

Gingin Well-Aged Accommodation Application Form

| Applicant Contact Details | | |
|---------------------------|------------------------|---------|
| Applicant's name: | (Mr / Mrs/ Ms / _____) | |
| Address: | | |
| Telephone: | Home: | Mobile: |
| Email: | | |

| Next of Kin Contact Details | | |
|-----------------------------------|-------|---------|
| Next of kin name: | | |
| Relationship to applicant: | | |
| Address: | | |
| Telephone: | Home: | Mobile: |

| Personal Information | |
|----------------------------------------------------------------------------|------------------------------------------------------------------------|
| Current accommodation (eg, rental property, caravan, home owner) | |
| Source of income: | |
| Do you own a vehicle? | (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a pet? | (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide details: | |
| Hobbies and interests: | |
| Reason for this application: | |

| Referees | | |
|------------------|-------|---------|
| Referee #1 Name: | | |
| Telephone: | Home: | Mobile: |
| Referee #2 Name: | | |
| Telephone: | Home: | Mobile: |
| Referee #3 Name: | | |
| Telephone: | Home: | Mobile: |

.....
Applicant's Signature

.....
Date

Office Use Only

Officer Name:..... **Date Received:**.....

Position:.....