



Applicant

Last Name: _____

First Name: _____

Date of Birth m/d/y: _____

Address: _____

Street: _____

City/Postal Code: _____

Phone number: _____

Status number: _____



LIST OTHER ADULTS IN YOUR HOME (18+)

Name: _____

Date of Birth m/d/y: _____

Name: _____

Date of Birth m/d/y: _____

Name: _____

Date of Birth m/d/y: _____

Name: _____

Date of Birth m/d/y: _____



LIST ALL CHILDREN IN HOME (UNDER 18)

	Last Name:	First Name:	Age	Date of Birth (m/d/y)	Status #	M/F
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____

Submission Deadline: December 7th, 2018 at 4 p.m. Fill out and email/submit to charlenep@seabirdisland.ca