

Scone Office  
135 Liverpool Street  
PO Box 208  
Scone NSW 2337  
Ph: 6540 1100 • Fax: 6545 2671

Merriwa Office  
34 – 40 Vennacher Street  
PO Box 111  
Merriwa NSW 2329  
Ph: 6521 7000 • Fax: 6545 2671

Murrurundi Office  
47 Mayne Street  
PO Box 90  
Murrurundi NSW 2338  
Ph: 6540 1350 • Fax: 6545 2671

Email: [council@upperhunter.nsw.gov.au](mailto:council@upperhunter.nsw.gov.au)



## AGED UNIT, MERRIWA Application Form

### 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):

## Financial Status cont...

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 cannot be considered until a completed medical report is received from your doctor on the form attached.

## Acknowledgement:

I acknowledge that if my application for an aged unit in Merriwa 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.

## Statutory Declaration:

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.

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## APPLICATION FOR AN AGED UNIT, MERRIWA

### DOCTOR'S CERTIFICATE

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: