

TENANCY APPLICATION



ECI
EMMAUS COMMUNITY INC

I _____
consent to the release of any information about me,
as required by the Administration of Emmaus Community,
in order to assess my application for tenancy
and assist my living in the Community.

Signature _____ Date _____

First Name(s) _____ Surname _____

Contact Address _____

Telephone _____ Mobile _____

D.O.B _____ Place of Birth _____

Income Source _____

Does Public Trustee deal with your finances? YES/NO _____

Referred by _____

Next of Kin _____ Relationship _____

Contact Details

Telephone (a.h.) _____ (Bus) _____ Mobile _____

Physical health problems requiring special attention (e.g. diabetes, epilepsy or other)

DSP No. _____ Medicare No. _____

Interests and hobbies

Work History

Education

Languages First-----Other -----

Reasons for wanting long term community living -----

Requested Tenancy Commencement

Date _____