

Crisis Shelter/Safe Home Facility/Crisis Office Emergency Assistance Request

MEMBERS OF THE HOUSEHOLD FOR WHOM INCOME ASSISTANCE IS REQUESTED

PERSONAL INFORMATION	SURNAME	GIVEN NAME	MIDDLE NAMES	Birthdate mo/day/yr	Social Insurance Number	Sex	Marital Status	Treaty Indian	
								Number	Band Name
	APPLICANT:								
	DEPENDENTS:				APPLICANT INFORMATION				
					MAIDEN NAME AND OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:				
					FINANCIAL RESOURCES IMMEDIATELY AVAILABLE TO YOU:				
					CASH				
					SAVINGS ACCOUNTS				
					INCOME				
					OTHER (Specify)				

Previous Address:	Suite No.	Street No.	Street Name	Suffix
	Town/City	Province	Postal Code	Telephone No.
Reason for Service:				
COMMENTS:				

Declaration of Applicant

I hereby apply for income assistance under **The Employment and Income Assistance Act** (Manitoba). I certify that the information contained in this application is true to the best of my knowledge and belief. I have not concealed or omitted information needed to establish eligibility under **the Act**.

In the event of this application being accepted, I agree to notify the administering office immediately of any change(s) in my circumstances, including any change in residential address, marital status, employment, financial situation and medical or family conditions, and all such other information which may affect my level of assistance or eligibility under **the Act**.

Authorization for Information

I hereby authorize any person, agency or organization, including any federal, provincial or municipal government authority, to release to the Minister responsible for **the Act**, or the Minister's representative(s), information required for the purpose of determining or verifying eligibility under **the Act**. Without restricting the generality of the foregoing, I understand this authorization may include requests for information pertaining to my marital status; employment, income, assets and resources; medical or family conditions; and benefits received under other programs.

I hereby acknowledge that a photocopy of this authorization shall be sufficient to allow for the release of the specific information requested.

DATED at _____ (Manitoba) this _____ day of _____, 20 ____

Signature of Witness

Signature of Applicant

