



Income Assistance

Case Number: _____

Form O – Application to Appeal

Appellant Information

Last Name	First Name	
Telephone	Date of Birth (YY/MM/DD)	/ /
Current Mailing Address		
Community	, NT	Postal Code

Appellant Letter of Appeal

To: Education, Culture and Employment Government of Northwest Territories PO Box 4215 Hay River, NT X0E 1G5 Fax: (867) 874-2361	This is to notify you of my intention to appeal a decision made by the Client Services Officer regarding my application for Income Assistance on: _____ / _____ / _____ Date (YY/MM/DD)
I am appealing this decision to the: <input type="checkbox"/> Committee <input type="checkbox"/> Board	
I am appealing this decision for the following reasons (attach additional sheets if necessary): 	
I would like the Social Assistance Appeal Committee/Board to:	

Appellant Signature

Appellant Signature	Date (YY/MM/DD) / /
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