



Income Assistance

Case Number: _____

Application for Income Assistance

Applicant Information

Last Name		First Name	
Middle Name		Previous Last Name(s)	
Telephone		Street Address	
Current Mailing Address			
Community		, NT	Postal Code
Email		Date of Birth (YY/MM/DD) / /	
Social Insurance Number / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Immigration Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Working Visa/Student			
Ethnicity <input type="checkbox"/> Dene <input type="checkbox"/> Inuit <input type="checkbox"/> Inuvialuit <input type="checkbox"/> Metis <input type="checkbox"/> Other _____			
Education Grade Completed: _____ Post Secondary: _____ Other: _____			
Reason for Income Assistance Application			
<input type="checkbox"/> Looking For Work <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Student			
Permanent Disability (please explain): _____			
Short Term Disability (please explain): _____			
Other: _____			

Co-Applicant Information

Last Name		First Name	
Middle Name		Previous Last Name(s)	
Email			
Date of Birth (YY/MM/DD) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Insurance Number / /	
Immigration Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee <input type="checkbox"/> Working Visa/Student			
Ethnicity <input type="checkbox"/> Dene <input type="checkbox"/> Inuit <input type="checkbox"/> Inuvialuit <input type="checkbox"/> Metis <input type="checkbox"/> Other _____			

Co-Applicant Information (con't)

Education

Grade Completed: _____ Post Secondary: _____ Other: _____

Reason for Income Assistance Application

Looking For Work Employed Seasonally Employed Part-Time Student

Permanent Disability (please explain): _____

Short Term Disability (please explain): _____

Other: _____

Employment Information

	Applicant	Co-Applicant
Main Occupation		
Provide copies of Records of Employment for the last six months		
Who was your last employer?		
What was the address and phone number of your last employer?		
Why did your employment end?		
Are you currently receiving EI benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Members

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

Last Name	First Name	Gender	Social Insurance Number (/ /)	Date of Birth (YY/MM/DD)	Relationship
		<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	/ /	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	/ /	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	/ /	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	/ /	

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

If you have children, how many are in your care? Total number of days/month _____

Do you require child care? Yes No

Unearned Income

Declare all income that you have received during this reporting period:	Amount (Applicant)	Amount (Co-Applicant)	Amount (Dependent)
Boarders and/or Renters	\$	\$	\$
CPP	\$	\$	\$
Dividends from Land Claims	\$	\$	\$
Employment Insurance	\$	\$	\$
Gambling (Bingo, Card Games, Lottery Winnings, etc.)	\$	\$	\$
Gifts, Goods or Services received	\$	\$	\$
GST	\$	\$	\$
Income Tax Refund(s)	\$	\$	\$
Impact Benefit Agreement (IBA)	\$	\$	\$
Insurance Policies and/or Trust Funds/Inheritance	\$	\$	\$
Mortgage or Rental Property	\$	\$	\$
OAS	\$	\$	\$
RRSP, Canada Savings Bonds, and/or Other Investments	\$	\$	\$
Sale of Personal Assets, including Property	\$	\$	\$
Student Financial Assistance	\$	\$	\$
Training Allowances	\$	\$	\$
Transportation (Airline/Bus Tickets)	\$	\$	\$
Worker's Safety & Compensation Commission	\$	\$	\$
Other – please specify _____	\$	\$	\$

Would you like to use any of your unearned income exemption? Yes No
 If yes, how much? _____

Excluded Income

Declare all income that you have received during this reporting period:	Amount (Applicant)	Amount (Co-Applicant)	Amount (Dependent)
Canada Child Benefit	\$	\$	\$
CPP Children's Disability Benefit	\$	\$	\$
CPP Children's Survivor/Orphan Benefit	\$	\$	\$
Foster Parent Payments	\$	\$	\$
Maintenance Enforcement Program/Child Support	\$	\$	\$
Registered Disability Savings Plans	\$	\$	\$
Other – please specify: _____	\$	\$	\$

Earned Income

Declare all income that you have received during this reporting period:	Amount (Applicant)	Amount (Co-Applicant)	Amount (Dependent)
Childcare Services (ie. Babysitting)	\$	\$	\$
Honorariums	\$	\$	\$
Hunting, Trapping, Fishing	\$	\$	\$
Fellowships, Bursaries and/or Scholarships	\$	\$	\$
Salary or wages paid to you or your spouse by any employer, including severance pay	\$	\$	\$
Sale of Artwork (Paintings, Carvings and/or Handicrafts)	\$	\$	\$
Self-Employment	\$	\$	\$
Other – please specify: _____	\$	\$	\$

Please remember to include verification of all income received and rental/mortgage receipts with this form.

Notes/Comments

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 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.

Applicant and Co-Applicant

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 by the last business day of the calendar month 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 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 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 and personal information will be listed in the client registry list.
 - 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, Aboriginal agencies, landlords, NWT Housing Corporation, 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 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.

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 *ATIPP*, and will not be disclosed to any other person or organization without my approval.

OR

Applicant's Initial

Co-Applicant's Initial

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 *ATIPP*, and will not be disclosed to any other person or organization without my approval.

Applicant's Initial

Co-Applicant's Initial

Applicant Information

Last Name	First Name	Date of Birth (YY/MM/DD) / /
Address		
SIN	Applicant Signature	Date (YY/MM/DD) / /
Co-Applicant Information		
Last Name	First Name	Date of Birth (YY/MM/DD) / /
Address		
SIN	Co-Applicant Signature	Date (YY/MM/DD) / /
Client Services Officer Signature		Date (YY/MM/DD) / /