

The personal information requested on this form is collected by the Ministry of Social Development and Poverty Reduction pursuant to sections 26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Employment and Assistance Act and Employment and Assistance for Persons with Disabilities Act. If you have any questions about the collection, use or disclosure of this information, please contact the Ministry of Social Development and Poverty Reduction at 1-866-866-0800.

Family	Type											
Single	Person	Couple (ma	arried or comm	non-law) Sing	le Person with De	pendents	Couple (marrie	ed or common-lav	v) with Dependents			
Primar	y Contact											
Last Name				First Name			Middle Name(	Middle Name(s)				
Contac	t Informa	tion		•			•					
Apt	Address 1 (livir	ng address)				City	Provinc	е	Postal Code			
Apt	Address 2 (ma	lling address if differe	ent from living add	ress)		City	Provinc	re .	Postal Code			
Phone		Туре	Alt Phone	Туре	Leave messages?	s? Email Address on Reser						
Communicat	tion Barrier?	Communication	Supports									
Preferred Co	ontact Method	Preferred Langu	ıage		Interpreter F	lequired						
Applicant Pr	imary identification	on			Applicant Se	econdary identificat	tion	•				
Spouse Prim	nary identification				Spouse Sec	ondary identification	on					
Dependent(s	s) identification											
Curren	t Situatio	n										
Have you (c	or your spouse) b	een homeless in the	last 12 months?	Indicate city			]	Describe your current li	ving arrangement			
Facility Type	•	Facility N	lame		Service Pro	vider Id Rel	ease Date F	uture Living Situation				
Are you flee	ing an abusive s	pouse or relative?		Did anyone ass	sist you with completing	this online applica	tion?					
Please tell u	us about any cha	nges to your circums	tances or income	that have caused you to apply	for income assistance.							
Immed	iate Need	s Assessme	ent									
Do you have	e an immediate r	eed for food?		Do you have an immediate no	eed for shelter?	Do	you have an immediate r	nedical need?				
Applicant Lif	e Threatening He	ealth Need?										
Spouse Life	Threatening Hea	Ith Need?										
Dependent L	ife Threatening I	Health Need?										



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Applying for PWD?		Approved for PWD INAC?		Prescribed Class Benefits			outh with Intellec	tual Disability?	Outstanding wa	arrant?	
Legal Name				· ·							
Last Name			First Name				Middle Name(s)				
Date of Birth (YYYY-MMM-DD)	Gender		Aboriginal?		Aboriginal Identity		Status Indian	?	SIN		
More Information											
Previous Last Name			F	Previous First Name	•			Previous Middle Nar	me(s)		
Relationship Status											
·											
Were you born in Canada?	Ar	re you a Canadian citizer	n? \	When did you move	to Canada? Wi	hen did y	you move to Brit	ish Columbia?	Where did you mov	ve from?	
		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,					
Did you enter Canada under a sp	onsorshi	p agreement?			Si	ponsorsh	nip Start Date		Sponsorship End I	Date	
	·										
What is your current immigration s	status?				W	/hat was	your entry immi	gration type?			
,											
Have you received financial assis	stance fro	om a First Nation or Trea	tv First Nation i	n the past 60 days?	Н	ave you	received EI ben	efits within the past 6	i0 days?		
, ,			,	,							
Out of Province Assistance?		Location			La	ast Payme					
2 Year Independence?		Exemption re	eason								
Legal to work?		If not looking	If not looking for work, why not?				Employment		Filed Income	e Tax?	
In School?		School Type	School Type						I		
Applicant Financial											
Monthly Incomes Employment Wages		Investment		Canada Pensi	ion Plan	Ca	anada Pension F	Plan Survivors	Canada Pensid	on Plan Orphans	
Employment wages		investment	The control of the co		IOTT I IOTT	l oa	inada i chsion i	ian ourvivors	Odridda i erisic	or rian Orphans	
WorkSafe BC Benefits		Rental Property		Roomer and/o	or Boarder	Pr	rivate Pension		Disability Pens	sion	
Worksale Bo Bellene		Rental Property					invato i citoloni		Diodomty 1 one	5011	
Old Age Security		GIS	GIS		lement	Sr	pousal Support		Child Support		
3. 2											
El Regular		Il Sickness		El Compassionate Care		EI	El Maternity		El Parental		
	'				33						
El Critically III Child		Student Funding		Trust Income		Cr	Child Tax Benefit Amount		Tax Credits		
			, silaling								
Income Tax Refund Band Ass		Band Assistance	Band Assistance		Other Income						
Dalld Ass				Salot moonio							
Assets											
		Retirement Savings Pla	an	Retirement Savings Value		Re	Registered Owner		Locked In?		
		V A A A A A A A A A A A A A A A A A A A		Netherit Savings value							
Life Insurance Policy cash value		Life Insurance Policy Na	ame	Trust Fund Value Tr		Tri	Trust Fund Name		1		
and such value						Trust Fund Name					
Other Asset Value		Other Asset Source									



<b>Spouse</b>	
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Applying for PWD? App		Approved for PWD INAC?		Prescribed Cla	Prescribed Class Benefits		Intellectual Disability?		Outstanding Warrant?		
Legal Name				•		'					
Last Name	First Name		Middle Name(s)								
Date of Birth (YYYY-MMM-DD) Gender Abo				Aboriginal Aboriginal Identity			Status Indian SIN				
More Information											
Previous Last Name				Previous First Name	е			Previous Middle Nam	s Middle Name(s)		
Were you born in Canada?	Are you a Cana	adian citizer	1?	When did you move	to Canada?	When did	you move to BC	?	Where did you mo	ve from?	
Did you enter Canada under a sponsors	hip agreement?	,	'			Sponsors	ship Start Date		Sponsorship End	Date	
What is your current immigration status?	,					What was	s your entry immi	gration type?			
Have you received financial assistance	from a First Nati	tion or Treat	ty First Nation	in the past 60 days?	?	Have you	ı received El ber	nefits within the past 60	0 days?		
Out of Province Assistance?	Lo	ocation				Last Payr	ayment Date				
2 Year Independence?	E	Exemption reason									
Legal to work?	If	If not looking for work, why not?			Previous	Previous Employment Filed Income Tax?			e Tax?		
In School?	So	School Type			Highest E	Highest Education Level					
Spouse Financial							<u> </u>				
Monthly Incomes											
Employment Wages	Investment	ment		Canada Pension Plan		С	Canada Pension Plan Sur		Canada Pensi	on Plan Orphan	
WorkSafe BC Benefits	Rental Prop	perty	$\overline{}$	Roomer and/o	Roomer and/or Boarder		Private Pension		Disability Pension		
Old Age Security	GIS			Senior's Supplement		S	Spousal Support		Child Support		
El Regular	El Sickness			El Compassio	El Compassionate Care		El Maternity		El Parental		
El Critically III Child	Student Fund	dent Funding			Trust Income		Basic Child Tax Benefit Amount		Tax Credits		
Income Tax Refund	Band Assista	ance		Other Income	Other Income						
Assets											
		Retirement Savings Plan		Retirement Sa	Retirement Savings Plan Value		Registered Owner			Locked In?	
Life Insurance Policy cash value	Life Insurance	surance Policy Name Trust Fund			d Value Trust Fund			st Fund Name			
Other Asset Value	Other Asset	t Source									



#### **Dependents**

Add dependents											
Last Name	First Name	First Name N					Middle Name				
Other Last Name	Other First Name	Other First Name					Other Middle Name				
Birthdate	Relationship	:	SIN			In scho	ool?				
Dependent Financial											
Monthly Income											
Source		Amount	Amount					Owner			
Assets		•				•					
Cash on hand or bank account	Retirement Savings	Plan	Retirem	ent Saving	s Plan Value	Regi	istered C	Owner		Locke	d In?
Life Insurance Policy cash value	Life Insurance Polic	y Name	Trust Fu	und Value		Trus	t Fund N	Name			
Other Asset Value	Other Asset Source	1	•								
Common Expenses											
Monthly Expenses  Mortgage Is ti	ne mortgage jointly owned	? Property Taxes	Property Taxes Property Insurance				Rent			Is the rent shared?	
Room and Board Ro	om and Board paid to fam	ily? Hydro	? Hydro Heat				Gas Phone				
Strata Join	nt Owner Name		Payment up to date?  Owner Sharing Accommodation?								
ADD OTHER OCCUPA	NTS +										
Surname	Fir	st Name	Name Middle Name						Relation	nship	
ADD VEHICLES(S)	<b>+</b>										
Year Mal	ке	Model		Va	alue	0	wing	(	Owner		RV?
ADD BANK ACCOUNT	s	·									
Account Balance	ank Name						Joint Account?				
•											
ADD POTENTIAL INCO	DME +										
Source			Amount				С	Owner			



	ADD PROPERTY			
	Description	Value	Owner	
<u>-</u>				
	ADD DISPOSED ASSETS			
	Source	Disposed Asset Value	Owner	
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**DECLARATION:** I declare that all the information I have provided in the application is true and complete. I understand the accuracy of the information I provide will be checked by comparing it against information held by other governments, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependents.

SIGNATURE OF APPLICANT	DATE (YYYY MMM DD)
SIGNATURE OF SPOUSE	DATE (YYYY MMM DD)

