



INCOME SECURITY PROGRAMS
FORM I – MATURE DEPENDANT

Une version française de ce document est disponible.

Case Number:

| Applicant Information | | Co-Applicant Information | |
|------------------------------|--|---------------------------------|--|
| First Name: | | First Name: | |
| Last Name: | | Last Name: | |
| Telephone: | | Telephone: | |
| Street Address: | | | |
| Community: | | Postal Code: | |

Mature Dependant Information

| | | | |
|---------------------------|------------|------------|--|
| First Name: | | Last Name: | |
| Date of Birth (YY/MM/DD): | Telephone: | Email: | |

Consent

The Client Navigator explained what it means to be a Mature Dependant.

Applicant Initial Co-Applicant Initial Mature Dependant Initial

I understand that I must inform the Client Navigator if the Mature Dependant leaves the home.

Applicant Initial Co-Applicant Initial Mature Dependant Initial

I understand that the Mature Dependant can elect to apply on their own at a later date.

Applicant Initial Co-Applicant Initial Mature Dependant Initial

I, _____, am electing to remain on my parent/guardian(s) Income Assistance application as a mature dependant.

X

Mature Dependant Signature

Date (YY/MM/DD)

FOR OFFICE USE ONLY

Mature Dependant elected to remove themselves from their parent/guardian(s) application on (date):

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If you have any questions about the collection of information, contact the Program Specialist at the Department of Education, Culture and Employment, Box 1320, Yellowknife, NT X1A 2L9 or call 1-866-973-7252 or 867-767-9355.