



Edenhope and District Memorial Hospital

Barkala Flats
(Independent Living Units)

Application

Edenhope and District Memorial Hospital

Barkala Flats Application

IMPORTANT NOTES ABOUT YOUR APPLICATION

Please answer all questions and ensure that all the information you provide is accurate.

We will not disclose the information to any other person and body without your prior consent.

Once you have completed the Application, you should return it to:

**Megan McArthur
Executive Assistant
Edenhope and District Memorial Hospital
PO Box 75
EDENHOPE VIC 3318**

Information about the Applicant:

Full Name:.....
(Block Letters)

Preferred Name:.....

Current Address:

Town State Postcode.....

Phone Number:..... Date of Birth.....

Are you completing this form for someone else??

YES NO If Yes, please provide your:

Name:.....

Relationship to you:.....

Rental History for the applicant:

Current Landlord/Agent (if no current Landlord, then a name of a previous Landlord/Agent) if applicable:

Name:

Address:

Phone:

Have you ever been refused another property by any landlord or agent?

YES NO

If yes give details

Are you indebt to another landlord or agent? YES NO

If yes give details

Applicant Referees:

Referee (1) Name:

Address:

.....

Phone:

Referee (2) Name:

Address:

.....

Phone:

Timeframe in which housing may be required:

ASAP Six Months One Year Expression of Interest Only

PLEASE SIGN HERE

Signed:

Print Name:

Date:

OFFICE USE ONLY

APPLICATION DATE RECEIVED.....

ADDED TO WAITING LIST