



## Independent Living Unit Registration of interest form

### Applicant details

Surname:	First names:	D.O.B:
Surname:	First names:	D.O.B:
Address:		
Phone:	Mobile:	
Alternative contact:	Phone:	
Email:		

### Your preference

Indicate your preference by placing a number in the box with 1 being your first preference and 4 being your least preferred option.

	Resident funded unit – 2 bedrooms ( <i>priced at market value</i> )
	Entry contribution unit ( <i>Cottage style</i> )
	Sutton Court Port MacDonnell – 2 bedroom

I/we would be interested in becoming a resident in Boandik accommodation:

- as soon as a unit is available     
 within 6 - 12 months     
 within 12 - 24 months

## Your details

Do you have any current medical conditions that are relevant to this application?  Yes  No

Details: \_\_\_\_\_  
\_\_\_\_\_

Do you require any support in daily living?  Yes  No

If you are currently obtaining support please indicate the support service you receive: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of accommodation do you currently have? \_\_\_\_\_  
(eg. own home, own unit, renting, living with relatives)

If you own your home, please state value: \_\_\_\_\_

Other assets (estimate value) \_\_\_\_\_

I/we will have to sell a property before I/we would be in a position to effect settlement:  Yes  No

---

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (applicant one): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (applicant two): \_\_\_\_\_ Date: \_\_\_\_\_