



Nisga'a Lisims Government

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 NISGAANATION.CA

Application for Home Service Maker Services

Protected (when completed) - To be handled by authorized personnel only.

Nisga'a Village	<input type="checkbox"/> Gingolx	<input type="checkbox"/> Laxgalts'ap	<input type="checkbox"/> Gitwinksihlkw	<input type="checkbox"/> New Aiyansh
PART I - Applicant Information				
Name	Date of Birth (MM/DD/YY)	SIN		
Address	Village	Postal Code	Telephone No.	
I request financial assistance for the purpose of securing home making services. I agree to provide information required to establish my eligibility for such assistance.				
Applicant's Signature			Date	
PART II - Applicant's [and other Household Member(s)] Income				
A Monthly Earned Income				
Applicant	\$	_____		
Spouse	\$	_____		
	TOTAL EARNED INCOME	\$	_____ (1)	
Monthly Unearned Income of Applicant and Spouse				
Canada Pension Plan	\$	_____		
Old Age Security / GIS	\$	_____		
Child Tax Benefit	\$	_____		
Other	\$	_____		
	TOTAL UNEARNED INCOME	\$	_____ (2)	
TOTAL MONTHLY INCOME (1+2)		\$	_____ (3)	
B Available Income				
\$ _____ (3)	=	\$ _____ /12 =	\$ _____	(4)
PART III - Total Cost of Service				
Village Government/Homemaker	Hourly cost of service	\$	_____	
Address	Hours of service per month	x	_____	
Telephone No.	TOTAL COST		\$ _____	
PART IV - Contribution Agreement & Signatures				
CONTRIBUTION OF APPLICANT				
I agree that I will pay the above named Village Government/Home maker a maximum of \$ _____ each month for services that I receive, until this arrangement is terminated by me or the Administering Authority.				
Signature of Applicant			Date	
CONTRIBUTION OF ADMINISTERING AUTHORITY				
The Administering Authority agrees to pay a maximum amount of \$ _____ each month toward the cost of Homemaker Services for the above-named applicant, on condition that he/she pays the first \$ _____ costs of the services until the month of _____, 20____ or until this arrangement is earlier terminated by the applicant or by the Administering Authority.				
Signature of Administering Authority			Date	

