ADVENTIST
RETIREMENT VILLAGES

MELODY PARK

MP 1.1-H

261 Gilston Rd
NERANG QLD 4211
Phone (07) 5557 1777
Fax (07) 5557 1700

INDEPENDENT LIVING UNITS APPLICATION FORM

Please take the time to tell us about yourself and your accommodation requirements.
All information you submit will be regarded as strictly confidential.

Name Pr/Mr/Mrs/Miss (Please circle) | Surname | Given Names

Spouse Pr/Mr/Mrs/Miss (Please circle) | Surname | Given Names

Address Unit/ Street

Suburb | State | Postcode

Phone | **Mobile**

E-mail | **Religion**

	Applicant 1	Applicant 2
Date of Birth	Day / Month / Year	Day / Month / Year
Place of Birth		

Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced/ Separated

Do you own a house or property? ☐ Yes ☐ No **Approximate Value** $

Do you need to sell your house? ☐ Yes ☐ No **When will you sell?**

Type of Accommodation required ☐ 2 Bedroom villa ☐ 2 or 3 Bedroom villa ☐ 3 Bedroom Villa

Any special requirements?

Anticipated date of residence at Melody Park

I/ We enclose with this Application a certificate of an independent qualified medical practitioner certifying that I am/we are not:

- Permanently incapacitated so as to be not capable of caring for myself/ ourselves:
- Mentally ill (in terms of the *Mental Health Service Act 1974*) and
- Incapable of making decisions necessary to maintain my/ our own safety or health or hygiene

Declaration

I/ We declare all the above details are correct to the best of my/our knowledge.

Signed | Signed | Dated