## Request for emergency assistance for workers who have lost their jobs and business owners who have had to close their doors because of the COVID-19 pandemic

Intor	mation about the applicant
Last na	ame : First Name:
Addres	ss: Band number:
Teleph	none: Social insurance number:
Comp	any number (only for business owners):
Are the	ere other people living at this address? Yes No
(Exam	ple: spouse or adult child). If yes,
Last na	ame First Name:
Is this	person still employed? Yes No
	or she have a job before the pandemic? Yes No
VERY I	IMPORTANT
If ther	re are other people living at the same address and there is another source of income
(exam	ple: spouse's income), the applicant will not be eligible for emergency assistance.
<u>Criteri</u>	a to be eligible for emergency assistance.
>	You must be a member of the Abenakis of Odanak band and permanently reside in Odanak;
>	You must have lost your job due to the Covid-19 pandemic and have no other source o income in the same residence at this time;
>	You must provide a copy of your record of employment or written proof from your employer that states that you are no longer currently employed due to the COVID -19 pandemic;
>	For business owners, you must provide your Quebec business number (NEQ) or you Canada business number;
>	Your business must have been registered before March 12, 2020;
>	You must provide a check speciment for financial assistance to be sent to you by bank transfer.
Signati	ure of applicant Date