



INDEPENDENT LIVING UNIT APPLICATION FORM MERRIWA

Personal Details

Surname: Given Names: Title:

Residential Address:

Phone Number: Age: Date of Birth:

How long have you lived at the above address? years

Date of registration:

Current Accommodation: living alone with relatives
other:

Are you on the Department of Housing waiting list? YES NO

Person for Notification

Name: Relationship:

Address:

Phone Number: (work) (home)

DOCTOR

Name:

Address: Phone Number:

Financial Status

Pension (\$): Type:

Health Care Card: Transport Card:

Repatriation benefits:

Other (eg bank interest):

Do you receive rent assistance: YES NO

If yes: \$ per fortnight

Total Income: \$ per fortnight

Do you own your own home: YES NO

Do you have any other assets:

Expenses

Do you have any debts or mortgages etc:

Doctor's Certificate

An application can not be considered until a completed medical report is received from your doctor on the form attached.

Acknowledgement

I acknowledge that if my application is declined, Upper Hunter Shire Council will be under no obligation to give a reason.

I have been supplied with and have read the Conditions of Occupancy and agree to abide by these conditions to the best of my ability.

Acknowledgement

I, _____ of _____ in the State of New South Wales, do solemnly and sincerely declare that the answers to the questions foregoing application are true to the best of my knowledge and belief. And I make this solemn declaration conscientiously believing the same to be true under the provisions and by virtue of the Oaths Act, 1900 (as amended).

Subscribed and declared at _____

on this _____ day of _____ two thousand and _____

Signed _____ Witness _____

PRIVACY STATEMENT

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council; data service providers engaged by Council from time to time; any other agent of Council.

The supply of the information is voluntary. If you cannot provide or do not wish to provide the information sought, Council may be unable to process your application.

You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the Act. Council is the agency that holds the information. Enquiries concerning this matter can be addressed to the Public/Privacy Officer.



DOCTOR'S CERTIFICATE - INDEPENDENT LIVING UNIT APPLICATION FORM MERRIWA

1. Applicant's Name:

Present Address:

2. Is the proposed applicant in good health?

3. If not, in what way is the applicant's health affected?

4. Is the applicant capable of looking after themselves in respect to living in an Independent Unit?

5. Is the applicant capable of administering his or her own medication if required?

6. General Comments (if any):

Doctor's Signature: _____

Date: _____

Name:

Address:

Telephone: