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Lancelin Joint Venture Well-Aged Accommodation Application Form

| Applicant Contact Details | | | | | | | |
|--|------------------|---------------|---------------|-----------------------------|--|--|--|
| Applicant's name: | (Mr / Mrs/ Ms /) | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Telephone: | Home: | | | Mobile: | | | |
| Email: | | | | | | | |
| | : | | | | | | |
| Next of Kin Contact Detail | s | | | | | | |
| Next of kin name: | | | | | | | |
| Relationship to applicant: | | | | | | | |
| Address: | | | | | | | |
| | | | | | | | |
| Telephone: | Home: | | | Mobile: | | | |
| | | | | | | | |
| Personal Information | | | | | | | |
| Current accommodation (eg: rental property, caravan, | | | | | | | |
| home owner) | | | | | | | |
| Source of income: | | | | | | | |
| | Please attacl | h a copy of y | our current C | Centrelink Income Statement | | | |
| Do you own a vehicle? | (please tick) | Yes | ☐ No | | | | |
| Do you have a pet? | (please tick) | Yes | ☐ No | | | | |
| If yes, please provide details: | | | | | | | |
| | | | | | | | |
| Hobbies and interests: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Reason for this | | | | | | | |
| application: | | | | | | | |
| | | | | | | | |
| Reason for this | | | | | | | |

| Referees | | | | | | | |
|---|-------|----|---------|--|--|--|--|
| Referee #1 Name: | | | | | | | |
| Telephone: | Home: | Mo | Mobile: | | | | |
| Referee #2 Name: | | | | | | | |
| Telephone: | Home: | | Mobile: | | | | |
| Referee #3 Name: | | | | | | | |
| Telephone: | Home: | | Mobile: | | | | |
| Important! | | | | | | | |
| This facility is a joint venture property with the Department of Communities (Housing) and you are required to register with their Northam office in the first instance (tel: 9690 1900). | | | | | | | |
| You must then forward a copy of the correspondence from DoC(H) confirming you are registered for the Lancelin Well-Aged Accommodation to the Shire of Gingin. | | | | | | | |
| You will not be placed on the Shire of Gingin waitlist until this confirmation is received. | | | | | | | |
| | | | Date | | | | |
| Applicant's Signature | | | Date | | | | |
| Office Use Only Officer Name: Date Received: Position: | | | | | | | |
| | | | | | | | |