



FEDERATION COUNCIL
 APPLICATION FOR AGED RESIDENTIAL UNITS – URANA AND HOWLONG
 CM 19/76794

**APPLICATION TO RESIDE IN A
 FEDERATION COUNCIL
 AGED RESIDENTIAL
 SELF CONTAINED UNIT**

Applicant's Name

Urana Billabidgee Units for the Aged - 59-73 Princess Street,
 Howlong Units for the Aged 21 Hawkins Street, Howlong, NSW

For Office use Only:-

Date of Occupancy:.....

Determination of Application/Decision.....

Bond & Intial Rental Received

Receipt No and Dates.....





FEDERATION COUNCIL
APPLICATION FOR AGED RESIDENTIAL UNITS – URANA AND HOWLONG

Federation Council uses the information provided in this form to access whether you are eligible for public housing, it is important that you answer all of the questions relevant to you.

1. NAME IN FULL (BLOCK LETTERS) (MR/MRS/MS/MISS)

2. CURRENT ADDRESS

3. CURRENT MAILING ADDRESS (if different from above address)

4. TELEPHONE NO.

.....

MOBILE NO.

.....

5. EMAIL ADDRESS.....

6. AGE.....

7. DATE OF BIRTH / /

8. PROOF OF IDENTITY

Acceptable proof of identity documents

- you need to provide three documents, one of which must be a primary document

Primary documents

- Australian full birth certificate – a birth certificate extract is not acceptable
- Australian passport
- Australian citizenship certificate, or Extract from Register of Citizenship by Descent



FEDERATION COUNCIL

APPLICATION FOR AGED RESIDENTIAL UNITS – URANA AND HOWLONG

- Foreign passport.

Secondary documents

- Medicare card
- Account statement from an Australian bank, credit union or building society less than one year old, with your name and your current address matching the details you provide on your application – transaction lists printed off the internet and credit card statements are not acceptable
- Current Australian firearm licence with your signature and/or photo matching the details you provide on your application
- Current student identification card (only one – either tertiary or secondary) with your photo, issued from an Australian government accredited education authority
- One of the following cards with your photo and signature (any address on the card must match the details provided on the application)
 - Australian drivers licence
 - Australian learners permit
 - state or territory government issued proof of age card
 - state or territory government issued photo card.

9. DETAILS OF:

(a) Legal Next of Kin -

NAME

RELATIONSHIP

.....

.....

ADDRESS

TELEPHONE NO.

MOBILE NO.

.....

.....

EMAIL ADDRESS

(b) Person/s Responsible for your Affairs or who holds your Power of Attorney



FEDERATION COUNCIL
APPLICATION FOR AGED RESIDENTIAL UNITS – URANA AND HOWLONG

NAME

RELATIONSHIP

.....

.....

ADDRESS

TELEPHONE NO.

MOBILE NO.

.....

.....

EMAIL ADDRESS

10.DETAILS OF HOSPITAL FUND MEMBERSHIP (if applicable)

NAME

NUMBER

.....

.....

LEVEL OF COVER

11.IF YOU ENGAGE IN ANY FORM OF EMPLOYMENT PLEASE PROVIDE YOUR EMPLOYER'S
NAME AND ADDRESS :

NAME OF EMPLOYER:

ADDRESS:

12.OCCUPATION BEFORE RETIREMENT:

13.HOBBIES AND INTERESTS :

14.PLEASE STATE ANY MEDICAL PROBLEMS WHICH MAY AFFECT THE HOUSING YOU
REQUIRE:



FEDERATION COUNCIL

APPLICATION FOR AGED RESIDENTIAL UNITS – URANA AND HOWLONG

15. IF YOU, OR ANY OTHER PERSON TO BE HOUSED WITH YOU HAVE ONGOING EXPENSES DUE TO A DISABILITY, MEDICAL CONDITION OR PERMANENT INJURY PLEASE GIVE DETAILS BELOW:

NAME(s) OF PERSON(s):

DETAILS:

16. IF YOU ARE IN RECEIPT OF A PENSION, PLEASE COMPLETE

TYPE OF PENSION:

PENSION NO.

.....

.....

(Please provide proof from Centrelink of payment amount)

17. PLEASE PROVIDE DETAILS OF VEHICLES YOU OWN:

MAKE & MODEL

18. PLEASE PROVIDE DETAILS OF ALL PERSONS TO BE HOUSED WITH THE APPLICANT:

FULL NAME:

RELATIONSHIP TO APPLICANT

.....

.....

DATE OF BIRTH

TYPE OF PENSION & NO.

.....

.....

(Please provide proof from Centrelink of payment amount)

19. I hereby seek approval to reside at the Federation Council self contained units :-

Billabidgee Units, 59-73 Princess Street, Urana; or

Aged Units, 21 Hawkins Street, Howlong

(Cross out what is not necessary)



FEDERATION COUNCIL

APPLICATION FOR AGED RESIDENTIAL UNITS – URANA AND HOWLONG

I agree that when a unit is allocated for my use, I shall furnish Federation Council with a "Confidential Medical Report in the form required by Council. Certified by a qualified medical practitioner of my choice, that I am capable of living independently, and I shall enter into an agreement with the Council setting out the terms and conditions of residence prior to my occupation of the unit.

Should it be a requirement of Federation Council, I hereby agree to undergo an assessment by the Aged Care Assessment Team (ACAT) and approve the reporting of same to Federation Council.

SIGNATURE OF APPLICANT: _____

DATE: / / 20

PLEASE NOTE THAT COMPLETION OF THIS FORM IS NOT TO BE TAKEN AS SECURING A PRIORITY FOR ACCOMMODATION. PRIORITY WILL BE DETERMINED ON THE BASIS OF MEDICAL ASSESSMENT AND NEED.

Please check that you have attached the required copies of original documents.

Check list for attached copies:

1. Proof of Identity (Section 7)
2. Proof of Centrelink payment amount (Applicant)
3. Proof of Centrelink payment amount (Other persons)