

DEPENDANT INFORMATION

Complete one form per household

Dependants (children who live with you who are 18 or younger as of December 31, 2023) – if more than 12 children use back of sheet)

NAME	DATE of BIRTH		NAME	DATE of BIRTH

Does anyone live with you or do you support anyone other than your children listed above (elderly parents or other relatives)? Please indicate their name and how you are related.

Do you, your children or other people mentioned above have any medical conditions that affect their daily living (speaking, hearing, walking, bowel or bladder functions, feeding, dressing or mental functions necessary for everyday life).

There are **significant deductions** that could be available if someone has problems in any one of these areas.

Name

Relationship

Disability

I confirm that all the above information is correct and contains all the information requested in regard to these particular matters.

Signature

Name (print)

Date