

**Part E: Household Information**

**Instructions**

- List information about **all** adults & children in your household that live with you full- or part-time.
- The information you provide in this section will affect the unit size you are eligible for.
- If you are expecting a baby, add “baby” in **Relationship** box and add the due date.

**Applicant #2 Information**

First & Last Name:													
Relationship:	(relationship to Applicant #1)												
Gender Identity:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other (trans, non-binary, two-spirit, etc.)										
Date of Birth:					-					-			(format date as YYYY-MM-DD)
Social Insurance #:					-					-			(9-digit number)
Applicant #2 is:	<input type="checkbox"/> Full-time household member					<input type="checkbox"/> Part-time household member							
<input type="checkbox"/> Status in Canada is same as Applicant #1	<b>or</b>										(write status)		
<input type="checkbox"/> Address is same as Applicant #1	<b>or</b>										(write address)		
Phone number:					-					-			type:
Email:													

**Applicant #3 Information**

First & Last Name:													
Relationship:	(relationship to Applicant #1)												
Gender Identity:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other (trans, non-binary, two-spirit, etc.)										
Date of Birth:					-					-			(format date as YYYY-MM-DD)
Social Insurance #:					-					-			(9-digit number)
Applicant #3 is:	<input type="checkbox"/> Full-time household member					<input type="checkbox"/> Part-time household member							
<input type="checkbox"/> Status in Canada is same as Applicant #1	<b>or</b>										(write status)		

**Applicant #4 Information**

First & Last Name:													
Relationship:	(relationship to Applicant #1)												
Gender Identity:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other (trans, non-binary, two-spirit, etc.)										
Date of Birth:					-					-			(format date as YYYY-MM-DD)
Social Insurance #:					-					-			(9-digit number)
Applicant #4 is:	<input type="checkbox"/> Full-time household member					<input type="checkbox"/> Part-time household member							
<input type="checkbox"/> Status in Canada is same as Applicant #1	<b>or</b>										(write status)		

If you have more than 4 members of your household, please fill out and include an additional Household Information page available at [www.peterborough.ca/hap](http://www.peterborough.ca/hap).