



Independent Living Units - Expression of Interest

Name: _____

Address: _____

DOB: _____

Contact

Phone:

Mobile:

Occupancy: Single / Couple (circle one)

Next of Kin: _____

Address

Contact

Phone:

Mobile

General Practitioner: _____

Phone: _____

Medical Summary

(attach more pages if not enough room)

Acknowledgement:

I, _____, am over 65 years of age.

I am responsible, solvent and reputable for the purposes of entering a Lease Agreement with South Eastern Community Care and give South Eastern Community Care representative/s permission to contact me in regard to Independent Living Units- 12 Somerville Street, Sorell.

Signature / Date: _____