

PO Box 409 Loxton SA 5333 35 Bookpurnong Terrace, Loxton

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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			<u> </u>							
Home phone				Mob	ile pho	one				
Preferences (please tick relevant boxes)										
I do not have any preferences - please advise me whenever a vacancy occurs □										
Please offer me accommodation in:										
Peter Jackson Court		Frank Petch Cou	ırt		Leatrice Pfitzner Court		ner Court			
Jan Cass Court		Disabled			New Development					
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	Dat	e: _						-		
Office use only:		Date of lodgement of application: Placed on list at number:								

