CLEARWATER HOUSING CO-OPERTIVE APPLICATION FOR MEMBERSHIP INCOME INFORMATION

Please fill out below details of income for all household members including yourself.

NAME	GROSS ANNUAL INCOME	EMPLOYMENT INCOME	G.A.I.N.	PENSIONS	OTHER (Specify source)	
	\$	_ \$	\$	\$	\$	
	\$	_ \$	\$	\$	\$	
	\$	_ \$	\$	\$	\$	
	\$	_ \$	\$	\$	\$	
	\$	_ \$	\$	\$	\$	
I hereby coincome. I of	ertify that the above in understand that the al	nformation is true a pove information is by authorize their re	FULL FULL FULL FULL FULL FULL FULL FULL	ADDRESS all respects and corpose of obtaining) to obtain any de	ontains all sources of household accommodation in Sherwood tails and information which	
DATE:		Signature	Signature Of Applicant:			
		Social Inst	urance number			
		Signature	of Co-applicant	t:		
		Social Ins	Social Insurance number			