



INDEPENDENT LIVING UNITS – APPLICATION

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

> Contact: Heidi Hunt Address: 1 Holman Place Cowra NSW 2794 Phone: 02 63411 666 Email: <u>heidi@bilyara.org.au</u>

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 Units

Cowra – Kiah Place Units 🛛

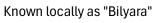
Cowra – Kalyan Court 2 Bedroom Units

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

Address:	
Email Address:	



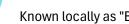
Cowra Retirement Village





Employment Status:	Full time: Part time: Casual: Self employed: Retired:	
Do you receive a pension?	Yes D No D If yes what type of pension do you receive?	
Are you currently able to care for yourself?	Yes D With Assistance D 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 With Assistance 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 🗆 No 🗖
Please give reasons why you are seeking to become a resident of the village:	
Please give an indication of the urgency of this type of accommodation:	 As soon as one becomes available I would like to make an application. When one became available I would like to reconsider my situation. I am thinking sometime in the future I will need this kind of accommodation. 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:	



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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	 Myself The person listed below Name:
dealings?	Contact Number(s):
Current Doctor:	Applicant 1. Name:
	Address: Phone:
	Applicant 2.
	Name:Address:
	Phone:





(Applicant 1 and or 2 Name)

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://	