



Stó:Ło Aboriginal Skills & Employment Training
Bldg #5A – 7201 Vedder Road, Chilliwack, BC Canada V2R 4G5
Tel: 604-858-3691 or Toll-Free 1-888-845-4455 E-mail: info@saset.ca

FOR YOUR INFORMATION

IF THERE ARE TWO ADULTS IN THE SAME FAMILY UNIT, BOTH ADULTS MUST ATTEND THE INTAKE INTERVIEW.

REMINDER: APPLICATION WILL NOT BE PROCESSED UNTIL WE HAVE COPIES OF EMPLOYMENT VERIFICATION AND ALL COMPLETED SHELTER DOCUMENTS.

*IT TAKES 5 TO 8 DAYS TO PROCESS A COMPLETED APPLICATION

01. IDENTIFICATION (ID): 2 for adults and 1 per child

The following are acceptable for Social Assistance purposes: (*one MUST have pictures*)

- Native Status Card
- Birth Certificate
- Social Insurance Card *PLEASE BRING ID for ALL Family Members
- Drivers License
- B.C.I.D

02. PLEASE BRING FOLLOWING DOCUMENTS:

Up to date bank statement (MUST HAVE)

- Employment Income verification form completed (MUST HAVE)
- Pension statement showing monthly payments
- WCB statement showing monthly payments
- Family bonus statement
- Wages/earnings for full month
- For Any Income such as honorariums, gambling winnings, Band Distribution ect.

03. SHELTER DOCUMENTS:

CMHC (Canada Mortgage and Housing Corporation):

- Rent and Occupancy form must be completed with all required information
- Rental Agreement showing –
- Start date and end date
- Monthly payment (*Must have a copy from Band Office*)

NON CMHC: (*private mortgage*)

- Copy of bank and mortgage papers showing
- Start date and end date
- Monthly payments

RENTAL UNIT:

- Proof of ownership
- Previous month's rent receipt
- Rental agreement showing
- Start date and end date
- Monthly payment

NO BILL = NO PAYMENTS

04. SHELTER:

- Up to date bills
- Confirmation of Residence from completed – signed by the head of household
- Insurance papers if required
- Other _____

*****NOTE*****

PLEASE BE ON TIME FOR YOUR APPOINTMENT

Application For Social Assistance Department or Band Administrative Authority



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 a personal Information bank INA/P-PU and is protected under the provisions of the Privacy Act.



Section 1									
Applicant's Name					Band Name and Family No		Province of Membership		
House Address					Mailing Address:		On Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone No.							Name of band Living on:		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widower	<input type="checkbox"/> Single Parent			
Date of Birth		SIN		Health Insurance No. (If non-Indian)		Occupation			
Are you a Canadian Citizen?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of arrival in Canada		Y	M	D	
Date last Social assistance received				Administering Authority		Amount \$			
Are you/your spouse awaiting other benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, benefit applied for		Date			
Are you seeking employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain					
Date of last employment		Y	M	D	Reason for termination,				
If separated/divorced/deserted, have you applied for financial support					If no, explain				
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Spouse's Name			Band Name and Family No			Province of Membership			
Address		Postal Code		On Reserve		Occupation			
				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Section 2									
Applicant's Previous Address(es)					From		To		
					Month	Year			
1									
2									
Name & Address of Previous/Present					From		TO		
					Month	Year	Month	Year	
Applicant ⇒									
Spouse ⇒									
Education Completed (please check one)									
Without a high school /secondary degree or diploma		With a high school /secondary education		With completed post-secondary education		Training Certificates			
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	Date of Birth	Source of Income					

Section 4								
Assets								
Money Owing from Other Persons <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	Savings <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$				Equipment/Trapping Gear <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$			
In Trust <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	1 st Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$				Livestock <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$			
Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	2 nd Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$				Other Assets (specify) <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$			
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)			\$				\$	
Workers Compensation			\$				\$	
Unemployment Insurance			\$				\$	
Education or Training Allowance			\$				\$	
Fur & Fish Sales, Farming or Small Business			\$				\$	
Band Distribution			\$				\$	
Rental or Land Lease			\$				\$	
Family Support Payments			\$				\$	
Other Income			\$				\$	
Lump Sum Payments or Settlement within past year			\$				\$	
Total earnings over the past 12 months \$ _____								

Section 6								
Shelter Documentation	On file		Applicant		Other in Home			
	Yes	No	Amount	Date Received	Yes	No	Shelter Sharing	Amount
Rental Agreement								
Ownership papers								
CMHC Documentation								
Maintenance Agreement								
Hydro								
Heat								
Garbage, Water & Sewer								
Basic Telephone Rental								
Home Insurance								
Other (please specify)								
Is Shelter shared? <input type="checkbox"/> Yes <input type="checkbox"/> No				Who is responsible for shelter costs?				
Rent or Owned				CMHC Assisted Housing <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section 7			
<p>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.</p> <p>⇒ Social Assistance benefits obtained under false pretense or misrepresentation may lead to prosecution under the Criminal Code of Canada</p>			
_____ Signature of Applicant	_____ Date	_____ Signature of Spouse	_____ Date
Information contained in this application has been verified by			
_____ Name	_____ Date	_____ Signature of Administrative Authority	_____ Date
Comments:			

Effective 4th December 1979, an Indian registered as an Indian in accordance with the Indian Act, situated on a Reserve, is exempt from payment of the Provincial Sales Tax otherwise payable on the purchase of electricity and/or natural gas solely for his personal consumption or use on the Reserve. An Indian claiming exemption shall complete the Exemption statement shown below.

MINISTRY OF FINANCE
PROVINCIAL SALES TAX
EXEMPTION STATEMENT FOR REGISTERED INDIANS

I hereby state that I am:

- (a) An Indian registered as an Indian with Number _____
in accordance with the Indian Act; and
- (b) a member of the _____ band.

And that I Purchase electricity from BC Hydro and / or Natural Gas from Fortis BC solely for my personal consumption or use at my address on the Reserve as shown below.

Name: _____

Address: _____

BC Hydro Account _____

Fortis BC Account _____

Signature: _____

Date: _____



FOR GENERATIONS

CONSENT TO RELEASE ACCOUNT INFORMATION

I, _____, authorize BC Hydro to release information regarding my BC Hydro Account # _____ to representatives of Sto:lo Service Agency/ Stolo Aboriginal Skills and Employment Training acting on behalf of the _____ for the purposes of assisting me with the handling of my BC Hydro Account.

Signature: _____ Date: _____

Please return completed form to:

Customer Credit Services
6911 Southpoint Drive Posium C01
Burnaby, BC V3N 4X8

Fax (604) 528-2518

Email: scan@bchydro.com



CONSENT TO RELEASE OF INFORMATION

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.

I, _____, Family No. and Band Name _____,

Consent to the release by _____ of information concerning

_____ to the under-noted Administrative Authority for the (Agency, Company, or Individual)

Purpose of determining my eligibility for social assistance.

Signature of Applicant

Date

The Administrative Authority will use the information provided by the above-named Agency, Company or Individual for the sole purpose of determining the eligibility of the applicant for social assistance.

Administrative Authority

Date

Original to 901-23 (10-88) > Administrative Authority Copies to >Client File, Agency/Company or Individual





**THIRD-PARTY ADMINISTRATION
AGREEMENT**

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I, _____ of _____,
 (Mailing Address) agree to act as trustee for _____
 _____ Family No. and Band Name _____
 (Name of recipient) _____, with the understanding that Social Assistance to
 which he/she is eligible will be issued to me on his/her behalf.

I agree to make a report substantiated with receipts, upon request by the Administrative Authority, showing the manner in which, the Social Assistance was spent for the benefit of the recipient and dependents.

_____ Date

Signature of Recipient

Date

_____ Date

Signature of trustee

Date

_____ Date

Signature of Witness

Date

Approved by _____ Date
 (For Administrative Authority)

Original to > Administrative Authority

Copies to >Client File, Third Party Administrator



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SOCIAL INSURANCE INCOME VERIFICATION

APPLICANT NAME	
SOCIAL INSURANCE NUMBER	
DATE OF BIRTH: Day/Month/Year	
TODAY'S DATE: Day/Month/Year	

Dear Sir or Madam

I, _____, authorize the release of information to Sto:lo Service Agency/Stolo Aboriginal Skills and Employment Training to allow the proper assessment of my current employment situation.

Please call should you require additional information pertaining to this report. Your earliest attention to this matter would be appreciated.

Upon completing, please ensure that the above information is returned and clearly marked

CONFIDENTIAL – TO BE OPENED BY ADDRESSEE ONLY. Thank you.

Sincerely,

Social Development Worker



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CONFIRMATION OF RESIDENCE

APPLICANT NAME	
FIRST NATION BAND NAME	
APPLICATION DATE	

I, _____, confirm that _____ who has a
 (Landlord/Head of Household) (Applicant Name)

Family Unit of _____ is residing at _____
 (Number of People) (House Address)

Since ____ / ____ / ____ on _____.
 Day Month Year (First Nations Band Name)

Shelter costs may be prorated upon approval of Administering Authority, according to the
 Aboriginal affairs Northern Development Canada Social Development Policy.

For your Information:

- Landlord living in residence = shelter sharing
- Tenant only staying in bedroom = shelter sharing
- Tenant is adult child of landlord who lives in the home = shelter sharing
- Shelter sharing is prorating housing bills by number in tenant family unity into total number (including children) in residence.

Signature of Landlord/Head of Household

Date: Day/Month/Year



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RENT AND OCCUPANCY PROFILE

APPLICANT:			
DATE: Day ____ Month ____ Year ____		BAND NAME	
TO: Day ____ Month ____ Year ____			
Applicant Street Address:			
Applicant Mailing Address:			
City/Town:		Postal Code:	
APPLICANTS PERSONAL INFORMATION			
DATE OF BIRTH		STATUS NUMBER	
SOCIAL INSURANCE NUMBER		MARITAL STATUS	
LIST SPOUSE AND DEPENDANT CHILDREN UNDER 19 YEARS OLD LIVING IN THE HOUSEHOLD			
NAME		AGE	RELATIONSHIP
LIST ALL OTHER PEOPLE LIVING IN THE HOUSEHOLD			
NAME		AGE	RELATIONSHIP
CMHC INFORMATION			
MINISTERIAL GUANTEE CERTIFICATE #			
CMHC MASTER PREFERENCE #			
PERSONAL MORTGAGE #			
DATE CMHC LOAN ENDS			
*** AT LEAST 2 SIGNATURES REQUIRED***			
CHIEF		PHONE #	
BAND COUNSELLOR		PHONE #	
HOUSIENG OFFICER		PHONE #	
BAND SIGNING AUTHORITY		PHONE #	

*** If more people in home then space, please add to back of page thank you***