



INCOME SECURITY PROGRAMS APPLICATION FOR INCOME ASSISTANCE FOR ADULTS

Une version française de ce document est disponible.

Applicant Information		Co-Applicant Information	
First Name:	Middle Name:	First Name:	Middle Name:
Last Name:		Last Name:	
Date of Birth (YY/MM/DD):	Social Insurance Number:	Date of Birth (YY/MM/DD):	Social Insurance Number:
Telephone:	Email:	Telephone:	Email:
Preferred Name:		Preferred Name:	
Disability: <input type="checkbox"/> Permanent <input type="checkbox"/> Long-term <input type="checkbox"/> Other: _____		Disability: <input type="checkbox"/> Permanent <input type="checkbox"/> Long-term <input type="checkbox"/> Other: _____	
Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other: _____		Immigration Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Other: _____	
Gender:		Gender:	
Preferred Pronouns:		Preferred Pronouns:	
Ethnicity: <input type="checkbox"/> Dene <input type="checkbox"/> Inuit/Inuvialuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-Indigenous <input type="checkbox"/> Other: _____		Ethnicity: <input type="checkbox"/> Dene <input type="checkbox"/> Inuit/Inuvialuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-Indigenous <input type="checkbox"/> Other: _____	
Mailing Address:			
Street Address:			
Community:	Postal Code:		

Employment Information

If You are Currently Employed

	Applicant	Co-Applicant
Name of Employer		
If You are not Currently Employed		
	Applicant	Co-Applicant
Who was Your Last Employer?		
When did Your Employment End? Provide Your Record of Employment.		
Are You Receiving Employment Insurance (EI)?		

Residency

Do you rent your unit?

Yes No If yes, please complete **Form G – Rent Report**. How much rent do you pay? \$ _____

Do you own your home?

Yes No If yes, please complete **Form H – Homeowner Report**.

Do you have a mortgage payment?

Yes No If yes, what is your monthly mortgage payment? \$ _____

Household Members

Please list everyone that lives in your home.

First and Last Name	Date of Birth (YY/MM/DD)	Gender	Relationship
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Child <input type="checkbox"/> Other: _____

Children

Do you have child(ren) in your care?

Yes No If you require assistance with child care costs, please complete **Form J – Child Care Provider Invoice**.

Do you receive the Canada Child Benefit?

Yes No If yes, provide a copy of the Canada Child Benefit Notice.

Do you have any child(ren) between the age of 19-21 years of age residing with you?

Yes No If they would like to remain as a dependant on your application, please complete **Form I – Mature Dependant**.

Excluded Income

While some income may be excluded from the calculation, you <u>must</u> declare the income.	Applicant	Co-Applicant
Agriculture Benefits		
Canada Child Benefit (CCB)		
Canada Pension Plan (CPP) Children's Disability Benefit / CPP Children's Survivor/Orphan Benefit		
Cost of Living Offset (COLO)		
Foster Parent Payments		
Impact Benefit Agreement/Treaty Payment/Per Capita Distribution/Land Claim Dividends		
Jordan's Principle/Inuit First Initiative		
Maintenance Enforcement Program/Child Support		
Registered Disability Savings Plans		
Settlement Income (Residential School, Sixties Scoop, Day School)		
Other income from Indigenous Governments (not employment or honorariums)		

Income Information

Declare all income you received during this reporting period.	Applicant	Co-Applicant
Canada Pension Plan (CPP)		
Child Care Services (eg: babysitting)		
Employment Insurance (EI)		
Fellowships, Bursaries and/or Scholarships		
Gambling (Bingo, card games, lottery winnings)		
Goods and Services Tax (GST)		
Honorariums		
Hunting, Trapping, Fishing		
Income Tax Refund		
Loans (friends/family, pay day, Canada Post)		
Monetary Gifts from Friends and Family		
Registered Retirement Savings Plan (RRSP), Canada Savings Bonds, and/or Other Investments		
Rent from Boarders/Renters		
Salary or Wages (must include pay stubs)		
Sale of Artwork (paintings, carvings and/or handicrafts)		
Sale of Personal Assets, including Property		
Self-Employment – Complete Form L – Monthly Statement of Self-Employment		
Student Financial Assistance (SFA), Indigenous Skills and Employment Training (ISET)		
Training Allowances or Other Education Assistance		
Worker's Safety and Compensation Commission (WSCC)		
Other Income		

Statement and Authorization

This information is being collected under the authority of the *Access to Information and Protection of Privacy Act, Section 40.(a)* and *(c)(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 their 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.

Applicant and Co-Applicant

1. I declare that:

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

2. I agree to:

- a. Follow the terms and conditions of the Income Assistance program.
- b. Provide information or documents to verify my initial and continued eligibility for income assistance.

3. I understand that:

- a. The income that I receive from any source must be reported immediately to the Client Navigator, and this income may affect the income assistance benefits that I, and/or the members of my family are entitled to.
- b. False or misleading statements, and/or failure to disclose changes to my personal circumstances, may result in the Government of 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.
- c. My personal information may be released to the Government of Northwest Territories' Maintenance Enforcement Program.
- d. The Client Navigator may share/exchange my personal information with Housing NWT and/or the Local Housing Authority/Organization for the purposes of program benefit entitlement.
- e. My personal information will be exchanged with other Education, Culture and Employment Programs for the management of those programs.

- f. My basic and personal information will be listed in the client registry list.
- g. An Income Security Program Official will contact other agencies to verify the accuracy of the information that I have provided as part of determining my eligibility for income assistance benefits. These agencies may include the following: GNWT departments, WSCC, the provincial, territorial, municipal governments, federal government departments, Indigenous Governments and Organizations, landlords, banks or other financial institutions, Housing NWT, credit agencies, insurance companies, Health and Social Services, fuel and utilities companies and employers.
- h. 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 Navigator to guide me through the appeal process and help me complete the required appeal forms.
- i. This statement and authorization is valid for one year from the signed date below. This statement of authorization must be resigned every year or when changes to my relationship status occur.
- 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 my 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 Northwest Territories.
- 5. The 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.

I understand and Agree to the Statement and Authorization

Applicant

First Name _____

Last Name _____

X

Applicant Signature _____

Date (YY/MM/DD) _____

Co-Applicant

First Name _____

Last Name _____

X

Co-Applicant Signature _____

Date (YY/MM/DD) _____

Mandatory Option for Canada Revenue Agency Release (must select one)

Option A

I consent to the release, by the Canada Revenue Agency, to an official of Government of 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 Access to Information and Protection of Privacy Act*, and will not be disclosed to any other person or organization without my approval.

Applicant Full Name

Applicant Initial

Co-Applicant Full Name

Co-Applicant Initial

OR

Option B

I understand that I will provide information from my income tax returns, and, if applicable, other required taxpayer information about me, whether supplied by me or by a third party and redact information that is not related to this application. 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 Access to Information and Protection of Privacy Act*, and will not be disclosed to any other person or organization without my approval.

Applicant Full Name

Applicant Initial

Co-Applicant Full Name

Co-Applicant Initial

I Have Explained the Statement and Authorization to the Applicant(s) to Ensure They Understand

Client Navigator

X

Name

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 40.(a), 40.(c)(i) and section 41.(1)(g) and the *Northwest Territories Social Assistance Act* and *Income Assistance Regulations*. The privacy provisions of the *ATIPP Act* protect 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 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.