

ADDITIONAL INFORMATION TO SUPPORT CLAIMANT'S RESIDENCE

CLAIMANT: _____

TELEPHONE #: _____

DATE OF OCCUPANCY: _____

CLAIMED RESIDENCE: _____

FORMER RESIDENCE: _____

EMPLOYER: (NAME) _____
(ADDRESS) _____

VOTING RESIDENCE: _____

ADDRESS AS SHOWN ON:
a. MOTOR VEHICLE REGISTRATION _____

b. DRIVER'S LICENCE _____

ADDRESS AS SHOWN ON:
FEDERAL INCOME TAX RETURN _____

OTHER PROPERTY OWNED: YES () NO ()
LOCATION: _____

SPOUSE'S AGE: _____

Signature: _____ Dated: _____