



CHIPPEWAS OF GEORGINA ISLAND FIRST NATION

COLDWATER TREATY – ANNUAL DISTRIBUTION

MINOR APPLICATION FOR BAND MEMBER

PHOTOCOPY IF NEEDED

(under 19 years of age at time of application)

1. I, (Please Print) _____, hereby apply for payment of the Annual Distribution as stipulated in Schedule “C” of the CGIFN Coldwater Narrows Trust on behalf of:

2. _____
Child’s Name

3. _____
Date of Birth

4. _____
Band Number

5. Who is my son/daughter whom I collect the Child Tax Credit for and resides with me at the following address:

CUSTODIAL SITUATIONS

DOCUMENT THAT APPLIES MUST BE ATTACHED

Under a guardianship order, customary care arrangement, custody order, Children's Aid placement or if separated without legal custody but are the child's main care provider with the child living at your residence; in these cases the care provider must provide a certified copy of legal order, or a letter from the Children's Aid Society, or a letter from the Band Rep or a notarized letter from doctor or school stating the child resides with you full time or the majority of the time and why you should be the parent receiving the annual distribution. As an alternative, you may provide a letter signed by the child's other parent agreeing to you making the application for the payment on behalf of the child. This letter should include their phone number for verification purposes. If there are any changes made to the placement of a child we must be made aware immediately and legal action will be taken against anyone collecting for a child not in their immediate care. To avoid disruption of your child's payment please ensure only one application is being made by the parents or care giver.

**PLEASE CHECK THE APPLICABLE DOCUMENT TO BE ATTACHED TO APPLICATION:
(if applicable)**

6. _____ I have a Customary Care Arrangement
7. _____ I have a Custody Order
8. _____ Children's Aid placement **WITH** Letter from Children's Aid Society
9. _____ Certified Legal Order
10. _____ Letter from Band Representative
11. _____ Notarized letter from Doctor or School stating where child resides

12. Please forward my child/ward's payment to: (Choose one of the following)

Address: _____

OR

Directly to their Canadian Bank Account. ***If choosing direct deposit please provide the Band Office with the required Direct Deposit Form from the recipient's Canadian Bank***

In case further information is required my telephone number is:

X _____
Signature of Parent/or Guardian

X _____
Signature of Parent/Guardian

Telephone No.

Email:

PLEASE NOTE ALL DOCUMENTATION MUST BE SUBMITTED WITH THIS APPLICATION OR PAYMENT WILL NOT BE PROCESSED.