

# APPLICATION FORM

## ELDERLY PERSONS UNIT

I/we the undersigned hereby seek to make application for a Latrobe Council Elderly Persons Unit -

Surname .....

First Name .....

Address .....

.....

Phone (landline) ..... Phone (mobile) .....

Email .....

### First Named Applicant

Date of Birth .....

Current Age .....

Type of pension (circle one)

Age      Service

Pension Number .....

### Second Named Applicant

Date of Birth .....

Current Age .....

Type of pension (circle one)

Age      Service

Pension Number .....

### UNIT PREFERENCE

☐ One Bedroom

and / or

☐ Two Bedroom

### NEXT OF KIN DETAILS

1. Name: .....

2. Address: .....

3. Relationship ..... Their Phone Number: .....

4. Email: .....

**By signing this application I/we acknowledge that we have read, understand and will comply with the  
"Summary - Conditions of Occupancy" provided.**

Signature: ..... Date: .....

Signature: ..... Date: .....