



Newark Neighbours Client Registration Form

Registration Date: _____

Link2Feed # _____
for NN office use only

Name:

Last	First
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Address: _____
must be in Niagara-on-the-Lake (5 villages or rural)

Phone Number: Home : _____ Cell: _____

Email: _____

Date of Birth:

Year:	Month:	Day:
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Gender:

Male	Female	Other
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Marital Status

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

Housing Costs

Do you own or rent?

Own:	Rent:
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Monthly Rent \$ _____ (Proof may be requested)

Monthly Mortgage \$ _____ (Proof may be requested)

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/Occupation: _____

Are you:

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

Employment Status of your Spouse, Common-Law Partner or Dependent:

Are they:

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