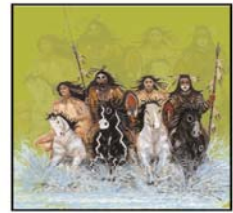




Aboriginal Futures
Career & Training Centre

Providing Training, Education and
Employment Services to Urban
Aboriginal Individuals



INDIVIDUAL FUNDING

PROOF OF DEPENDENT SPOUSE

Print Full Name of Spouse _____ (here in after referred to as "The Spouse").
(Include a photo copy of Identification)

Social Insurance Number: ____ / ____ / ____

(Employment Insurance Verification will be conducted by Community Futures Treaty Seven to ensure that the spouse is not receiving Employment Insurance)

I, _____ hereby swear that I am the spouse of _____.

I understand and consent to the disclosure and exchange of information between Aboriginal Futures Career and Training Centre and Community Futures Treaty Seven for the purpose of determining that I am unemployed. I understand that my SIN Number will be used only for the purpose of confirming that I am not in receipt of Employment Insurance.

I agree to ensure that I will inform the Aboriginal Futures Career and Training Centre if I become employed during the duration of the program.

Information that is collected by Aboriginal Futures Career and Training Centre for Community Futures Treaty Seven is done so under the authority of the Aboriginal Skills & Employment Training Strategy and is in accordance with and governed by the Protection of Personal Information Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIP).

By signing this form, both signatories hereby swear that the information collected in regards to Proof of Dependency is accurate and truthful.

DATE: _____
MONTH DAY YEAR

Dependent Spouse Signature

Applicant Signature