



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>)
	Kentish Court rental unit – 1 bedroom
	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: _____