



# Sagkeeng Anicinabe

## Financial Assistance Policy (revised May 2019)

This policy is not meant to supplement income on a monthly basis and is intended to assist community members with unforeseen expenses. It is recognized that community members struggle financially to meet their daily needs. Sagkeeng may provide financial assistance to community members to offset unforeseen expenses by utilizing own-source revenue with a monthly budget of **\$2,000**.

The Chief and Council are not involved with the disbursements of this policy and are not responsible to submit this application form on the applicant's behalf.

Sagkeeng reserves the right to:

- a) Deny any Applicant,
- b) Publish the names of recipient(s)/amount received, and
- c) Approve an amount less than requested.

Process:

- a) Application deadline – 15<sup>th</sup> of every month
- b) Notices by mail – 21<sup>st</sup> of every month

Criteria:

- a) Priority List
  - o Pensioners residing on-reserve (65 years of age and over)
  - o On-reserve community members
  - o Off-reserve community members
- b) Applicants demonstrating financial need and must provide a copy of supporting documentation with the application or the application is void
- c) Number of dependants
- d) Complete application

Considered Requests:

- a) Hydro Bills (copy of at least 6 months required)
- b) Reimbursements (copy of receipt(s) required)

Not Covered:

- a) Rent (includes room and board)
- b) Damage Deposits
- c) Property Taxes
- d) Storage Fees
- e) Satellite/Cable Bills
- f) Autopac Payments
- g) Vehicle Repairs

- h) Vehicle Payments
- i) Cell Phone/Land Line Bills
- j) Moving Expenses
- k) Furniture Bills
- l) Court Ordered Payments

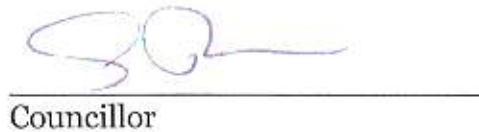
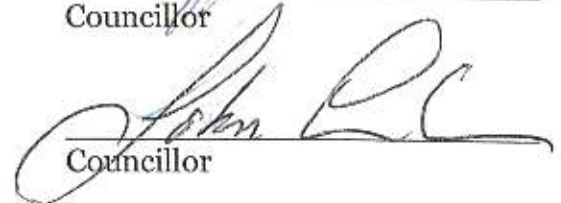
To allow for all band members equal opportunity for financial assistance under this Policy, Applicants approved for financial assistance, in whole, or, in part, will not be considered for further assistance for **3 months** following approval.

Applicants that were not approved for financial assistance in any given month will be notified in writing and may re-apply the following month.

Signed:



Chief

  
Councillor  
Councillor  
Councillor  
Councillor  
Councillor  
Councillor



# Sagkeeng Anicinabe

## Financial Assistance Policy Application

Please email this completed application to [discretion@sagkeeng.ca](mailto:discretion@sagkeeng.ca) or fax 1-204-367-4315 or deliver to the Administration office with the Receptionist.

Applicant Name (please print): \_\_\_\_\_

Treaty #: 262 \_\_\_\_\_

Mailing Address (complete with area code):

Contact Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Number of dependants: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Current Income (circle one):

None	Employed	Employment & Income Assistance (EIA)	Employment Insurance (EI)	Pension	Other
------	----------	--------------------------------------	---------------------------	---------	-------

If "Other" explain: \_\_\_\_\_

If "EIA" name and contact number of EIA Counsellor:

**By signing this form, you agree that Sagkeeng reserves the right to contact your EIA Counsellor if further information is required.**

Reason for request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I have read the application, completed all the information as requested and provided a copy of supporting documentation.**

Signature of Applicant:

Date:

\_\_\_\_\_