



# 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: \_\_\_\_\_

Dependents: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependents: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependents: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependents: \_\_\_\_\_ DOB: \_\_\_\_\_

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:- Six (6)

Rep. Contact email:- [tjstpierre\\_19@hotmail.com](mailto:tjstpierre_19@hotmail.com)

Regional Representative:- Thomas St.Pierre

Rep. Contact Phone Number:- 613-328-1314