



Covid-19 Community Support

Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State Postal Code

Phone: _____ Email _____

Applying for: _____

Are you a citizen of Ontario YES NO

Are you a member of OCIP YES NO If yes, Card Number? _____

Are you Metis, Status, Non-Status living off Reserve? YES NO

If yes, explain: _____

Family

Spouse _____ DOB: _____

Dependents: _____ DOB: _____

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Dependents: _____ DOB: _____

Landlord (if Applicable)

Name: _____ Phone: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

For OCIP Use Only

Region Number:- One (1)

Regional Representative:- Kathy Maggrah

Rep. Contact email:- kmaggrah1@gmail.com

Rep. Contact Phone Number:- 807-232-1319