



APPLICATION FOR TENANCY IN A PENSIONER UNIT – KENNEDY CRESCENT

Surname: _____ Date of Birth: _____

Christian names: _____

Contact Phone Number: _____

Present Address: _____

Status of Current Residence: Own Home/ Rented/Living with Relations

Unit Required: Single/Double

Name of Partner/Spouse: _____

Length of residence in Waimate District _____

Name of next of Kin: _____

Emergency Contact: _____

Please state any specific Health requirements: _____

Are you able to care for yourself: _____

Do you have a referral from your Doctor? _____ (Please attach)

Are you currently working/Retired/Other (Please state): _____

When do you require a unit _____

Applicants Signature: _____ Date: _____

Received by: _____ Date: _____ Unit allocated: _____

APPLICANT NAME: _____

Unit number _____

Allocated Date: _____

Tenancy start date: _____

Debtor Number: _____