



# Spring 2017 Harvesters Subsidy Program Application

**Applications are due by Friday, March 10, 2017 at 5:00 p.m.**  
**Applications received after this date will not be considered.**

If you require further information, please contact:  
 Stanley 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)				
<b>*Name:</b>				
	Last Name	First Name	Middle Initials*	Alias (optional)
<b>*Address</b>				
	Street	Town/City	Province	Postal Code
<b>*P.O. Box #</b>				
		Town/City	Province	Postal Code
<b>*Home Phone:</b>		<b>Work Phone:</b>		
	Ex. (xxx)xxx-xxxx		Ex. (xxx)xxx-xxxx Ext.xxx (optional)	
<b>Email:</b>				
	Ex. email@hotmail.com (optional)			
<b>*Birth Date:</b>			<b>*Band #:</b>	
	Day	Month	Year	10 Digits
Section 2. Household Income Information (*MUST BE COMPLETED)				
<b>*Source(s) Income:</b>	<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)				
<b>Camp Designator #</b>		<b>*Distance:</b>		
	One Location Only			
<b>*Transportation:</b>	<input type="checkbox"/> Ski-Doo   <input type="checkbox"/> ATV   <input type="checkbox"/> Boat   <input type="checkbox"/> Vehicle   <input type="checkbox"/> Train   <input type="checkbox"/> Chopper   <input type="checkbox"/> Plane			
	Please Check			
<b>Location of Camp:</b>				
Detail of Travel (Ex. Leave by Ski-Doo Return by Chopper & Dates of Travel) Use space on back if needed.				
Section 4. Accompanied By (*MUST BE COMPLETED)				
<b>*Names (First, Middle Initial(s), Last)</b>	<b>*Birth Date (D/M/Y)</b>	<b>*Band # (10 Digits)</b>		
Use space on back if needed.				

I, \_\_\_\_\_, request travel subsidy for the spring 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 spring 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