scəw̓aθən məsteyəxʷ
TSAWWASSEN FIRST NATION

Tsawwassen First Nation
Tsawwassen Child Benefit Application Form

The information on this form is collected for the purposes of administering the Tsawwassen Child Benefit. All personal information is collected in accordance with the TFN *Freedom of Information and Protection of Privacy Act*.
One form must be filled out for each child.
Please email the completed form to Joanne Williams: jwilliams@tsawwassenfirstnation.com.

Section 1: Information about the Child	
Full Name:	**Birthdate:**

Section 2: Custody Arrangement
The Finance Department may request proof of custody arrangement before approving the application.

Select one:

- ◯ **The guardians choose to have the benefit paid into the Tsawwassen Minors' Trust on behalf of the child.**
- ◯ **The child lives with two guardians in one home.**
  The benefit payments will go to the TFN Member guardian. If both are TFN Members, it will go to the guardian identified as Parent/Guardian #1 below. Both parents to sign off below.
- ◯ **The child shares their time equally between two guardians at two homes (50/50).**
  The benefit payments will be split equally between the guardians, regardless of TFN Membership. Both parents to sign off below.
- ◯ **One guardian has primary custody (the child lives with one guardian more than 50% of the time).** The benefit payments will go to the guardian with primary custody regardless of TFN membership. Attach a copy of the court order or custody agreement.
- ◯ **The child does not live with a guardian (Independent).**
  The benefit payments will go to the child. A former guardian must confirm this situation by signing this form as parent/guardian #2.
- ◯ **Both guardians want to request an alternative payment arrangement.**
  The benefit payments may be split between guardians in any proportion if both guardians agree. Use

Section 3: Alternative Arrangements
Only use this section if you have selected Alternative Arrangement in Section 2. Enter the benefit portion in dollars ($) with a total of $2,000 OR enter the portion in percent (%) with a total of 100%. Both guardians must sign this form.

Portion of the benefit to be paid to Parent/Guardian #1:

Portion of the benefit to be paid to Parent/Guardian #2:

scəw̓aθən məsteyəxʷ
TSAWWASSEN FIRST NATION

Tsawwassen First Nation
Tsawwassen Child Benefit Application Form

Section 3: Acknowledgement and declaration in respect of a payment to legal guardian(s) on behalf of a minor

By signing this form, I/We represent and declare that I am/we are the legal guardian(s) of the above named Tsawwassen Child and that the funds received in respect of the minor will be used for their benefit.

And

I/We agree that if TFN receives proof of a custody arrangement that differs from the information provided herein, this application will be deemed inaccurate. I/we will repay any benefit payments received under this application and any such amounts may be taken out of distributions.

Parent/Guardian #1 or Independent Child	**Parent/Guardian #2**
TFN Member (Y/N):_____	TFN Member (Y/N):_____
Print Name:_____	Print Name:_____
Signature:_____	Signature:_____
E-Mail:_____	E-Mail:_____
Phone:_____	Phone:_____
Date:_____	Date:_____
Witness	**Witness**
Print Name:_____	Print Name: _____
Signature:_____	Signature: _____
Email:_____	Email:_____
Date:_____	Date: _____

Office Use Only