



# Yuutu?it?ath

## CITIZENS 16 YEARS OF AGE ANNUAL PAYMENT APPLICATION CRITERIA AND PROCEDURES

Please fill out the attached application to request the annual payment of \$500.00 Payment to citizens will be provided upon completion, submission, and approval of applications.

### APPLICATION CRITERIA

- The following individuals are eligible to receive an annual payment of \$500:
  - A citizen who is 16 years of age or older
  - A citizen who turns 16 years of age
  - An individual who becomes a citizen and is at or over the age of 16 years
- One application per applicant.
- Applications are available: online at [ufn.ca](http://ufn.ca) > **Forms > Payment Applications**, in person at Cix<sup>w</sup>atin Centre Reception or hiłstiis hupii?uł Satellite Office, or by contacting [citizenship@ufn.ca](mailto:citizenship@ufn.ca).
- Complete the application in full, including selecting the method in which you would like to receive your payment. You have the option to:
  - Pick up your cheque in hitaču or Port Alberni, or authorize someone else to pick up your cheque. The individual picking up the cheque on your behalf will be required to sign for the cheque that they are receiving.
  - Have your cheque mailed to you.
  - Choose Direct Deposit – must be your own account.
  - If you do not have direct deposit or a mailing address, please leave that section blank and we will be in touch to determine a distribution option.

### APPLICATION SUBMISSIONS

Submit your completed application by:

- a) Drop off to: **Cix<sup>w</sup>atin Centre (700 Wya Road, hitaču, BC) or hiłstiis hupii?uł Satellite Office (3203 Third Avenue, Port Alberni, BC) c/o Health & Social Services Department**
- b) Email: [citizenship@ufn.ca](mailto:citizenship@ufn.ca)
- c) Mail : **PO Box 699, Ucluelet, BC V0R 3A0 – c/o Health & SS Department**

### APPLICATION DEADLINES

- There is no deadline to submit an application. Payments for approved applications will be processed within 30 days.

### HAVE A QUESTION?

Contact: (250) 726-7343  
Or Email: [citizenship@ufn.ca](mailto:citizenship@ufn.ca)



**Yuutu?it?ath**  
**CITIZEN 16 YEARS OF AGE**  
**ANNUAL PAYMENT APPLICATION**

- I am applying for myself  
 I am applying on behalf of someone else and I have the legal authority to act on their behalf

**PERSONAL INFORMATION OF ELIGIBLE RECIPIENT**

Name:

Mailing Address:

Birthdate:

Status Number:

Email Address:

Phone Number:

Yuutu?it?ath Citizen?

- Yes  
 No

Select payment option:

- pick up cheque in hita?u  
 pick up cheque in Port Alberni  
 cheque mailed to address above  
 direct deposit

**COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE**

Your Name:

Phone number:

Relationship to eligible recipient:

*If you are applying on behalf of an eligible recipient, you must submit the appropriate legal documentation confirming that you have the authority to act on their behalf.*

**Signature of Applicant:**

**Date:**

**DIRECT DEPOSIT**

If applying for direct deposit:

- Submit a void cheque (can be photo or scan) with your application.
- Visit your banking institution to receive a hard copy of your direct deposit information, to submit with your application.
- Visit your online banking account or app to save a copy of your direct deposit information to your device for email or printing, with your application.
- Please make sure to provide your banking information with your application as one package. If sending through email, have your application and banking information submitted in one email.

One-time Payment Application