



Sagkeeng Anicinabe

Financial Assistance Policy (revised December 2023)

This policy is not meant to supplement income on a monthly basis and is intended to assist community members with unforeseen expenses. It is recognized that community members struggle financially to meet their daily needs. Sagkeeng may provide a limited amount of financial assistance to community members to offset unforeseen expenses by utilizing own-source revenue.

The Chief and Council are not involved with the disbursements of this policy and are not responsible to submit this application form on the applicant's behalf.

Sagkeeng reserves the right to:

- a) Deny any Applicant,
- b) Publish the names of recipient(s)/amount received, and
- c) Approve an amount less than requested.

Process:

- a) Application deadline – 15th of every month
- b) Notices by mail or email – 22nd of every month
- c) Direct deposit is preferred. Banking information is required (void cheque)

Criteria:

- a) Priority List
 - o Pensioners residing on-reserve (65 years of age and over)
 - o On-reserve community members
 - o Off-reserve community members
- b) Applicants demonstrating financial need and must provide a copy of supporting documentation with the application or the application is void
- c) Number of dependants
- d) Complete application

Considered Requests:

- a) Hydro Bills (copy of at least 6 months required)
- b) Reimbursements (copy of receipt(s) required)
- c) Rent may be considered under the circumstances (further information may be required) – Payable to the landlord.

Not Covered:

- a) Property Taxes
- b) Storage Fees
- c) Satellite/Cable Bills
- d) Autopac Payments


- e) Vehicle Repairs
- f) Vehicle Payments
- g) Cell Phone/Land Line Bills
- h) Moving Expenses
- i) Furniture Bills
- j) Personal Store Accounts
- k) Court Ordered Payments


To allow for all band members equal opportunity for financial assistance under this Policy, Applicants approved for financial assistance, in whole, or, in part, will not be considered for further assistance for **6 months** following approval.

Applicants that were not approved for financial assistance in any given month will be notified in writing and may re-apply the following month.


Signed:

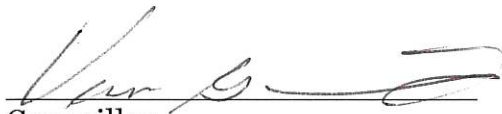


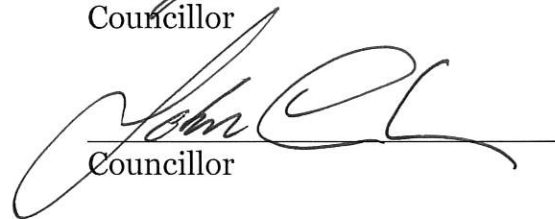
Chief

Councillor

Councillor

Councillor

Councillor

Councillor

Councillor



Sagkeeng Anicinabe

Financial Assistance Policy Application

Please email this completed application to discretion@sagkeeng.ca or fax 1-204-367-4315 or deliver to the Administration office with the Receptionist.

Applicant Name (please print): _____

Treaty #: 262 _____

Mailing Address (complete with area code):

Contact Number:

Email (if applicable):

Number of dependants: _____

Amount Requested: \$ _____

Current Income (circle one):

None	Employed	Employment & Income Assistance (EIA)	Employment Insurance (EI)	Pension	Other
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If "Other" explain: _____

If "EIA" name and contact number of EIA Counsellor:

By signing this form, you agree that Sagkeeng reserves the right to contact your EIA Counsellor if further information is required.

Reason for request:

I have read the application, completed all the information as requested and provided a copy of supporting documentation.

Signature of Applicant:

Date:
