox"/>		Grade Level:		Name of School:
Attending School: Yes <input type="checkbox"/> No <input type="checkbox"/>		Grade Level:		Name of School:
Children Out of the Parental Home: (Please attach Children Out of the Parental Home Application and Authority)				
Last name		Given name(s)		Treaty number
				Date of birth
				PHIN/SIN:

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Other					
Other					
OTHER ASSETS	YES	No	Est. MARKET VALUE	AMOUNT OWING	LEGAL DESCRIPTION
Business/Farm/Fishing Inventory/Equipment					
Vehicles/Recreation Vehicles					
Boat/Motor					
Snowmobile					
Debts					
Most significant debts (maintenance, Student Loan, Credit Cards , Bankruptcy Personal or Business, payday loans)					
Name	Amount \$		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.

Applicant Signature _____ Date _____

Spouse/Common-Law Signature _____ Date _____

For use by Issuing Authority

- Was the income statement verified? Yes No
 - Is the applicant eligible for Employment Insurance? Yes 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
 - Is the applicant eligible to receive assistance? Yes No
- If yes, complete and attach form SD04-Budget and Decision Form

Briefly state the conditions for eligibility:



APPLICATION FOR INCOME ASSISTANCE

SD01

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

Signature of Issuing Authority _____

Date _____