

# Mamalilikulla First Nation

1441 B 16<sup>th</sup> Avenue, Campbell River BC V9W 2E4  
 (ph) 250-287-2955 (fax) 250-287-4655 toll free 1-888-287-2955  
[viband@telus.net](mailto:viband@telus.net)

## LIVING ALLOWANCE CRITERIA FORM

<b>Student Name:</b>	<b>Application Date:</b>

Funding Level Criteria:	Circle one of each:		
Is this Application:	New	Amended	
Marital Status: (*Common law must be living together for 1 year or more)	Single	Married	*Common Law
If single, are you living with an employed parent?	Yes	No	
If married, is your spouse employed?	Yes	No	

**Dependents** (List and attach a copy of birth certificates (s) – must be 18 years of age and under and living in the same household to claim as dependent(s))

NAME	RELATIONSHIP	BIRTHDATE

I confirm that the above information is complete and true and agree that I will advise you of any changes to the above information within 15 days of any changes.

\_\_\_\_\_  
 Signature of Student Date

<b>Office use</b>
Calculation of monthly living allowance based on rates for resourcing monthly living allowance schedule: \$ _____
Approved By: <span style="margin-left: 150px;">Date:</span>