



GITMAXMAK'AY

“Nisga’a People of the Rainbow”

AFFILIATED COVID CHRISTMAS GIFT APPLICATION 2020

DATE OF SUBMISSION (dd/mm/yy): _____

APPLICANT NAME: _____ BIRTHDATE: _____
[month/day/year]

ADDRESS: _____
[Street & No.] [City/Prov] [Postal Code]

PHONE NUMBER: _____ EMAIL: _____

1 PIECE OF PROOF OF ADDRESS REQUIRED: Utility bill Government ID Recent Paystub
 Bank or credit card statement Tenancy Agreement

	REGISTERED NISGA'A MEMBERS RESIDING IN THE SAME HOUSEHOLD	BIRTH DATE (mm/dd/year)	CITIZENSHIP # (Office use only)
1			
2			
3			
4			
5			
6			
7			
8			

<input checked="" type="checkbox"/> \$50 Christmas gift per household	<input checked="" type="checkbox"/> \$75 COVID gift per household	<input type="checkbox"/> \$25 Christmas gift per youth	<input type="checkbox"/> \$25 Christmas gift per elder
# of youth (Age 0-18):		# of elders (Age 55+):	

FOR OFFICE USE ONLY
 Cheque Mailed by: _____ Date of Issue: _____