



Expression of Interest for Occupancy Independent Living Unit

Primary Applicant Details

Name:..... Date of Birth:.....
 Postal Address..... Post Code:
 Phone No:.....Mobile No:.....
 Email Address:.....

Secondary Applicant Details (If Applicable)

Name:..... Date of Birth:.....
 Postal Address..... Post Code:
 Phone No:.....Mobile No:.....
 Email Address:.....

Contact Person (please tick one)

Primary Applicant **Other:** (Please complete the below)

Name:..... Relationship:.....
 Postal Address..... Post Code:
 Phone No:.....Mobile No:.....
 Email Address:.....

What type of accommodation are you applying for?

One Bedroom Two Bedroom

Expected date accommodation is required:.....

Are you currently receiving home support/care? Yes No

Are any of the following legal documents in place?

- Enduring Power of Attorney Enduring Power of Guardianship
 Medical Power of Attorney Advance Care Directive
 No Legal Documents or instructions in place.

Signature of Applicant:..... Date:.....

Office use only

Date	Offer of available unit	Diary note of reply