



**INDEPENDENT LIVING UNITS
EXPRESSION OF INTEREST**

150 Rockhampton Road,
Yeppoon Qld 4703
Ph: 07 4939 2801
www.arplus.org.au

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

Applicant 1 Pr / Mr / Mrs / Ms
Please Select Surname Given Names

Applicant 2 Pr / Mr / Mrs / Ms
Please Select Surname Given Names

Address
Unit/Street

Suburb State Postcode

Telephone ()
Mobile

E-mail **Religion**

Date of Birth Applicant 1 / /
Day Month Year

Date of Birth Applicant 2 / /
Day Month Year

Identification Provided:

Do you own a house or investment property? **Yes** **No**

Name of Referee **Phone** ()

Type of accommodation Required:

RENTAL

- Studio Apartment (Concessional Accommodation Unit)
- 1-bedroom Villa (Concessional Accommodation Unit)
- 2-bedroom Villa (Concessional Accommodation Unit)

PURCHASED

- 1-bedroom Villa (Licence Only)
- 2-bedroom Villa (Licence Only)
- 3-bedroom Villa (Licence Only)

Any special requirements

Declaration

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

Signed

Date

Office Use Only

Date received **Date Entered**