



# 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: Five (5)

Regional Representative: - Tim Denomme

Contact email: tdenomme90@gmail.com

Rep. Contact Phone Number: 705-561-7358