



LIARD FIRST NATIONS

Watson Lake, Yukon

***MONTH APPLYING FOR _____

***Drop off anytime after the 15th of the month, for the month following

Income Support – Monthly Application Process (MAP)

Assistance is approved one month at a time. If you require assistance, you must apply each month by complete this form, **IN FULL** and submitting it to our office for evaluation of your eligibility.

Drop this **completed** form off anytime **after the 15th of the month** prior to the month you are requesting assistance in order to receive assistance for the 1st of the month. Submission of a form does not guarantee eligibility.

Assistance will **NOT** be issued if you do not complete and drop off this form. If you do not apply for a month or more of assistance, you will be required to attend an application intake appointment. If you have changes to your shelter or family composition, you will be required to attend an application intake appointment. Please call 867-536-5200 to book an application intake appointment.

Name(s) _____ Phone # _____

Street Address: _____

Mailing Address: same as above or: _____

Registration / Status Number of Applicant: _____

Circle One

- | | | |
|---|-----|----|
| 1. Did you receive Income Assistance last month: | Yes | No |
| If No, please book an intake appointment | | |
| 2. Are you still in need of Income Assistance? | Yes | No |
| 3. Are your bank statements for last 45 days attached? | Yes | No |
| 4. Have you moved since last month? | Yes | No |

If Yes, please book an intake appointment

Monthly Rent: \$ _____ (Receipt Required)	No Rent	
Utilities included?	Yes	No
If no, are Utility Bills attached (ie: ATCO bill)	Yes	No
Do you need Fuel or Wood? _____ If wood, which woodcutter? _____		

*** If you do not provide utility bills, they will not be paid ***

Number of people in household (ie: adults and/or children) _____

Income:	Self	Spouse	Slip Attached?
Net employment earnings	\$ _____	\$ _____	Yes / NA
Unemployment Insurance	\$ _____	\$ _____	Yes / NA
Training Allowance	\$ _____	\$ _____	Yes / NA
Worker's Compensation	\$ _____	\$ _____	Yes / NA
Pension	\$ _____	\$ _____	Yes / NA
Child/Spousal Support	\$ _____	\$ _____	Yes / NA
Income Tax Refund	\$ _____	\$ _____	Yes / NA
Winnings – Bingo, lottery, etc	\$ _____	\$ _____	Yes / NA
Royalties	\$ _____	\$ _____	Yes / NA
Room and Board	\$ _____	\$ _____	Yes / NA
Rental Income	\$ _____	\$ _____	Yes / NA
Lump Sum Payments	\$ _____	\$ _____	Yes / NA
(please describe)			

I, (We) the undersigned, state that I am (we are) applying for income assistance under the Income Support Program of Liard First Nations. I (We) declare that the information on this form is true. I (We) hereby give my (our) permission to Liard First Nation to secure from any other source additional information that may be required to determine my (our) eligibility for assistance or confirm or verify in any way necessary the information on this form. I am (We are) aware Income Assistance benefits obtained under false pretense or misrepresentation may lead to prosecution under the Criminal Codes of Canada.

X _____

Signature of Applicant

X _____

Signature of Spouse/Common Law/Partner

If you have any questions or concerns regarding this form, your income assistance eligibility or payment, please contact us at 867-536-5200 or visit our office.