

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 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 14, 2017 on the following dates:

Application in by: January 19, 2018	➡	Distribution: January 26, 2018
Application in by: April 13, 2018	➡	Distribution: April 20, 2018
Application in by: July 13, 2018	➡	Distribution: July 20, 2018
Application in by: Sept 14, 2018	➡	Distribution: Sept 21, 2018

September 14, 2018 is the deadline for the 2017 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 _____