



# Port Hawkesbury Paper Application for Subsistence (Article 14.200)

**PROOF OF PERMANENT RESIDENCE:** Union Members applying to receive subsistence allowance shall provide the required proof of permanent residence documents, as identified below, to the Company upon hire-on.

Should the required documents along with the completed application form not be provided to the Company within three (3) business days from the affected members first regularly scheduled shift, subsistence allowance will not be paid retroactively, but on a going forward basis from the date the completed application form and accompanying documents were provided to the Company.

Original documents (or electronic copies) are required for Proof of Permanent Residence. Two (2) of the following documents are acceptable and will be verified by the Employer, copied and returned.

Check Two (2):

- Income Tax Assessment
- Utility Bill
- Property Tax Assessment
- Employment Insurance
- Drivers Licence

I hereby swear the above information to be true and correct and apply for subsistence having met the above qualifications. I understand that the information given is subject to verification and that any subsistence paid based on false information is subject to recovery.

**WORK REFERRAL:** Employer \_\_\_\_\_  
Work Location (Plant) \_\_\_\_\_  
First Day Work (mm/dd/yyyy) \_\_\_\_\_  
Craft \_\_\_\_\_  
Skill \_\_\_\_\_

I hereby swear the above information to be true and correct and apply for subsistence having met the above qualifications. I understand that the information given is subject to verification and that any subsistence paid based on false information is subject to recovery.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**UNION BUSINESS MANAGER:** I certify that the Employee's permanent address is true and correct to the best of my knowledge and is as shown in our records, and that this Employee meets the requirements for subsistence in accordance within Article 14.200 and as outlined above.

Union Business Manager/Designee (Print) \_\_\_\_\_  
Local \_\_\_\_\_  
Signature of Union Business Manager \_\_\_\_\_  
Date \_\_\_\_\_

