DOH Eligibility Criteria Worksheet – Application for Unit Accommodation

Moora Homes for Aged Inc PO Box 38, Moora WA 6510

Applicant details:		
Surname:		_
First Names:		
Date of Birth:		
Current Address:		_
Town/Suburb:		_
Contact Phone No:		_
Preferred unit type	e:	
Single unit: yes/no		
Double Unit:	yes/no	
Occupancy needs:	As soon as available/sometime in the future (delet	e one)
Personal Details:		
 Are you an Austral 	lian citizen or permanent resident: Yes/No	
Do you live in Wes	stern Australia and receive your income here?	Yes/No
• Is the Co-Applican	t an Australian Citizen or Permanent resident:	Yes/No
• Do you earn less the	han the current income limits or have assets less th	an the
assets limits set by	/ Centrelink: Yes/No	
Do you or your par	rtner (or co-applicant) own or are you in the proces	s of
buying residential	land or property? Yes/No	
• Are you over 16 ye	ears of age and able to prove your identity?	Yes/No
Details of Nearest	family member not living with you:	
Name:	, , ,	
Address:		
Contact Telephone No	<u> </u>	
Contact relephone ive	··	
Declaration: I/We d	eclare the information in this application is true an	d correct:
Signed:Applicant:	Dated	/ /
Signed:Partner/Co-Ap	plicant:Dated	/ /
Moora Homes for	Aged Use Only:	
Date Received: /	/ Date Approved/declined:	/ /
Letter of Acceptance/	Decline forwarded / /	