

AHTAHKAKOOP BAND MEMBER PER CAPITA APPLICATION

PART 1 YOUR INFORMATION: Please print clearly.

First and Middle Name(s): _____

Last Name(s): _____

Date of Birth: ____/____/____ Treaty Number: 4060 _____ Age: _____
Day / Month / Year

(***If you live in an apartment, duplex etc. include your suite number***)

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____ I reside: ___ On Reserve ___ Off Reserve

Phone Number: _____ If no phone provide a number you can be reached at _____

PART 2 PROOF OF IDENTIFICATION

Included in this application are the following copies of identification (2 are required)

___ Certificate of Indian Status ___ Birth Certificate

___ Health Card ___ Driver's License ___ Other: _____

PART 3 PAYMENT METHOD

* No same day applications will be processed. Application review and payments are administered off-site.*

*** If you're application is processed and approved 24 hours before the urban dinners, your cheque will be available for pick up, otherwise it will be mailed***

PART 4 DEPENDANT(S)

If you are applying for dependants in your care, please fill in the dependant information on the following page. Payment will not be made to an Ahtahkakoop Band member, whose children are **NOT** registered in Ahtahkakoop.

NOTE: Proof must be provided **BEFORE** payment will be made.

PART 5 PROOF OF ELIGIBILITY

Options for proof child is in your care:

- Child Tax Benefits—Revenue Canada
- A letter, on letterhead, from the school the child attends
- ACFS Support Letter
- A doctor
- Daycare

AHTAHKAKOOP BAND MEMBER PER CAPITA DEPENDANT APPLICATION

PART 4 DEPENDANT(S) INFORMATION

First and Middle Name(s): _____

Last Name(s): _____

Date of Birth: M____/D____/Y____ Treaty Number: 4060 _____

Age: _____

Does this child live with you? ___Yes ___No

First and Middle Name(s): _____

Last Name(s): _____

Date of Birth: M____/D____/Y____ Treaty Number: 4060 _____

Age: _____

Does this child live with you? ___Yes ___No

First and Middle Name(s): _____

Last Name(s): _____

Date of Birth: M____/D____/Y____ Treaty Number: 4060 _____

Age: _____

Does this child live with you? ___Yes ___No

First and Middle Name(s): _____

Last Name(s): _____

Date of Birth: M____/D____/Y____ Treaty Number: 4060 _____

Age: _____

Does this child live with you? ___Yes ___No

First and Middle Name(s): _____

Last Name(s): _____

Date of Birth: M____/D____/Y____ Treaty Number: 4060 _____

Age: _____

Does this child live with you? ___Yes ___No

If you need more space use another sheet of paper, and provide the same information above

PART 4 DECLARATION

I declare that the answers given by me on this application, to the best of my knowledge and belief, are true and full

SIGNATURE

DATE