



Cowichan Tribes

5760 Allenby Road, Duncan BC V9L 5J1
 Telephone: 250-748-3196 Fax: 250-715-3323

Application for 2018 Tobacco Tax Distribution

Provision of this information is voluntary and is being collected in order to make a fair decision.

For December 13, 2018 Distribution, application deadline is

November 23, 2018. Please complete both sides.

Section 1

Applicant's **Full Legal Name** (Head of household or Payable To)

Name _____
 First Middle Surname(Last)
 Birthdate _____ Band and Number _____
 Are you a Cowichan Tribes Member? Yes _____ No _____

Spouse's Full Legal Name (Cowichan Tribes Members only)
(Do not include spouse if seperated/divorced or applying seperately)

Spouse _____
 First Middle Surname(Last)
 Birthdate _____ Band and Number _____

Section 2

Registered minor Cowichan Children living with parent/guardian

Full Legal Name	Birthdate	Band and Number	Member Yes/no

Would there be another person applying for any of the listed children? If so, who? _____

Legal Court Documents or Child Tax Statements must be provided to resolve eligibility
 List a phone number for confirmation:

***If you fax application** please have a **contact number** on form, so we can confirm that we have received your full application (____) _____ - _____



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Section 3 Current Mailing Address:

Street Address: _____
City _____ Prov. /State _____ Postal Code _____
Country _____ Phone Number _____
Contact Number _____

Section 4 It is important to read this declaration before signing.

I declare and affirm that the information provided by me on this application is complete and correct, in order to substantiate my entitlement for the Tobacco Tax Distribution monies according to the policy. I agree to advise the administering Authority of my changes such as dependants, marital status, or any circumstances that may affect my entitlement for the Tobacco Tax Distribution. I understand that Administering Authority can verify or confirm on behalf of Cowichan Tribes whom is determined the head of the household or applying guardian, parental consent to the Administering Authority in disclosing any information in this application, which can be obtained from Social Assistance, Education, or Child Tax. I understand that it is my responsibility to keep my direct deposit banking information updated with the Cowichan Tribes Finance Dept. I understand that after a six-month holding period of Tobacco Tax Distribution funds, I may lose eligibility for the calendar year. Beyond the six-month holding period, the funds will go back into community Distribution Funds. **I understand this is a once a year Distribution.**

Distribution will be available to those who **DID NOT** receive a cheque on December 13, 2018 on the following dates:

Application in by: January 18, 2019	➡	Distribution: January 25, 2019
Application in by: April 12, 2019	➡	Distribution: April 19, 2019
Application in by: July 12, 2019	➡	Distribution: July 19, 2019
Application in by: Sept 13, 2019	➡	Distribution: Sept 20, 2019

September 13, 2019 is the deadline for the 2018 Distribution.

Funds not applied for by this date will go back into the community distribution.

➡ **Note:** The membership Department will be distributing cheques only on a quarterly basis as stated above.

➡ _____
Signature of Applicant Date

OFFICE USE ONLY:

PLEASE DO NOT WRITE IN THIS SPACE

Signature of Administrative Authority

Id provided Y___ N___

or Applicant know Y___ N___

Payable to/Name _____

Band or Computer Number: _____

Total eligible C.T.M. _____

Confirmed By: _____

Administrative Comments _____