



Fall 2017 Harvesters Subsidy Program Application

Applications are due by Wednesday, September 13th, 2017 at 5:00 p.m.
Applications received after this date will not be considered.

If you require further information, please contact:
 Stan Loone, 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 2017 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.

 Applicant Signature

 Date Signed