

## Application for Residency at the Loxton Retirement Village

All information supplied is treated as CONFIDENTIAL. This information is for the purpose of being able to offer the appropriate accommodation as it becomes available. Your name will be added to our waiting list and you will be contacted whenever we are able to meet your preferences. You may reject any offer and not prejudice your position on the waiting list.

## Please note:

This is not a binding agreement by the Loxton Retirement Village Committee or by the applicant/s named below. There is a minimum age of 55 years for residency at the Loxton Retirement Village.

Name of Applica	ant								
Surname									
Christian Names									
Date of Birth							Title		
Name of Applica	ant								
Surname									
Christian Names									
Date of Birth							Title		
Current mailing address		S							
Email			1						
Home phone					Mobile phone				
Preferences (please tick relevant boxes)									
I do not have any preferences - please advise me whenever a vacancy occurs $\square$									
Please offer me accommodation in:									
Peter Jackson Co	ourt		Frank Petch Cou	Court 🛛 Leatr			rice Pfitzner Court		
Jan Cass Court			Disabled			New	Develop	ment	
I am ready to shift anytime 🛛									
or I will be ready in									
(indicate a time frame that suits you eg 1 year, 5 years, etc) Please note preferences can be changed at any time by notifying the Administration Officer.									
Signature of App		/s:		-		-			
	Dat	e							
Office use only:			dgement of application list at number:	n:					