

## Shire of Katanning Independent Living Units Applicant Assessment Form

### Applicant 1 – Personal Details

Full Name	
Date of Birth	
Age	
Residential Address	
Postal Address	
Mobile Phone	
Home Phone	
Email	

Please answer the following questions that apply to you :

Are you an Australian citizen or permanent resident? YES  NO

Are you of Aboriginal descent? YES  NO

Are you over 65 years or over (non-Aboriginal)? YES  NO

Are you 55 years or over (Aboriginal decent)? YES  NO

Do you meet the low income Eligibility Criteria? YES  NO

Outline any special needs relating to your health or mobility (optional):

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Please complete the details on the next page and sign before submitting this assessment form to the Shire of Katanning Administration and Civic Centre, 52 Austral Tce, Katanning.

### Applicant 2 – Personal Details

Full Name	
Date of Birth	
Age	
Residential Address	
Postal Address	
Mobile Phone	
Home Phone	
Email	

Please answer the following questions that apply to you :

Are you an Australian citizen or permanent resident? YES  NO

Are you of Aboriginal descent? YES  NO

Are you over 65 years or over (non-Aboriginal)? YES  NO

55 years or over (Aboriginal decent)? YES  NO

Do you meet the low income Eligibility Criteria? YES  NO

Outline any special needs relating to your health or mobility (optional):

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### Applicant/s Declaration

The answers on this application are true and correct to the best of my knowledge and I understand that any false or misleading information provided on this application will result in refusal of this application			
Signature/s			
Applicant 1		Date	
Applicant 2		Date	