

Applicant	
Applicant name:	
Application number:	
Applicant address:	

Household Information	
If you are a single parent with a child of the same sex, do you wish to share a bedroom with your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a parent of both boys and girls, are you willing to have a brother and a sister share a bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please sign here if you chose 'Yes' for either of the questions above. This is your written authorization.	
_____ Applicant signature	_____ Date