



Sto:lo Social Development Department

Building # - 7201 Vedder Rd.
Chilliwack BC V2R 4G5
Telephone: 604-824-3200

Email: social@stolonation.bc.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 picture*)

- 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

04. SHELTER:

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

NO BILL = NO PAYMENTS

*******NOTE*******

PLEASE BE ON TIME FOR YOUR APPOINTMENT



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-PU020 and is protected under the provisions of the Privacy Act

Department or Band Administrative Authority

Section 1		
Applicant's Name		Band Name and Family No
House Address:		Province of Membership
Telephone No.		On Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address :		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 <input type="checkbox"/> Unmarried Couple	
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
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		Reason for termination
If separated /divorced /deserted, have you applied for financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain
Spouse's Name		Band Name and Family No
Province of Membership		
Address		Postal Code
On Reserve		<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		

Section 2				
Applicant's Previous Address(es)		From		To
		Month	Year	Month Year
1				
2				
Name & Address of Previous /Present Employer		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 degree or diploma	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 Owning 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 Value \$	

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?				
Rented 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 pretence 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 Stó:lō Nation Community Development 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



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I, _____, Family No. and Band Name _____

consent to the release by _____ of information concerning _____
(Agency, Company or Individual)

_____ to the under-noted Administrative Authority for the purpose of determining my eligibility for social assistance.

Signature of Applicant

Date

The Administrative Authority will use 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 ► Administrative Authority Copies to ► Client File, Agency/Company or individual





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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.

Signature of Recipient

Date

Signature of Trustee

Date

Signature of Witness

Date

Approved by _____
(For Administrative Authority)

Date

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 Nation 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 Adminstering 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:	
APPLICANT'S 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 GUARANTEE CERTIFICATE#			
CMHC MASTER REFERENCE #			
PERSONAL MORTGAGE #			
DATE CMHC LOAN ENDS			
*** AT LEAST 2 SIGNATURES REQUIRED ***			
CHIEF		PHONE #	
BAND COUNCILOR		PHONE #	
HOUSING OFFICER		PHONE #	
BAND SIGNING AUTHORITY		PHONE#	

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