



NOTICE OF REFUSAL OF INCOME ASSISTANCE

APPLICANT INFORMATION (please print)

Last Name		First Name	
Middle Name(s)		Previous Last Name(s)	
Street Address		City/Community NT	
Mailing Address (if different than above)			
Apartment Number	Postal Code	Telephone (Home) ()	
Social Insurance Number / /	Date of Birth - YY/MM/DD / /	Case Number	

Please note that your application for Income Assistance, dated (YY/MM/DD) ____/____/____, has been refused. After reviewing your personal and financial circumstances, you have been found ineligible for Income Assistance for the following reason(s) pursuant to Section 1.1, 2, 6, 7 and 16 of the *Income Assistance Regulations*.

REASON(S) FOR REFUSAL

You have refused to sign the Statement of Authorization of Applicant	16.(1)(d.1) You have made false or misleading statements for the purpose of obtaining Income Assistance
16.(1)(b) You have refused or ceased to participate in a Productive Choice	16.(1)(d.2) You have voluntarily left your employment without just cause as set out in paragraph 29 (c) of the <i>Employment Insurance Act</i>
1.1(2)(b) You are employable, but have not demonstrated that you are searching for employment	
1.1(2)(a) You have refused employment or to make use of the resources available to you that would prepare you for employment	16.(1)(d.3) You have been terminated from your employment by your employer for just cause
	16.(1)(e) You have left the Northwest Territories
16.(1)(a.1) You have refused or neglected to make use of all financial resources available	OTHER:
16.(1)(c) You have not disclosed adequate information about your income and circumstances	
1.1(2)(F) You have sufficient income to meet your financial needs and those of your dependants	

OFFICER'S SIGNATURE

You have the right to appeal this decision should you believe it is contrary to the *Social Assistance Act and Regulations*. An appeal must be made within seven (7) days of this refusal for your Income Assistance application.

At your request, the Client Services Officer or any other person may assist with writing your appeal.

X _____
Client Services Officer's Signature | Date - YY/MM/DD

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.(1)(g) and the *Northwest Territories (NT) Social Assistance Act and Regulations*. The privacy provisions of the *ATIPP Act* protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of information, contact the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-920-8921.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.