



## Independent Living Unit Application Form

### Applicant's Details

Title \_\_\_\_\_ Last Name: \_\_\_\_\_  
Given Names \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date of Application \_\_\_\_\_

### **Please tick boxes to confirm your eligibility:**

- Full Pensioner    Part Pensioner    DVA  
 Assets (Please refer to "Financial Information for Applicants" enclosed)  
 Over 55 years    Retired (or working a maximum of 15 hours per week)

### **Please tick and prioritise your preferred locations from the list below:**

- |   |  |
|---|--|
| <input type="checkbox"/> 14 Brenbeal St, Balwyn           | <input type="checkbox"/> 24 Brenbeal St, Balwyn                |
| <input type="checkbox"/> 18 Glyndon Rd, Camberwell**      | <input type="checkbox"/> 235 Balaclava Rd, Caulfield*          |
| <input type="checkbox"/> 130 Spensley St, Clifton Hill    | <input type="checkbox"/> 14 Hamilton Cres, Doncaster           |
| <input type="checkbox"/> 15 Kenilworth Pde, Ivanhoe       | <input type="checkbox"/> 9 The Grange, Malvern**               |
| <input type="checkbox"/> 6-8 Mitchell St, Mentone         | <input type="checkbox"/> 18 York St, Mont Albert**             |
| <input type="checkbox"/> 64 Glen Orme Ave, Ormond         | <input type="checkbox"/> 7 McGrath Crt, Richmond*              |
| <input type="checkbox"/> 1 Windermere Cres, Brighton**    | <input type="checkbox"/> 322 Orrong Rd, North Caulfield*       |
| <input type="checkbox"/> 47 Yarra St, Heidelberg          | <input type="checkbox"/> 163 Lower Heidelberg Rd, East Ivanhoe |
| <input type="checkbox"/> 42 Manning Rd, Malvern           | <input type="checkbox"/> 4 Wolseley St, Mont Albert            |
| <input type="checkbox"/> 48 Elizabeth St, Elsternwick*    | <input type="checkbox"/> 177 Page St, Middle Park*             |
| <input type="checkbox"/> 7 Griffith Street, Bacchus Marsh |  |

\* Two storey block of units   \*\* Includes some two bedroom units

**Please state the main reasons why you desire this accommodation:**

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**How soon do you require the accommodation?**

Within 3 months       Within 3 to 12 months       After 12 months or more

**Please describe any special needs regarding your accommodation:**

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**Do you currently use any of the following services? (Please tick)**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Day Centre/Day Hospital | <input type="checkbox"/> HACC    |
| <input type="checkbox"/> Home Nursing            | <input type="checkbox"/> CACP    |
| <input type="checkbox"/> Meals on Wheels         | <input type="checkbox"/> EACH    |
| <input type="checkbox"/> Home Help               | <input type="checkbox"/> Respite |

**Please indicate the total estimated value of your capital assets:**

\$\_\_\_\_\_.

**Other Contact Person**

Please provide details of another person we could contact in respect to this application:

Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please ensure that you attach the following documents with your application:**

- A signed Statutory Declaration**
- Your Income & Assets Statement from Centrelink.**
- Certificate from your doctor stating your ability to live independently.**

Please post your application to:

Administration Officer, Community Services, Catholic Homes,  
Suite B, 2 Domville Ave, Hawthorn Vic 3122