



Covid-19 Community Support

Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City Province Postal Code*

Phone: _____ Email: _____

Applying for: _____

Source of income? _____

Total monthly income? \$ _____

Are you receiving any other funding from an Indigenous groups or Government programs? Yes or No

If yes please explain. _____

Are you a citizen of Ontario? Yes or No

Are you a member of OCIP? Yes or No

If yes Membership card Number _____

If no, are you be interested in joining? Yes or No

Are you Metis, Status, Non-Status living off Reserve? Yes or No

Family in household	Date of birth
Spouse:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	

Landlord Contact Information: If applicable

Name:

Email:

Phone Number:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

OCIP RESERVES THE RIGHT TO REVIEW, ALLOW OR DISALLOW ALL CLAIM(S) MADE DEPENDING ON ELIGABILITY.

Signature: _____ Date: _____

For OCIP Use Only

Region Number: Four (4)

Contact email: b.carriere@hotmail.com

Regional Representative: - Bill Carriere

Rep. Contact Phone Number: 705-255-1758