**SCHEDULE"B"**

**BAND MEMBERSHIP ASSISTANCE APPLICATION**

I understand I am requesting an emergency assistance payment from MGBHLM Band public funds. I understand that this request, if approved, will be listed in our annual general band audit.

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Membership Band number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. I am a member of MGBLM First Nation: Yes No

4. My annual household income is: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Details on Employment: Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:

 Wage/Salary:

7. Nature of request, check one box and please give details why you need assistance:

🞏 Emergency, explain; 🞏 Other, state and explain;

8. What other funding agencies have you requested assistance from?

9. I certify I do not owe MGBHLM First Nation any money? I certify that I am not being paid by another MGBLM department or agency for this same request.

10. Upon receipt of any assistance or funding from MGBHLM First Nation ("MGBHLM"), I hereby agree as follows:

1. ) That I specifically authorize MGBLM, their agents, employees, auditors or partners, to release this information to the financial controller for audit purposes and specially approve of my release of information, including the amount of assistance that I received, for reporting purposes to the membership;
2. ) That I promise to release and indemnify and forever hold harmless MGBHLM, Chief, Councilors, their employees, agents, assigns and auditors from any and all manner of suits, actions, causes of action, losses, damages, costs, liabilities, claims or demands of any kind or nature whatsoever arising out of, or relating in any way to the release of information to our auditor and the MGBHLM membership of any financial assistance MGBLM may pay or fund you.
3. ) I understand that upon receiving BMA, I will make an effort to volunteer in future community functions.

Dated the day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| Physical Address:Mailing Address:  | Phone #: Cell:  |

**Children & DOB:**