



CUMMINS HOMES RESIDENTIAL TENANCY APPLICATION

Cummins Homes is managed by Lower Eyre Council
mail@dclep.sa.gov.au Phone (08) 8676 0400

☐ **One-bedroom Unit**

☐ **Two-bedroom Unit**

PERSONAL DETAILS

FULL NAME/S

DATE OF BIRTH

RESIDENTIAL ADDRESS

.....

PHONE NUMBER/S

EMAIL ADDRESS

HEALTH INFORMATION

Applicant 1

How would you describe your condition of health?

.....

.....

Do you feel that you are able to care for yourself?

.....

All Tenants must provide a Medical Certificate from a Doctor of their choice prior to tenancy being approved. The Medical Certificate is required to show that applicants are able to live in the type of *independent living* accommodation provided.

Medical Certificate received with Application? Y / N

Witness

Date

HEALTH INFORMATION

Applicant 2

How would you describe your condition of health?

.....
.....

Do you feel that you are able to care for yourself?

.....

All Tenants must provide a Medical Certificate from a Doctor of their choice prior to tenancy being approved. The Medical Certificate is required to show that applicants are able to live in the type of *independent living* accommodation provided.

Medical Certificate received with Application? Y / N

Witness

Date

EMERGENCY CONTACT/S

Names and addresses of person/s that Council may contact in the event of sickness or an emergency. Please indicate if any person holds a Power of Attorney on your behalf.

Emergency Contact 1

FULL NAME

RESIDENTIAL ADDRESS

.....

PHONE NUMBER

RELATIONSHIP

Emergency Contact 2

FULL NAME

RESIDENTIAL ADDRESS

.....

PHONE NUMBER

RELATIONSHIP

ACCEPTANCE

Applicant 1

FULL NAME

SIGNATURE

WITNESS NAME & SIGN

DATE

Applicant 2

FULL NAME

SIGNATURE

WITNESS NAME & SIGN

DATE

FOR OFFICE USE ONLY

APPLICANT

INTERVIEW DATE

APPLICATION RECEIVED

ADVISED OF ALLOCATION

UNIT NUMBER

CONTENT MANAGER REFERENCE DOCUMENTS

CONFIRMATION LETTER

AGREEMENT

NOTES

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