

## Appendix 1 - Dependants

### Dependant Information

Your Name \_\_\_\_\_

First Name  
 Last Name  
 Date of Birth (YYYY/MM/DD)  
 Social Insurance Number  
 Relationship  
 Mental or Physical Impairment?  
 If yes, do you have T2201 (Disability Tax Credit Cert.)  
 from CRA?  
 Childcare Expenses? If yes, please provide receipt  
 Tuition?

Dependant 1		Dependant 2	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No

First Name  
 Last Name  
 Date of Birth (YYYY/MM/DD)  
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 Relationship  
 Mental or Physical Impairment?  
 If yes, do you have T2201 (Disability Tax Credit Cert.)  
 from CRA?  
 Childcare Expenses? If yes, please provide receipt  
 Tuition?

Dependant 3		Dependant 4	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No