

## MURRAY LANDS HOMES FOR THE AGED INC.

P.O. Box 642, Murray Bridge, SA 5253 Phone: 8532 5499/ Fax: 8532 5035

## UNIT APPLICATION

| Names in Full<br>Self   |   |
|---|---|
| Spouse/Partner  |   |
| Date of Birth   | Self Spouse/Partner   |
| Present Address   |   |
|   | Town  |
| Telephone   | Mobile  |
| Marital Status  | (Please state whether married, single, widow, widower, defacto etc) |
| Names, Addresses and telephone numbers of TWO responsible relatives or friends.   |   |
|   | 1/  |
|   | Phone   |
| I would like a unit   |   |
| As soon as possible   |   |
| Unit size: (please tick preference)  1 bedroom  |   |
| Applications are normally handled in the order they are received. If you are in urgent need for a unit please tell us why here:               |   |
| How did you hear about the village?   |   |
| Are you aware that there are no medical or aged care services provided by the Village. Yes/No   |   |
| The signing of this application form does not bind me/us or the Village to proceed further unless we mutually agree to do so at a later date. |   |
| Signed:   | Self Spouse/Partner   |
|   | Date  |