



**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 Dependiant 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 Dependiant.

Applicant Initial Co-Applicant Initial Mature Dependiant Initial

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

Applicant Initial Co-Applicant Initial Mature Dependiant Initial

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

Applicant Initial Co-Applicant Initial Mature Dependiant Initial

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

X _____

Mature Dependiant Signature Date (YY/MM/DD)

FOR OFFICE USE ONLY

Mature Dependiant 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.