

**Pictou Landing First Nation  
Social Assistance Application**

**Application must be completed in full, failure to do so will result in delays**

Date: \_\_\_\_\_

<b>Personal Information</b>				
Full Name:	Band Number:	Social Insurance Number:	Date of Birth:	
<b>Spouses Information</b>				
Full Name:	Band Number:	Social Insurance Number:	Date of Birth:	
Civic Address:	Mailing Address:	Email Address:	Phone Number:	
<b>CHILDREN AT HOME: <u>ONLY INCLUDE CHILDREN UNDER 18 YEARS OF AGE</u></b>				
Full Name:	Band Number:	Date of Birth:	Grade:	
<b>OTHER PERSONS: TO BE COMPLETED ONLY BY HOUSEHOLDERS</b>				
<b><u>OTHER PERSONS RESIDING IN THE HOME OTHER THAN MINOR CHILDREN AND SPOUSE</u></b>				
FULL NAME:	RELATIONSHIP:	BAND NUMBER:	DATE OF BIRTH:	Source of income

**Income and Assets:**

**I and my spouse/partner have declared the following income as listed: MUST INCLUDE STUBS**

<i>Source of Income</i>	<i>Applicant/Recipient</i>	<i>Spouse</i>
Salary and Wages: Net Gross	\$	\$
	\$	\$
Employment Insurance	\$	\$
Canada Pension	\$	\$
Veteran's Allowance	\$	\$
Workers Compensation	\$	\$
Old age Security/GIS/Spouse Allowance	\$	\$
Training Allowance	\$	\$
Student Allowance	\$	\$
Business Income	\$	\$
Other Income (explain)	\$	\$
	\$	\$
	\$	\$
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>

**Have you or will you received lump sums of any money within the next 12 months? This includes unemployment insurance payments, insurance settlements or pay bonuses.**

Yes     No    Amount: \$ \_\_\_\_\_

<b>Assets Description</b>	<b>Applicant/recipient</b>	<b>Spouse</b>	<b>Details</b>	<b>Amount</b>
Bank Account <input type="radio"/> Yes <input type="radio"/> No			Bank/Branch : Account Number:	
Cash <input type="radio"/> Yes <input type="radio"/> No				
Automobile <input type="radio"/> Yes <input type="radio"/> No			Make/Model: Year:	
Other: explain <input type="radio"/> Yes <input type="radio"/> No				
Other: explain <input type="radio"/> Yes <input type="radio"/> No				

**Monthly Expenditures:**

**Expenditures must be deemed essential and reasonable**

**Must provide proof of debt payments such as invoices or bills**

<b>Expenditure</b>	<b>Monthly payment</b>
<b>Transportation</b> Car payment Insurance Repairs Gas	
<b>Housing &amp; utilities</b> Tenant insurance Electricity Oil Phone Internet	
<b>Childcare</b> Childcare/daycare educational costs(explain)	
<b>Debt payments</b> Loan payments(list)	
<b>Health expenses not covered through medical coverage</b>	
<b>Other expenses not listed above</b>	
<b>Total expenditures:</b>	
<b>Total monthly income:</b>	
<b>Surplus/deficit</b>	

**RIGHT OF APPEAL**

During the course of our investigation, it may be necessary for you to come to the Pictou Landing Social Development Office, or have a staff member of the social department make regular visits to your home, and to permit the Social Department to make inquiries into your Financial Affairs while you are in receipt of assistance. You are also advised of your right to appeal the decision of the Social Department. Appeals must be **made within thirty days of the notification** from the Social Department of the decision from which the appeal is to be taken. Information regarding appeals may be obtained from the Social Department.

**RECIPIENT RESPONSIBILITY**

- 1. It is the responsibility to report any changes in my circumstance and circumstance of my spouse and dependent(s), relation to income, assets, shelter, living arrangements, family size and cohabitation, immediately upon the occurrence of the change, and such notification shall be in writing.
  - 2. Failure to report changes in my circumstance my result in my receiving more assistance than I am entitled to receive and I may be required to repay any overpayment.
  - 3. The Criminal code makes provisions for a person to be prosecuted for fraud. It is an offence under the Criminal Code to obtain financial assistance by making a fraudulent statement.
- .....

I do declare that the information contained in the application is true, correct and complete to the best of my knowledge, and I am aware of my rights to appeal any decisions made by the social department.

\_\_\_\_\_  
Signature of Applicant/Recipient    Date (dd/mm/yyyy)    Signature of Spouse    Date (dd/mm/yyyy)

\_\_\_\_\_  
Signature of Social Administrator    Date (dd/mm/yyyy)

If requesting direct deposit include the following information below

BANKING INFORMATION	
NAME OF BANK: _____	TRANSIT NUMBER: _____
BRANCH NUMBER: _____	ACCOUNT NUMBER: _____
SIGNATURE: _____	

**IF SPECIAL DIET IS REQUIRED, PLEASE PROVIDE DOCTOR'S NOTE.**

**Pictou Landing First Nation  
RR2, Box 55, Site 6  
Trenton, Nova Scotia B0K1X0  
(902)752-4912 (902)752-4715**

**RELEASE of INFORMATION FORM**

I, \_\_\_\_\_ and \_\_\_\_\_ (spouse of applicant) of Pictou Landing First Nation in the county of Pictou, in the Province of Nova Scotia, an applicant for the Social Assistance Program from Pictou Landing First Nation.

(Whenever applicable) I hereby authorize the Social Development Administrator to investigate my (our) financial affair, in order to determine eligibility for Social Assistance from the Pictou Landing First Nation Band Council. I (we), the undersigned, do hereby consent to the disclosure of information concerning my (our) financial affairs to any or all of the following:

Employment Insurance (Service Canada)	Bank Accounts
Provincial Income Assistance	Trust Companies
Veteran's Affairs	Insurance Companies
Canada Pension Plan	Present/Past Employers
United States for America Social Security	Other Band councils
Pictou Landing First Nation departments	Pensions from other sources
Old Age Security/Guaranteed Income Supplement	

Other (Please Identify) \_\_\_\_\_

Dated at Pictou Landing First Nation, in the County of Pictou this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

Signature of legal guardian: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

**THIS FORM EXPIRES ONE (1) YEAR AFTER THE SIGNATURE DATE**