

DR PARRY SELF-CARE RENTAL UNITS APPLICATION FORM

1. APPLICANT DETAILS

Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Present Address: _____

How long have you resided in Temora Shire? _____

Have you been hospitalised during past 2 years?
(Please provide details): _____

2. INCOME

Pension Type:	No:	Amount per fortnight (\$):
_____	_____	_____

Other Income: _____

3. ASSETS

4. CONTACT PERSON IN CASE OF EMERGENCY

Contact Name: _____ Contact Phone No: _____

Contact Address: _____

APPLICANT SIGNATURE: _____ **Date:** _____

Please note: All units are non-smoking and no pets. **Enquiries:** Allan Gallagher 0428 722126