

Date Received: _____



Cowichan Tribes
5760 Allenby Road, Duncan BC V9L 5J1
Telephone: 236-800-4023 Fax: 250-715-3323

Application for 2020 Tobacco Tax Distribution

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

For December 11, 2020 Distribution, application deadline is November 20, 2020. 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 (____) _____-_____

Section 3

Current Mailing Address:

Street Address: _____

City _____ Prov. /State _____ Postal Code _____

Country _____ Phone Number _____

Email Address: _____


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 11, 2020 on the following dates:

Application in by: January 15, 2021	Distribution: January 22, 2021
Application in by: April 09, 2021	Distribution: April 16, 2021
Application in by: July 09, 2021	Distribution: July 16, 2021
Application in by: Sept 10, 2021	Distribution: Sept 17, 2021

September 10, 2021 is the deadline for the 2020 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 _____