



70 Dale Street • PO Box 3032, Port Adelaide, SA 5015
P. (08) 8448 6258 **E.** retirementliving@unitingsa.com.au
W. unitingsa.com.au **f** @unitingsa **📞** @unitingsa

Independent Living Unit Application Form

Date of Application: _____

Mr/ Mrs/ Miss/Ms Surname: _____
(please circle)

Other Name(s) _____

Date of Birth: _____ **Current Age:** _____

Address: _____

_____ **Postcode:** _____

Phone: _____ **Mobile:** _____

Email: _____

Current Location (If not at the above address)

Reason for application: _____

How urgent is your need? Immediate ☐ 3-6 months ☐
6-12 months ☐ 1-2 Years ☐ More than 2 years ☐

Where/How did you hear about UnitingSA Units? _____

Current medical conditions that we should be aware of:



70 Dale Street • PO Box 3032, Port Adelaide, SA 5015
P. (08) 8448 6258 E. retirementliving@unitingsa.com.au
W. unitingsa.com.au f @unitingsa t @unitingsa

Financial Information

Do you own a House, Unit or any property Yes ☐ No ☐

Do you rent your current accommodation Yes ☐ No ☐

Are you a full pensioner Yes ☐ No ☐

Part pensioner Yes ☐ No ☐

Pension type (Age, Veterans Affairs, Other) _____

Pension Number: _____

Applicant's Signature: _____ **Date:** _____

Unit Accommodation Preference

Note: There is a waiting list for each site. UnitingSA takes a range of factors into consideration when offering unit accommodation especially the ability to maintain an independent lifestyle at the time of unit allocation.

Please mark your 1st, 2nd and 3rd preferences

1 Bedroom Units (Entry Contribution)

Wesley Court, Rosewater ☐

Willason Grove, Semaphore Park ☐

Westminster Village, Grange ☐

2 Bedroom Units (Entry Contribution)

McCutcheon Grove, West Lakes Shore ☐

McCutcheon Grove West, West Lakes Shore ☐

2 & 3 Bedroom Units (Entry Contribution)

Hawksbury Gardens, Salisbury North ☐

Vista Apartments, West Lakes ☐

Complete this page only if you have a Spouse or Partner intending to live with you

Spouse Application

Mr/Mrs/Miss/Ms Surname: _____
(please circle)

Other Name(s) _____

Date of Birth: _____ **Current Age:** _____

Address: _____

_____ **Postcode:** _____

Phone: _____ **Mobile:** _____

Email: _____

Current Location *(If not at the above address)*

Financial Information

Do you own a House, Unit or any property Yes ☐ No ☐

Do you rent your current accommodation Yes ☐ No ☐

Are you a full pensioner Yes ☐ No ☐

Part pensioner Yes ☐ No ☐

Pension type (Age, Veterans Affairs, Other) _____

Pension Number: _____

Applicant's Signature: _____ **Date:** _____



70 Dale Street • PO Box 3032, Port Adelaide, SA 5015
P. (08) 8448 6258 **E.** retirementliving@unitingsa.com.au
W. unitingsa.com.au **f** @unitingsa **t** @unitingsa

Contact Details

Surname: _____ **First Name:** _____

Unit Number: _____

Village: _____

Contact Person(s)

1. Mr/Mrs/Ms/Miss _____

Address: _____

_____ Post Code: _____

Phone: (H) _____ (W) _____ (Mobile) _____

Relationship to Applicant: _____

2. Mr/Mrs/Ms/Miss _____

Address: _____

_____ Post Code: _____

Phone: (H) _____ (W) _____ (Mobile) _____

Relationship to Applicant: _____

Medical Contact

Applicant

Current Doctor _____ Phone: _____

Address: _____

Spouse *(If Applicable)*

Current Doctor: _____ Phone: _____

Address: _____