

Section 3

Current Mailing Address: _____

Street Address: _____

City _____ Prov. / State _____ Postal Code _____

Country _____ Phone Number _____

Fax Number _____

Section 4 It is important to read this declaration before signing.

I declare and affirm that the information provided by me on this application is complete and correct, in order to substantiate my entitlement for the Tobacco Tax Distribution monies according to the policy. I agree to advise the Adminstrating Authority of any changes such as dependents, marital status, or any circumstances that may affect my entitlement for the Tobacco Tax Distribution. I understand that the Administrative Authority can verify or confirm on behalf of Cowichan Tribes whom is determined the head of the household or applying guardian, parental consent to the Adminstrating Authority in disclosing any information in this application, which can be obtained from social assistance, education, or child tax. I understand that after a six-month holding period of Tobacco Tax Distribution funds, I may lose eligibility for the calendar year. Beyond the six-month holding period, the funds will go back into Community Distribution Funds. **I understand this is a once a year distribution.**

Distribution will be available to those who **DID NOT** receive a cheque on **December 16, 2011** on **the following dates:**

- Applications in by: January 20, 2012 - Distribution: January 27, 2012
- Applications in by: April 20, 2012 - Distribution: April 27, 2012
- Applications in by: July 20, 2012 - Distribution: July 27, 2012
- Applications in by: Sept 21, 2012 - Distribution: Sept 28, 2012

September 21, 2012 is the deadline for the 2011 Distribution. Funds not applied for by this date will go back into the community distribution.

⇒ **NOTE:** The Finance Department will be distributing cheques only on a quarterly basis as stated above.

⇒ _____ **Signature of Applicant** _____ **Date**

Signature of Administrative Authority

Please do not write in this space.

Office Use Only:

ID provided Y ___ N ___ or Applicant Known Y ___ N ___

Payable to / Name: _____

Band or Computer Number: _____

Total eligible C.T.M. _____

Confirmed By: _____

Administrative Comments: _____