



8 Robinsons Road, Frankston South, Vic 3199  
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## APPLICATION FOR RESIDENCE

PLEASE answer each question: ALL information is CONFIDENTIAL

1. SURNAME: .....
- GIVEN NAMES: Male .....
- GIVEN NAMES: Female .....
  
2. ADDRESS: .....
- .....POSTCODE.....
- PHONE NUMBER: .....
  
3. DATE OF BIRTH: Male.....Female.....
  
4. PLACE OF BIRTH: Male .....
- Female .....
  
5. ARE YOU: Married  Widowed  Single  Divorced
  
6. YOUR CHOICE OF CHURCH: .....

7. NEXT OF KIN or POINT OF CONTACT

- 1) Name: .....  
Address: .....  
..... POSTCODE : .....  
Relationship: .....PHONE: .....
  
- 2) Name: .....  
Address: .....  
..... POSTCODE : .....  
Relationship: .....PHONE: .....
  
- 3) Name: .....  
Address: .....  
..... POSTCODE : .....  
Relationship: .....PHONE: .....

8. SOLICITOR: Name: .....  
Address: .....  
Phone: .....

9. POWER OF ATTORNEY:  
Name: .....  
Address: .....  
Phone: .....

10: Have you made a will Yes  No

11. EXECUTOR OF WILL:

Name: .....

Address: .....

Phone: .....

12. AGE PENSION NO: MALE: ..... Full  Part

FEMALE: ..... Full  Part

VETERANS PENSION NO: ..... Full  Part

FEMALE: ..... Full  Part

OTHER PENSION TYPE: .....

13. PRIVATE HEALTH INSURANCE COMPANY:

NAME: .....SCHEDULE: .....

MEDICARE NUMBER: .....

14. I HEREBY APPLY FOR:

a) ONE BEDROOM UNIT – Style .....Current Price \$.....

b) TWO BEDROOM UNIT – Style .....Current Price \$.....

c) THREE BEDROOM UNIT Current Price \$.....

PLEASE NOTE: Unit prices are subject to change without prior notice.

