

APPLICATION FOR ASSISTANCE (PART 2)

The personal information requested on this form is collected by the Ministry of Social Development and Social Innovation 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 Social Innovation at 1-866-866-0800.

Family Type

Single Person
 Couple (married or common-law)
 Single Person with Dependents
 Couple (married or common-law) with Dependents

Primary Contact

Last Name	First Name	Middle Name(s)
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Contact Information

Apt	Address 1 (living address)	City	Province	Postal Code		
Apt	Address 2 (mailing address if different from living address)	City	Province	Postal Code		
Phone	Type	Alt Phone	Type	Leave messages?	Email	Address on Reserve
Communication Barrier?	Communication Supports					
Preferred Contact Method	Preferred Language	Interpreter Required				
Applicant Primary identification			Applicant Secondary identification			
Spouse Primary identification			Spouse Secondary identification			
Dependent(s) identification						

Current Situation

Have you (or your spouse) been homeless in the last 12 months?	Indicate city	Describe your current living arrangement		
Facility Type	Facility Name	Service Provider Id	Release Date	Future Living Situation
Are you fleeing an abusive spouse or relative?	Did anyone assist you with completing this online application?			
Please tell us about any changes to your circumstances or income that have caused you to apply for income assistance.				

Immediate Needs Assessment

Do you have an immediate need for food?	Do you have an immediate need for shelter?	Do you have an immediate medical need?
Applicant Life Threatening Health Need?		
Spouse Life Threatening Health Need?		
Dependent Life Threatening Health Need?		



Applicant

Applying for PWD?	Approved for PWD INAC?	Prescribed Class Benefits	Youth with Intellectual Disability?	Outstanding warrant?
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Legal Name

Last Name		First Name		Middle Name(s)	
Date of Birth (YYYY-MM-DD)	Gender	Aboriginal?	Aboriginal Identity	Status Indian?	SIN

More Information

Previous Last Name		Previous First Name		Previous Middle Name(s)	
Relationship Status					
Were you born in Canada?	Are you a Canadian citizen?	When did you move to Canada?	When did you move to British Columbia?	Where did you move from?	
Did you enter Canada under a sponsorship agreement?			Sponsorship Start Date	Sponsorship End Date	
What is your current immigration status?			What was your entry immigration type?		
Have you received financial assistance from a First Nation or Treaty First Nation in the past 60 days?			Have you received EI benefits within the past 60 days?		
Out of Province Assistance?	Location		Last Payment Date		
2 Year Independence?	Exemption reason				
Legal to work?	If not looking for work, why not?		Previous Employment	Filed Income Tax?	
In School?	School Type		Highest Education Level		

Applicant Financial

Monthly Incomes

Employment Wages	Investment	Canada Pension Plan	Canada Pension Plan Survivors	Canada Pension Plan Orphans
WorkSafe BC Benefits	Rental Property	Roomer and/or Boarder	Private Pension	Disability Pension
Old Age Security	GIS	Senior's Supplement	Spousal Support	Child Support
EI Regular	EI Sickness	EI Compassionate Care	EI Maternity	EI Parental
EI Critically Ill Child	Student Funding	Trust Income	Child Tax Benefit Amount	Tax Credits
Income Tax Refund	Band Assistance	Other Income		

Assets

Cash on hand or bank account	Retirement Savings Plan	Retirement Savings Value	Registered Owner	Locked In?
Life Insurance Policy cash value	Life Insurance Policy Name	Trust Fund Value	Trust Fund Name	
Other Asset Value	Other Asset Source			



Spouse

Applying for PWD?	Approved for PWD INAC?	Prescribed Class Benefits	Intellectual Disability?	Outstanding Warrant?
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Legal Name

Last Name		First Name		Middle Name(s)	
Date of Birth (YYYY-MM-DD)	Gender	Aboriginal	Aboriginal Identity	Status Indian	SIN

More Information

Previous Last Name		Previous First Name		Previous Middle Name(s)	
Were you born in Canada?	Are you a Canadian citizen?	When did you move to Canada?	When did you move to BC?	Where did you move from?	
Did you enter Canada under a sponsorship agreement?			Sponsorship Start Date	Sponsorship End Date	
What is your current immigration status?			What was your entry immigration type?		
Have you received financial assistance from a First Nation or Treaty First Nation in the past 60 days?			Have you received EI benefits within the past 60 days?		
Out of Province Assistance?	Location		Last Payment Date		
2 Year Independence?	Exemption reason				
Legal to work?	If not looking for work, why not?		Previous Employment	Filed Income Tax?	
In School?	School Type		Highest Education Level		

Spouse Financial

Monthly Incomes

Employment Wages	Investment	Canada Pension Plan	Canada Pension Plan Survivors	Canada Pension Plan Orphan
WorkSafe BC Benefits	Rental Property	Roomer and/or Boarder	Private Pension	Disability Pension
Old Age Security	GIS	Senior's Supplement	Spousal Support	Child Support
EI Regular	EI Sickness	EI Compassionate Care	EI Maternity	EI Parental
EI Critically Ill Child	Student Funding	Trust Income	Basic Child Tax Benefit Amount	Tax Credits
Income Tax Refund	Band Assistance	Other Income		

Assets

Cash on hand or bank account	Retirement Savings Plan	Retirement Savings Plan Value	Registered Owner	Locked In?
Life Insurance Policy cash value	Life Insurance Policy Name	Trust Fund Value	Trust Fund Name	
Other Asset Value	Other Asset Source			



Dependents

Add dependents

Last Name		First Name		Middle Name	
Other Last Name		Other First Name		Other Middle Name	
Birthdate	Gender	Relationship	SIN	In school?	

Dependent Financial

Monthly Income

Source	Amount	Owner
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Assets

Cash on hand or bank account	Retirement Savings Plan	Retirement Savings Plan Value	Registered Owner	Locked In?
Life Insurance Policy cash value	Life Insurance Policy Name	Trust Fund Value	Trust Fund Name	
Other Asset Value	Other Asset Source			

Common Expenses

Monthly Expenses

Mortgage	Is the mortgage jointly owned?	Property Taxes	Property Insurance	Rent	Is the rent shared?
Room and Board	Room and Board paid to family?	Hydro	Heat	Gas	Phone
Strata	Joint Owner Name	Payment up to date?	Owner Sharing Accommodation?		

ADD VEHICLES(S) +

-	Year	Make	Model	Value	Owing	Owner

ADD BANK ACCOUNTS +

-	Account Balance	Bank Name	Joint Account?

ADD POTENTIAL INCOME +

-	Source	Amount	Owner


ADD PROPERTY +

-	Description	Value	Owner



ADD DISPOSED ASSETS



	Source	Disposed Asset Value	Owner
			

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)

