



Postal Address
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Email: enquiries@harrison.org.au
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Crawford Court

Application Form

260-284 Bank Street South Melbourne 3205

Date of Application: | | |

Applicant Details

First Name: |

Family Name: |

Sex: Male Female DOB: | | |

Address: |

Suburb: |

Postcode: |

Phone number: | Mobile: |

Email Address: |

Please attach two forms of identification e.g. Photo ID, Health Care Card, Drivers License, Passport.

Are you 50 years of age or older? Yes No

If you ticked no to this question you are not eligible to lodge this application

Reason for Application: |

Public Housing Application: Yes No

If Yes, status: |

Income Details

Income Type (e.g. Wages, Newstart, Aged Pension, Disability Support Pension)

What type of income do you receive? |

What is your fortnightly income? \$|

Please attach a copy of your income details.

Pets

Do you have any pets? Yes No

If yes, number and type of pets: _____

Asset Details

Do you have any assets e.g. savings, investments, property, shares? Yes No

Please provide details: _____

Please attach a copy of a recent bank statement and statements of shares and investments if applicable.

Advocate / Administrator

Do you need assistance when making decisions? Yes No

Is there a person who assists you to make decisions or who makes decisions for you? Yes No

If yes please indicate whether the person is:

- An Advocate Yes No
- A Family Member Yes No
- A formally appointed Administrator/Guardian Yes No

Referring Support Agency

Referral through a support agency? Yes No

Self Referral? Yes No

If yes, please provide contact details and support letters.

Organisation: _____

Worker's Name: _____

Address: _____

Phone No: _____

Mobile: _____

Email Address: _____

Local Family Doctor

Doctor's Name: _____

Clinic: _____

Letter received stating you are able to live independently Yes No
Able to climb stairs? Yes No

Housing History over last 5 years

How long have you lived at your **current** address? _____ years and _____ months

Name of Landlord/Agent (if applicable) _____

Phone: _____

Rent paid per month \$ _____

Reason for leaving _____

Was Bond paid in full? Yes No

If No, please specify why: _____

Rental History over past 3 years _____

What was your **most recent** residential address?

Suburb: _____ Postcode: _____

How long did you live at your previous address: _____ years and _____ months

Name of Landlord/Agent (if applicable) _____

Phone: _____

Rent paid per month \$ _____

Reason for leaving: _____

Was bond paid in full? Yes No

If No, please specify why: _____

Personal Reference

Someone who has known you for 10 years +

Name: _____

Phone No: _____

Relationship to you: _____

Next of Kin Details

Name: _____

Address: _____

Phone No: _____

Mobile: _____

Email Address: _____

Language Details

Do you require an interpreter? Yes No

What is your preferred language? _____

Declaration

I declare that the information I have provided in this application is true and correct.

I give my consent to UnitingCare Harrison to seek information concerning matters related to this application form.

I also give my consent to UnitingCare Harrison to keep a record of my referral.

Signature: _____

Date: / /

Please send or Fax completed applications to:

**UnitingCare Harrison
PO Box 4503
Knox City VIC 3152
Fax: 9801 3134**