

3 SPOUSE INFORMATION (continued)

Reason For Income Assistance Application

- Looking For Work
 Employed Part-time
 Employed Seasonally
 Student
 Permanent Disability (Attach Form)
 Work Not Available In My Community
 Short Term Medical (Explain Below)
 Other: _____

Short Term Medical or Permanent Disability Explanation

4 HOUSEHOLD MEMBERS

Please list EVERYONE that lives in your household (If you need more space, please attach extra sheet)

Family Status

- Married Divorced Widowed
 Common Law Separated Single

Last Name	First Name	Gender	Health Care Number	Date of Birth (YY/MM/DD)	Relationship
		<input type="radio"/> Female <input type="radio"/> Male		/ /	
		<input type="radio"/> Female <input type="radio"/> Male		/ /	
		<input type="radio"/> Female <input type="radio"/> Male		/ /	
		<input type="radio"/> Female <input type="radio"/> Male		/ /	
		<input type="radio"/> Female <input type="radio"/> Male		/ /	

Do any of the above mentioned people pay rent? Yes No If yes, who and how much?

5 MEDICAL CONCERNS

Are you on medical leave?

Yes No If yes, please explain: _____

Does anyone in your household have any medical conditions?

Yes No If yes, please explain: _____

6 PLACE OF RESIDENCE

What type of accommodation are you presently living in? Please check one.

- Public Housing Specialized Housing Room/Single Own Home Subsidized Home
 Room and Board Rental (Market) Facility Relative

Does anyone in your household require specialized housing due to a disability? Yes No If yes, please explain:

Do you live in an Institution/Residential facility? Yes No If yes, name of Institution/Residential facility:

How long have you lived at this Institution/Residential facility?

Are you Boarding/Lodging? Yes No If yes: I Am Boarding With Relatives I Am Boarding With Non-Relatives

Name of Owner of Residence

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

7 RENTAL PROPERTY EXPENDITURES

Rental Property I Rent an Apartment I Rent a House I Rent a Townhouse/Condo I Rent a Public Housing Unit

Please Check Expenses INCLUDED in your Rent Payment.

Insurance Water
 Mortgage Heat
 Garbage Other: _____
 Power Other: _____
 Phone Other: _____
 Sewer Other: _____

State or Estimate Expenses NOT INCLUDED in your Rent Payment.

Insurance: _____ Water: _____
 Mortgage: _____ Heat: _____
 Garbage: _____ Other: _____
 Power: _____ Other: _____
 Phone: _____ Other: _____
 Sewer: _____ Other: _____

8 HOME OWNER EXPENDITURES

Homeowner I Live In My Own Home

Do you have a Rent-to-Own agreement on your home? Yes No If yes, how much is the monthly payment? _____

Do you have a mortgage on your home? Yes No If yes, how much is your monthly mortgage payment? _____

Are municipal taxes included in your payment? Property Water None Other _____

Have you made this month's payment? Yes No

Is there disability/life insurance on your mortgage? Yes No

Please attach a copy of your official mortgage plus the most recent annual statement and receipt of payment or a copy of your Rent-to-Own agreement documentation plus a recent receipt for payment.

9 INCOME BENEFITS

Do you CURRENTLY receive Child Tax Benefit?
 Yes If yes, please attach a copy of the Child Tax Benefit Notice of Assessment.
 No If no, please indicate why: Income Tax Not Filed Overpayment Income Too High Other

Have you or your spouse received Income Benefits before? Yes No If yes, last received - YY/MM/DD: / /

Have you received Income Assistance from elsewhere?
 Yes No
 If yes, please provide name/location of organization: _____

Are you receiving child support for any of the above dependants?
 Yes If yes, please attach a copy of the agreement/court order.
 No If no, please explain why not: _____

10 EARNED INCOME

Declare all income that you have received in the past month. Income is defined as follows:	<input type="radio"/> Previous Calendar Month <input type="radio"/> Last 30 Days	Amount (Applicant)	Amount (Spouse)	Amount (Dependant)
1. Salary or wages paid to you or your dependants by any employer, this includes severance pay		\$	\$	\$
2. Hunting, trapping, fishing		\$	\$	\$
3. Self-employment		\$	\$	\$
4. Honorariums		\$	\$	\$
5. Living allowance for training		\$	\$	\$
6. Fellowships, bursaries and/or scholarships		\$	\$	\$
7. Sale of artwork (paintings, carvings and/or handicrafts)		\$	\$	\$
8. Child care services (ie. babysitting)		\$	\$	\$
9. Other - Specify:		\$	\$	\$
10.		\$	\$	\$
11.		\$	\$	\$
12.		\$	\$	\$
13.		\$	\$	\$

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

11 UNEARNED INCOME

Declare all income that you have received in the past month. Income is defined as follows:	<input type="radio"/> Previous Calendar Month	Amount	Amount	Amount
	<input type="radio"/> Last 30 Days	(Applicant)	(Spouse)	(Dependant)
1. Mortgage or rental property		\$	\$	\$
2. Boarders and/or renters		\$	\$	\$
3. Government pensions: CPP, OAS, TS/GIS, Disability, Retirement, Survivor's Benefits (widows and orphans), Private Pensions, etc.		\$	\$	\$
4. Pension payments from another country		\$	\$	\$
5. Employment Insurance		\$	\$	\$
6. Workers Compensation		\$	\$	\$
7. Maintenance payments and/or alimony (If so, list for which children)		\$	\$	\$
8. Child 1		\$	\$	\$
9. Child 2		\$	\$	\$
10. Child 3		\$	\$	\$
11. Training allowances		\$	\$	\$
12. Student Financial Assistance		\$	\$	\$
13. Gambling (bingo, card games, lottery winnings, etc.)		\$	\$	\$
14. Gifts and gratuities		\$	\$	\$
15. Tax refund(s)		\$	\$	\$
16. Moneys held in trust for a child		\$	\$	\$
17. Insurance policies and/or trust funds/inheritance		\$	\$	\$
18. National Child Benefit Supplement		\$	\$	\$
19. Universal Child Care Benefits		\$	\$	\$
20. RRSP, Canada Savings Bonds and/or other investments		\$	\$	\$
21. Transportation (airline/bus tickets)		\$	\$	\$
22. Sale of personal assets, including property		\$	\$	\$
23. GST		\$	\$	\$
24. Impact Benefit Agreement (IBA)		\$	\$	\$
25. Dividends from Land Claims		\$	\$	\$
26. Other - Specify:		\$	\$	\$
27.		\$	\$	\$
28.		\$	\$	\$
29.		\$	\$	\$

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

12 EXCLUDED INCOME

Declare all income that you have received in the past month. Income is defined as follows:	<input type="radio"/> Previous Calendar Month	Amount	Amount	Amount
	<input type="radio"/> Last 30 Days	(Applicant)	(Spouse)	(Dependant)
1. Canada Child Tax Benefit		\$	\$	\$
2. Northwest Territories Child Benefit		\$	\$	\$
3. Contributions for special care for a(n) adult/child		\$	\$	\$
4. Foster parent payments		\$	\$	\$
5. Other - Specify:		\$	\$	\$

16 STATEMENT AND AUTHORIZATION Income Assistance

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 40.(a),(c), and (i) and the *Social Assistance Act* and *Income Assistance Regulations*. The information will be used to determine my initial and continued eligibility for Income Assistance and the general administration and enforcement of this program. The privacy provisions of *ATIPP* protect my personal information.

Personal information is defined under *ATIPP*, Section 2. 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, you may contact the Regional Manager or Regional Superintendent in your area.

Part A - Head of Household (Mandatory)

1. I declare that:

- I am applying for Income Assistance as the head of my household.
- I am 19 years of age or older.
- The information given in this application and any further applicable forms and documents are true.
- I will immediately notify the Client Services Officer if my personal or family information changes.
- I have read, or had someone read and/or translate, this Statement of Authorization to me and have asked the Client Services Officer to clarify anything that I do not understand.

2. I agree to:

- Follow the terms and conditions of the Income Assistance program.
- Provide information or documents to verify my initial and continued eligibility for income assistance benefits within seven (7) working days of the Client Services Officer's request of this information.

3. I understand that:

- The income that I receive from any source must be reported immediately to the Client Services Officer, and this income may affect the income assistance benefits that I, and/or the members of my family are entitled to.
 - False or misleading statements, and/or failure to disclose changes to my personal circumstances, may result in the Government of the Northwest Territories, Department of Education, Culture and Employment, demanding the immediate repayment of benefits received, future benefits being denied, and/or criminal prosecution against myself and/or those in my family.
 - My personal information may be released to the Government of the Northwest Territories' Maintenance Enforcement Program.
 - The Client Services Officer may share/exchange my personal information with the Northwest Territories Housing Corporation and/or the Local Housing Authority, for the purposes of program benefit entitlement.
 - My personal information will be exchanged with other Education, Culture and Employment programs for the management of those programs.
 - My basic personal information will be listed in a client registry list.
 - An Income Security Program Official will contact other agencies to verify the accuracy of information I have provided as part of determining my eligibility for income assistance benefits. These agencies may include the following: Government of the Northwest Territories departments (such as Transportation or Justice); Workers' Safety and Compensation Commission; other provincial, territorial, municipal governments; federal government departments (such as Canada Citizenship and Immigration, Human Resources Development Canada (Record of Employment and Employment Insurance, or Parental and Maternity Benefits)), Aboriginal agencies; landlords; financial institutions; credit agencies; insurance companies; fuel and utilities companies; and employers.
 - I can request an appeal to the Social Assistance Appeal Committee or Board if I believe the decision is contrary to the *Social Assistance Act* or the *Income Assistance Regulations*, and I can ask the Client Services Officer to guide me through the appeal process and help me complete the required appeal forms.
 - This Statement and Authorization is valid for one-year (twelve continuous months) from the signed date below or until the income assistance benefits myself and/or my family receives is discontinued for one full calendar month or more. This Statement of Authorization must be resigned every year (twelve continuous months) or when income assistance benefits are discontinued for one calendar month or more.
4. **I consent to the release of:** my personal information to the Income Security Program, by those agencies listed in 3.g above, to verify any personal information required to determine my initial and continued eligibility for income assistance as provided by the Income Security Programs, Education, Culture and Employment, Government of the Northwest Territories.
5. **I consent to the release,** by the Canada Revenue Agency, to an official of Government of the Northwest Territories' Income Security Programs, of information from my income tax returns, and, if applicable, other required taxpayer information about me, whether supplied by me or by a third party. The information will be relevant to, and used solely for the purpose of determining and verifying my/our eligibility, entitlement for and the general administration and enforcement of Income Security Programs under the *Social Assistance Act*, *Income Assistance Regulations* and *ATTIP*, and will not be disclosed to any other person or organization without my approval.

This authorization is valid for the Income Assistance Program for the three taxation years prior to the year of signature, and the most recently available tax information, the current taxation year, and each subsequent consecutive taxation year, for, which assistance is requested by me or on my behalf. Further, I understand that, if I wish to withdraw this consent, I may do so at any time by writing to the Regional Manager or Regional Superintendent in my area.

APPLICANT INFORMATION

Last Name	First Name and Initial(s)	
Mailing Address	City/Community	Date of Birth - YY/MM/DD / /
Territory/Province	Postal Code	Social Insurance Number / /

_____ _____
Head of Household's Signature (Mandatory) Date - YY/MM/DD Witness's Signature (Mandatory) Date - YY/MM/DD

Part B - Spouse of Head of Household (Mandatory)

6. **As the applicant's spouse,** I consent to the release of my personal information to the Income Security Programs by those agencies in section 3.g above for the purposes of determining mine, my spouse and/or my family's initial and continued eligibility for income assistance benefits.

SPOUSE INFORMATION

Last Name	First Name and Initial(s)	
Date of Birth / /	Social Insurance Number / /	

_____ _____
Spouse's Signature (Mandatory) Date - YY/MM/DD Witness's Signature (Mandatory) Date - YY/MM/DD