
Application for Emergency Assistance

A. APPLICANT INFORMATION

File No: _____

1. Personal Information

Name: _____
(please print)

Date of Birth: _____
Month / Day / Year

Are you a registered band member of PBCN? Yes No

If Yes, please provide treaty number: _____

If No, please provide the name of the First Nation whom you are registered to (if applicable):

Please circle one of the following that describes your current living arrangement:

Single Married Common Law

If you selected Married or Common Law, please provide the following information:

Name of Spouse: _____
(please print)

2. Employment Information

Are you currently employed? Yes No

If Yes, please provide name of employer: _____

If No, are you currently receiving social assistance from PBCN? Yes No

3. Contact Information

Community of Residence: _____

Phone Number: _____

4. Prior Applications

Is this the first time you have applied for financial assistance under the EAP Program? Yes No

If Yes, please proceed to Section B. If No, please provide the following information:

Date of prior application: _____

Prior application approved? Yes No

\$ Amount provided (if approved): _____

Application for Emergency Assistance

Please describe the nature of the emergency that required you to previously apply for EAP funding:

B. NATURE OF CURRENT EMERGENCY

Please identify the name of the individual whom you need to attend to:

(please print)

Please describe your relationship to this person. Please circle one of the following which applies,

Grandfather	Grandmother	Father	Mother
Brother	Sister	Son	Daughter

Please describe the nature of the emergency:

C. APPLICANT SIGNATURE

By signing this application, I swear that the information I have provided herein is true and complete. Should my application be approved, I will use these funds as intended and for the emergency as described above. If information provided by me is determined to be false or inaccurate, this may adversely affect my future applications for assistance under the EAP Program.

Applicant signature: _____

Date: _____

- PLEASE DO NOT WRITE BELOW THIS LINE -

D. EAP REVIEW OF APPLICATION

Based on your review of this application, does this application meet the criteria of PBCN's EAP Policy? Y or N

If No, please provide reasoning: (i.e lack of funds, prior approval within the past six months, cant be justified, etc)

Application for Emergency Assistance

If Yes, please indicate the following:

Amount approved: _____ Date of Approval: _____

I do attest that I have reviewed the information provided by the applicant and hereby approve/deny this application. A copy of this application will be placed on file at the EAP office. The applicant may review this application at his/her leisure and in the presence of the EAP Coordinator.

EAP Coordinator: _____

Date: _____