



Nisga'a Lisims Government

T 250 633 3000 / F 250 633 2367  
 TF 1 866 633 0888  
 PO Box 231 / 2000 Lisims Dr  
 New Aiyansh BC / Canada V0J 1A0  
**NISGAANATION.CA**

Protected (when completed) - To be handled by authorized personnel only.

## APPLICATION FOR SOCIAL ASSISTANCE

**Administrative Authority**

- Gingolx   
  Laxgalts'ap   
  Gitwinksihlkw   
  Gitlaxt'aamiks

### SECTION 1

Applicant's Name	Village Name & Status #	Nisga'a Citizenship #	Date of Birth (MM/DD/YY)
Spouse's Name	Village Name & Status #	Nisga'a Citizenship #	Date of Birth (MM/DD/YY)
Address	Village	Postal Code	On Nisga'a Lands <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance #	S.I.N.	Telephone No.	Occupation
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widower <input type="checkbox"/> Single Parent <input type="checkbox"/> Unmarried Couple			
Are you a Canadian Citizen?	Date of arrival in Canada		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of last Social Assistance received (MM/DD/YY)	Administering Authority	Amount	
Are you / your spouse awaiting other benefits?	If yes, what benefit was applied for?		Date of application
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you seeking employment?	If no, explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of last employment	Reason for termination		
If separated / divorced / deserted, have you applied for financial support?	If no, explain:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

### SECTION 2

Applicant's Previous Address(es)	From		To	
	Month	Year	Month	Year
1				
2				
Most Recent / Present Education or Training Program	From		To	
	Month	Year	Month	Year
Applicant				
Spouse				
Name & Address of Previous / Present Employer	From		To	
	Month	Year	Month	Year
Applicant				
Spouse				

### SECTION 3

Name Dependant(s) in the home	Relationship	Date of Birth MM/DD/YY	Village Name & Status No.	Education

**SECTION 4**

Assets

Money owing from other persons <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount \$	Savings <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount \$	Ski Doo <input type="checkbox"/> Yes <input type="checkbox"/> No    Value \$
In Trust <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount \$	1st Vehicle                      Make & Year <input type="checkbox"/> Yes <input type="checkbox"/> No	Four Wheeler <input type="checkbox"/> Yes <input type="checkbox"/> No    Value \$
Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No    Amount \$	2nd Vehicle                      Make & Year <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Assets (Specify:) <input type="checkbox"/> Yes <input type="checkbox"/> No    Value \$

**SECTION 5**

Previous Month's Income	Applicant			Spouse and Dependant(s)		
	Yes or No	Amount	Date Received	Yes or No	Amount	Date Received
Wages - Including Severance and Holiday Pay						
Pension (Specify Type: )						
Workers Compensation						
Unemployment Insurance						
Education and Training Allowance						
Fur & Fish Sales, Farming and Small Business						
Band or Village Distribution						
Rental or Land Lease						
Family Support Payments						
Other Income						
Lump Sum Payment or Settlement with the Past Year						
Total earnings in the past 12 months		\$				

**SECTION 7**

I declare and affirm that the information provided by me on this application form is complete and correct and is given in order to substantiate my entitlement to Social Assistance.

I agree to advise the Administering Authority of any change in my financial status, income, marital status, family size, or other circumstances that may affect my eligibility of benefits.

I further consent to the Administering Authority any information in this application to any such source or any such reporting agency, in order to verify or confirm the information, and further consent to any such source disclosing information to the Administering Authority in order that it can verify or confirm the information in this application.

Social Assistance benefits obtained under false pretense or misrepresentation may lead to prosecution under the Criminal Code of Canada.

X		X	
Signature of Applicant	Date	Signature of Witness	Date
X		X	
Signature of Spouse	Date	Signature of Witness	Date
Information contained in this application has been verified by:			
X		X	
Print Name		Signature of Administering Authority	Date

Administrative Authority Comments:

---



---



---



---



---