



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Elder Healthy Home Grant Pilot Project Application

Name of Applicant:

Address:

Telephone Number:

Applicant date of birth:

Name of Spouse:

Spouse's date of birth:

Please provide proof of your main source of income.

Have you looked for other sources of assistance? If yes, where? If no, why not?

Please describe the reason you are applying for this funding:

Amount requested: \$

Supporting documents must be attached



huu ay aht

ANCIENT SPIRIT, MODERN MIND

Declaration:

I declare that the information given on this form is correct and complete to the best of my knowledge.

I understand that if I knowingly give information that is false I may be liable to prosecution and will be required to repay any assistance received. Also, if I knowingly give information that is false, it may result in forfeiture of any future requests for financial assistance from the Huu-ay-aht First Nations.

I consent to my information being shared between agencies and external organizations for the purpose of processing my claim.

Signature of Applicant: _____

Date _____

Reviewed by: _____

Date _____