



Application for ILU Accommodation

(Confidential)

1. NAME: Date of Birth:
State whether Miss, Mrs, Ms, Mr, Rev, Dr
2. PRESENT ADDRESS:.....
..... Post Code: Telephone Number:
3. Name, address, relationship and telephone number of a contact person:
3.1 Name: Relationship:
Address: Post Code:
Telephone No.: Home ()..... Work ()
4. What type of accommodation are you applying for? (please tick below)
 One bedroom **OR** Two bedroom **OR** Either
5. **Entry Contribution units** are situated at the following locations. Please indicate which 2 locations you prefer;
- | | | | |
|--------------------------|------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> | Bellevue Heights | 47 Eve Road, Bellevue Heights | [67 independent living units] |
| <input type="checkbox"/> | Malvern | 43 Marlborough Street, Malvern | [5 independent living units] |
| <input type="checkbox"/> | Marion | 12 Township Road, Marion | [18 independent living units] |
| <input type="checkbox"/> | Paradise | 61 Silkes Road, Paradise | [10 independent living units] |
6. **Rental units are only available at Marion.** Applicants **must** be registered with South Australian Housing Trust.
- | | | | |
|--------------------------|----------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Marion (rental only) | 12 Township Road, Marion | [19 independent living units] |
|--------------------------|----------------------|--------------------------|-------------------------------|
7. What would be your earliest preferred date to move? (indicate month/year)

Included with this Application form is our **Consent to Collect/Disclose Information** form. You must complete the **Consent** form as well as this application form and return to the address at the bottom of the page.

To keep your information current, you will be required to **notify Resthaven of any change** in your need of accommodation, change of address, or if accommodation is no longer required.

Signature of Applicant Date:

Please return all forms to:

ILU Coordinator
Unit 35
47 Eve Road
Bellevue Heights, SA 5050
Telephone (08) 8370 3756
Facsimile (08) 8370 2810