



**Income Assistance Program**

# Request to Appeal

1st Level Appeal – Income Assistance Appeal Committee

Effective: 1 February 2010

Revised: Oct 2019

Document # 09-3001

To: [IncomeAssistanceAppeals@gov.nu.ca](mailto:IncomeAssistanceAppeals@gov.nu.ca)

Date:

c/o **Secretary - Income Assistance Appeal Committee**

dd	mm	yyyy
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**Income Assistance, Department of Family Services**

Government of Nunavut

P.O. Box 1000; Stn 1250

Iqaluit, Nunavut X0A 0H0

Re:

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Name of Appellant

This will notify you of my intention to appeal a decision made respecting my application for Income Assistance. I am appealing this decision for the following reasons (attach a copy of the **Notification of Refusal** of Income Assistance if applicable):

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Action Requested of the Appeal Committee:

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Appellant's Signature

\_\_\_\_\_

Appellant's Address

\_\_\_\_\_

Appellant's Name (Please print clearly)

\_\_\_\_\_

Appellant's Phone Number

Will you be participating in this Appeal via telephone?

Yes  No

Do you require an Interpreter/Translator for the Appeal?

Yes  No

**Note: An appeal must be made within 7 days of the date of the ruling of the Income Assistance Appeal Committee**