



Cowra Retirement Village

Known locally as "Bilyara"



INDEPENDENT LIVING UNITS – APPLICATION

Please address any correspondence to the
Independent Living Unit Co-ordinator

Contact: Renee Thompson & Wayne Snelson

Address: 1 Holman Place Cowra NSW 2794

Phone: 02 63411 666

Email: finance@bilyara.org.au Renee

w.snelson@bilyara.org.au Wayne

Request for name to be placed on the waiting list(s)

(All information given shall remain confidential)

I would like to be added to the following waiting list(s): Please Tick

Cowra – Kalyan Court 1 Bedroom Unit ☐

Cowra – Kiah Place Unit ☐

Cowra – Kalyan Court 2 Bedroom Unit ☐

Name: (Please Circle) Mr Mrs Ms Miss	Applicant 1 First Name: _____	Applicant 2 First Name: _____
	Middle Name: _____	Middle Name: _____
	LastName: _____	Last Name: _____
	DOB: ____/____/____	DOB: ____/____/____

Address:	_____ _____
Email:	_____ _____
Phone:	_____



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Employment Status:	Full time: <input type="checkbox"/> Part time: <input type="checkbox"/> Casual: <input type="checkbox"/> Self Employed: <input type="checkbox"/> Retired: <input type="checkbox"/>
Do you receive a pension?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes what type of pension do you receive? _____
Are you currently able to care for yourself?	Yes <input type="checkbox"/> With Assistance <input type="checkbox"/> If assistance is required what type of care do you receive? (eg: Home care, District Nurse, Family etc:) _____ _____ _____ _____
Are you currently able to care for your home?	Yes <input type="checkbox"/> With Assistance <input type="checkbox"/> If assistance is required what type of care do you receive? (eg: Home care, Private Cleaner, Family etc:) _____ _____ _____ _____



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Are you able to meet the financial requirements as a unit resident of Cowra Retirement Village?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give reasons why you are seeking to become a resident of the village:	<hr/> <hr/> <hr/> <hr/> <hr/>
Please give an indication of the urgency of this type of accommodation:	<input type="checkbox"/> As soon as one becomes available I would like to make an application. <input type="checkbox"/> When one became available I would like to reconsider my situation. <input type="checkbox"/> I am thinking sometime in the future I will need this kind of accommodation. <input type="checkbox"/> I am placing my name on the waiting list, with the view that if in the distant future I am in need of this type of accommodation, my name will be near the top of the list.
My other thoughts at this time are:	<hr/> <hr/>



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Should a unit become available with whom do you wish us to make the first contact with to advise you of the vacancy and any business dealings?	<p><input type="checkbox"/> Myself</p> <p><input type="checkbox"/> The person listed below</p> <p>Name: _____</p> <p>Relationship to you: _____</p> <p>_____</p> <p>Contact Number(s): _____</p>
Current Doctor:	<p>Applicant 1.</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Applicant 2.</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>



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I _____
(Applicant 1 and or 2 Names)

the person(s) making this application to have my name added to the waiting list(s) for a unit with Cowra Retirement Village, are making this request of my own free will and understand that I place no obligation on myself to accept a unit should one become available. I also accept that Cowra Retirement Village is under no obligation to find me any form of accommodation should they not have any vacancy and my needs become urgent. I state that the information shown here are true and correct at the time this form is dated. I am aware that under the Laws of the State of New South Wales it is an offence to make a false statement.

Applicant 1.

Signed: _____ Date: ____/____/____

Applicant 2.

Signed: _____ Date: ____/____/____

OFFICE USE ONLY

Received on behalf of Cowra Retirement Village by:

Name: _____

Position: _____

Signed: _____ **Date:** ____/____/____