



Application for Tenancy at Warner Close Retirement Living

Applicant Information

Applicant 1:

Full Name: _____ D.O.B: _____
Last First M.I.

Address: _____
Street Address Unit #

City State Post Code

Phone: _____ Email _____

Applicant 2 (if required):

Full Name: _____ D.O.B: _____
Last First M.I.

Unit Applied for: **DOUBLE** **SINGLE**

Are you an Australian Citizen? **YES** **NO**

Do you have any pets? **YES** **NO** Species/breed? _____

Have you ever been convicted of a crime? **YES** **NO**

If yes, would you agree to a Police Check? **YES** **NO**

Are you currently ready to move in? **YES** **NO** If no, I will be ready to move
 in (weeks/months): _____

Please provide two references:

Please note that details can be changed at any time by contacting the office

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to residency, I understand that false or misleading information in my application or interview may result in my eviction.

Signature: _____ Date: _____