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澳華療養院基金**高齡宿舍 - 歐田磨鍾士街及莎梨山白楊街****AUSTRALIAN NURSING HOME FOUNDATION LIMITED**

Elderly Community Housing at Jones Street Ultimo & Poplar Street Surry Hills

Application Form**申請表格**

58-60 Weldon Street Burwood NSW 2134

Tel: (02) 8741 0218 Fax: (02) 9747 1637

English Name 英文姓名		Chinese Name 中文姓名		Place of Origin 籍貫	
Address 地址				Telephone 電話	
Year of Arrival 何年來澳		Date of Birth 出生日期		Place of Birth 出生地點	
Current Living Condition 現在居住情況 <hr/> <hr/>			1) Type of Pension 養老金種類 <input type="checkbox"/> Aged 老年養老金 No.號碼 : _____ <input type="checkbox"/> Widow 寡婦 No.號碼 : _____ <input type="checkbox"/> Special Benefit 特別金 No.號碼 : _____ <input type="checkbox"/> Overseas 海外老年養老金 No.號碼 : _____ <input type="checkbox"/> Non-pensioner 非福利金領取者		
Current Physical & Medical Conditions 現在健康情況 <hr/> <hr/>			2) Department of Housing Reference Number: 房屋署登記編號 : _____		
Person(s) will occupy the property 申請居住人數 : No. of person 人數 : _____ Name 姓名 : _____ Relationship 與申請人關係 : _____			For Emergency 緊急事故 : Contact Person 聯絡人 : _____ Telephone 電話 : _____ Relationship 與申請人關係 : _____		
Declaration 聲明 : I _____ hereby declare that I have read and understand the information provided by ANHF Elderly Community Housing. I will fulfill all tenant's roles and responsibilities and abide by the rules and regulations set by the Department of Housing and ANHF Ltd. The information provided by me in this application form and the attached (certified) documents are complete and true. I understand that any untrue information or falsified evidence submitted by me will lead to the cancellation of this application. I am aware that I need to notify ANHF management immediately of any changes in my circumstances or personal details during the waiting period. 本人 _____ 謹此聲明，已參閱和明白有關高齡宿舍資料，並願意履行租戶的角色和責任，以及遵守紐省房屋署及澳華療養院基金高齡宿舍所定下的一切規則和法案。本人在申請表所填報及隨附（已鑒定）的證明文件上所提供的一切資料均為正確無誤。本人明白，任何蓄意虛報資料或提供偽證，將會被取消申請資格。在輪候期間，如有個人狀況或資料更改，本人亦儘快通知澳華療養院基金管理層。					
Applicant Signature 申請人簽名 : _____			Date of Application 申請日期 : _____		

