

MSIFN Maada'ookii Committee

Application for Assistance – Financial Hardship

Form for individuals with a need derived from harsh and unforeseen circumstances.

MISSISSAUGAS OF SCUGOG ISLAND
FIRST NATION



Applicant Information

NAME: _____

DATE OF BIRTH: _____

INDIGENOUS STATUS MEMBER? Y N

IF YES, WHERE? _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

HOW DID YOU HEAR ABOUT THE MSIFN MAADA'OOKII COMMITTEE? _____

IF YOU ARE APPLYING FOR ASSISTANCE ON BEHALF OF SOMEONE ELSE (CHILD, ELDER, ETC.) PLEASE PROVIDE YOUR DETAILS BELOW:

NAME: _____

DATE OF BIRTH: _____

INDIGENOUS STATUS MEMBER? Y N

IF YES, WHERE? _____

ADDRESS (IF DIFFERENT THAN ABOVE): _____

Reason for Request

Please provide the reason or situation that has prompted your request for assistance:

Checklist of Requirements – Please submit with your request

PROOF OF INCOME (PLEASE PROVIDE THE MOST RECENT NOTICE OF ASSESSMENT (NOA) FOR EVERYONE IN THE HOUSEHOLD OF 18 YEARS OLD AND OLDER, PLEASE NOTE CHILD SUPPORT AMOUNTS PAID OR RECEIVED, ODSP, CHILD TAX BENEFIT, ONTARIO TRILLIUM BENEFIT, OR ANY OTHER INCOME NOT DECLARED ON THE NOA): APPLICANT

- PARENTS OF MINORS SPOUSE OR COMMON LAW PARTNER OF APPLICANT
- OTHER: _____

PLEASE NOTE THAT IF THE HOUSEHOLD INCOME EXCEEDS \$100,000 ANNUALLY, THE COMMITTEE REQUESTS THAT YOU PROVIDE ADDITIONAL INFORMATION AS TO REASON FOR REQUESTING FINANCIAL ASSISTANCE. WE SUGGEST PROVIDING A GENERAL BUDGET LIST OF EXPENSES THAT VERIFY YOUR NEED FOR ASSISTANCE (RENT, MORTGAGE, INSURANCE, UTILITIES, PHONE, TREATMENTS, CHILDCARE, MEDICAL NEEDS, GROCERIES, NUMBER OF DEPENDENTS, ETC.)

EQUIPMENT OR CONSTRUCTION QUOTATIONS (PLEASE PROVIDE FROM TWO SOURCES):

- COMPANY A: _____ COST: \$ _____
- COMPANY B: _____ COST: \$ _____

**NOTE ALL REQUESTS FOR BUILDING RAMPS, DECKS, ETC. FOR CLIENTS WITH DISABILITIES MUST ADHERE TO THE STANDARDS OF THE ONTARIO BUILDING CODES, AND BE COMPLIANT WITH THE AODA.*

Other Funding Support Accessed

MSIFN Maada'ookii Committee wishes to be the last resort for funding. Please provide evidence of all efforts made to access alternative funding by checking the organization and stating the result in the table below.

Organization	Pending	Results (\$)

I hereby provide my consent for MSIFN Maada'ookii committee to seek specific details regarding other funding.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Application Submission

Please forward completed requests by:

**EMAIL: MSIFN-MC@SCUGOGFIRSTNATION.COM OR
FAX: 1-289-312-4688 ATTN: MSIFN MAADA'OOKII COMMITTEE**

Thank you for your cooperation with our process of requests. All applications will be reviewed by the MSIFN Maada'ookii Committee at the meeting following receipt of all requirements of your request. Approved requests will be paid directly to the service or equipment provider when applicable. Due to the high volume of requests received, only one request per year will be considered. All personal information received with an application will be kept confidential, only viewed by MSIFN Maada'ookii Committee Members.

With kind regards,

Kayla Ponce de Leon

MSIFN Maada'ookii Committee Administrative Assistant