



Application for Aged Pensioner Rental Accommodation

Surname (1)

Given Names

Surname (2)

Given Names

Present Address

.....

How long have you resided there?

Describe present accommodation.

Rented/Flat	<input type="checkbox"/>	Own Your Home	<input type="checkbox"/>	Private Boarding	<input type="checkbox"/>
Caravan Rented	<input type="checkbox"/>	Caravan Owned	<input type="checkbox"/>	Shared Accommodation	<input type="checkbox"/>

If rented name and address of landlord

.....

.....

Applicant Information

Date of Birth

Place of Birth

Pension Type

1

2

Pension Card No.

Fortnightly Gross Income

1

2

Health

There is no medical staff or facilities available at Talbot Estate. Applicants are required to obtain from your doctor a letter to declare that you are capable of looking after yourself and are able to climb a few stairs.

Proof of Residency

Applicants must provide documentary evidence of residency in the Rockhampton Regional Area.



References

Give Names and addresses of two persons whom you authorise members of the Selection Committee to refer if it is desired.

1. Name
Address
Phone
2. Name
Address
Phone

Your Contact details

Phone
Relative/Friend

Are any of the proposed occupants the owner or part owner of any residential premises?

Yes ☐

No ☐

If Yes, address

Next of Kin

Please list two next of kin or close friends

1. Name
Address
Phone
2. Name
Address
Phone

Declaration (must be signed by proposed tenant/s)

I/We declare that to my/our knowledge, all questions on this application have been answered truthfully and correctly and that all relevant information has been provided. I/We understand false information will make this application invalid.

Signed (1)
(applicant)

Signed (2)
(applicant)

Signed
(Witness must be signed by Justice of the Peace)

Date