



Fall 2018 Harvesters Subsidy Program Application

Applications are due by Friday, September 21st, 2018 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*
*Address				
Street		Town/City		Province
*P.O. Box #				
		Town/City		Province
*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"/> ATV <input type="checkbox"/> Boat <input type="checkbox"/> Vehicle <input type="checkbox"/> Train		
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 2018 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

NEW FOR FALL 2018 ONWARD – CHANGES TO THE GAS ALLOCATION PROCESS:
 Approved applicants will be required to purchase their own gas and will be reimbursed.
 Receipts required for reimbursement.