



The Sahtu Secretariat Incorporated

Box 155, Deline, NT X0E 0G0

Tel: 867-589-4719 or 867-444-1076

Fax: 867-589-4908

Email: ssi.ed@sahtu.ca or ssi.aa@sahtu.ca

Website: www.sahtu.ca

Sahtu Wildfire Evacuation Assistance Forms

BENEFICIARY INFORMATION

Full Name: _____ Enrolment Registry # _____

Mailing Address: _____

City/Town: _____

State/Prov: _____

Postal Code: _____

Tel: _____

E: Mail: _____

Payment Details (please check one of the boxes):

Deposit to Bank Cheque Other instructions

Bank: _____ or Bank #: _____

Transit #: _____

Account #: _____

Children Information (the applicant above will be entrusted with the child's subsidy)

Children Full Name: _____ Enrolment Registry # _____

Children Full Name: _____ Enrolment Registry # _____

Please Check, if applicable

I am, an evacuee from NWT Wildfire Areas: Yellowknife, Ndlio, Dettah Hay River, Fort Smith, Jean Marie River or Enterprise, Northwest Territories.

I, (we) authorize the SSI to make a one time payment for Sahtu Wildfire Evacuation Assistance Payment to myself (the applicant) and on behalf of my children, if applicable.

I also accept that I am the legal/guardian for the above children noted, who are 18 years old and under and can legally sign on their behalf.

I, authorize SSI to release a payment in the amount of **\$400.00** on or after September 11th, 2023, for the Sahtu Wildfire Evacuation Assistance Payment.

Signature of applicant: _____

Date: _____

Dated this day _____ of _____, 2023.