



Newark Neighbours Client Registration Form

Registration Date: _____

Name: _____

Address: _____

Phone Number: Home : _____ Cell: _____

Email: _____

Date of Birth: Year: Month: Day:

Marital Status
Married: Divorced: Common-Law:
Single: Widowed:

Proof of Address (must be shown)

Driver's Licence #
Expiry Date Year: Month: Day:

Housing Costs

Do you own or rent? Own: Rent:
Monthly Rent \$ _____ (Proof required)
Monthly Mortgage \$ _____ (Proof required)

Utilities: (if not included in above rental costs)

Gas (monthly average) \$ (Proof may be requested)
Hydro/Water (monthly average) \$ (Proof may be requested)

Employment Status

What is your occupation: _____

Are you: Full-Time: Part-time:
Self-Employed: Unemployed:

Employment Status of your Spouse or Common-Law Partner:

What is their occupation: _____

Are they: Full-Time: Part-time:
Self-Employed: Unemployed:

I certify that the information provided on this form is correct, complete, and fully discloses all of my costs & employment status, and if applicable, the employment status of my spouse or common-law partner.

Client's Signature: _____