

## 2. Form 2 - Application for Emergency Subsidy

### A. APPLICANT INFORMATION

#### I. Personal Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Are you a registered band member of Paul Band First Nation: Yes No

If Yes, please provide treaty number: \_\_\_\_\_

Are you: Single Married Common Law (circle one)

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 Paul Band First Nation? Yes No

#### 3. Contact Information

Phone Number: \_\_\_\_\_

Mailing Address/Residence Address: \_\_\_\_\_

#### 4. Prior Applications

Is this the first time you have applied for financial assistance under the ESP 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): \_\_\_\_\_

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

\_\_\_\_\_

#### NATURE OF CURRENT EMERGENCY:

Describe the nature of the current emergency:

\_\_\_\_\_  
\_\_\_\_\_

#### 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 ESP Program. I understand that in some instances monies may be repayable to the Paul Band First Nation from wages or per capita distributions.

I hereby authorize the disclosure of any information herein by the Paul Band to other agencies or departments including Social Services and the Finance Department.

Applicant signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**B. ESP REVIEW OF APPLICATION**

Based on a review of this application, does this application meet the criteria of Paul Band First Nation Policy'?    **Yes**    **No**

If **No**, please provide reasoning: (i.e., lack of funds. prior approval. can not be justified. etc)

\_\_\_\_\_

If **Yes**, please indicate the following: Amount approved: \$ \_\_\_\_\_ Date of Approval: \_\_\_\_\_

Paid By Cash/Cheque \_\_\_\_\_ to:    **Individual**    **Third Party**    (circle one)

Purchase Order to: \_\_\_\_\_

**Repayable**    **Non Repayable** (circle one)

**Approved By:** \_\_\_\_\_

**Date:** \_\_\_\_\_