

Part E: Household Information

Instructions

- List the information about all adults and 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 or												(write status)	
<input type="checkbox"/> Address is same as Applicant #1 or												(write address)	

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 or												(write status)	
<input type="checkbox"/> Address is same as Applicant #1 or												(write address)	

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 or												(write status)	
<input type="checkbox"/> Address is same as Applicant #1 or												(write address)	

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.