

Application for Home	Service M	Iaker Services
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Protected (when completed) - To be handled by authorized personnel only.

Nisga'a Village	Gingolx	Laxgalts'ap	Gitwinksihlkw	New Aiyansh	
PART I - Applicant Information					
Name	Date of Bi	rth (MM/DD/YY)	SIN		
Address	Village	Posta	al Code	Telephone No.	
I request financial assistance for the purpose of secur eligibility for such assistance.	ring home making services	s. I agree to provid	de information required	l to establish my	
engionity for such assistance.					
Annii antia Simatan				Dete	
Applicant's Signature PART II - Applicant's [and other House	hald Momhar(c)] In	a a ma		Date	
A Monthly Earned Income	enolu Meniber(s)] II	icome			
Applicant	\$				
Spouse	~				
	TO	FAL EARNED IN	COME \$		(1)
Monthly Unearned Income of Applicant and S					
Canada Pension Plan	\$				
Old Age Security / GIS			,		
Child Tax Benefit					
Other	TOTAT	UNEARNED IN	COME		(\mathbf{x})
TOTAL MONTHLY INCOME (1+2)	IUTAI	L UNEAKNED IN	COME <u>\$</u>		(2) (3)
B Available Income			φ		(3)
\$ =	\$ /12 =		\$		(4)
(3)			-		(.)
PART III - Total Cost of Service					
Village Government/Homemaker				¢	
		Hourly cost of ser	vice	\$	
Address			aar month	x	
		Hours of service	per month	X	
Telephone No.			per month		
	Signatures				
Telephone No.	Signatures CONTRIBUTION	Hours of service j	TOTAL CO		
Telephone No.	CONTRIBUTION	Hours of service p	TOTAL CO		es
Telephone No. PART IV - Contribution Agreement & S I agree that I will pay the above named Village Gove	CONTRIBUTION	Hours of service p OF APPLICA ximum of	TOTAL CO	DST <u>\$</u>	es
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