



Moose Cree
First Nation

FALL 2016

HARVESTERS SUBSIDY PROGRAM



APPLY BY
SEP 7TH
2016

The Moose Cree First Nation Harvesters Subsidy Program is accepting applications for the fall 2016 harvesting season. This program assists harvesters with costs associated with going out on the land. It is a subsidy only and is not intended to cover all harvesting costs.

NEW FOR FALL 2016: Band members with housing arrears are no longer required to pay off those arrears or sign up for a re-payment plan in order to be eligible for this subsidy.

Application forms are available online at www.moosecree.com or at the Moose Cree First Nation office front reception desk.

APPLY BY WEDNESDAY, SEPTEMBER 7, 2016 AT 5:00 P.M.

Applications received after this date will not be considered. Limit one (1) application per household.

For more information, please contact Jennilee Blackned, Harvesters Program Coordinator by phone at (705) 658-4619 ext. 315, or by email at hspc@moosecree.com



Fall 2016 Harvesters Subsidy Program Application

Applications are due by Wednesday, September 7th, 2016 at 5:00 p.m.
Applications received after this date will not be considered.

If you require further information, please contact:
 Jennilee Blackned, Harvesters Program Coordinator at hspc@moosecree.com
 Telephone: (705) 658-4619 Ext. 315, Fax (705) 658-4734

Section 1. Applicant Information (*MUST BE COMPLETED)				
*Name:				
	Last Name	First Name	Middle Initials*	Alias (optional)
*Address				
	Street	Town/City	Province	Postal Code
*P.O. Box #				
	Town/City	Province	Postal Code	
*Home Phone:		Work Phone:		
	Ex. (xxx)xxx-xxxx		Ex. (xxx)xxx-xxxx Ext.xxx (optional)	
Email:				
	Ex. email@hotmail.com (optional)			
*Birth Date:			*Band #:	
	Day	Month	Year	10 Digits
Section 2. Household Income Information (*MUST BE COMPLETED)				
*Source(s) Income:	<input type="checkbox"/> Social Assistance <input type="checkbox"/> Disability <input type="checkbox"/> Pension <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> E.I. <input type="checkbox"/> Unemployed			
	Please Check that apply			
Section 3. Harvest Information (*MUST BE COMPLETED)				
Camp Designator #		*Distance:		
	One Location Only			
*Transportation:	<input type="checkbox"/> Ski-Doo <input type="checkbox"/> ATV <input type="checkbox"/> Boat <input type="checkbox"/> Vehicle <input type="checkbox"/> Train <input type="checkbox"/> Plane			
	Please Check			
Location of Camp:				
Detail of Travel Use space on back if needed.				
*** Please provide 3 business days prior to any travel changes ***				
Section 4. Accompanied By (*MUST BE COMPLETED)				
*Names (First, Middle Initial(s), Last)	*Birth Date (D/M/Y)	*Band # (10 Digits)		
Use space on back if needed.				

I, _____, request travel subsidy for the fall hunt season. I understand that if I receive assistance for the 2016 season does not mean that I will automatically qualify for assistance in the future. I agree to participate in the a follow up survey after the fall harvest season. Any abuse in privileges will result in the suspension of benefits for a period of twelve months. I understand if any required fields are not completed, my application will not be considered. I agree those who are priority will be given subsidy first. On my honour, I declare that all information and statements on the application are true and correct. If I have priors arrears and defaulted on my account I will not be considered for Fall 2016.

 Applicant Signature

 Date Signed