

HS8021 - HOUSING APPLICATION FORM

<input type="checkbox"/>	錢梁秀容頤康苑 Lucy Chieng Gardens Residence 413-425 Beamish St Campsie NSW 2194
<input type="checkbox"/>	鍾氏街高齡宿舍 Community Housing – Jones St
<input type="checkbox"/>	白楊街高齡宿舍 Community Housing – Poplar St
紐省房屋署批准函 Housing NSW Approval letter 有 Yes <input type="checkbox"/> 沒有 No <input type="checkbox"/>	

申請人 Applicant		聯名申請人 Joint Applicant	
名字 First Name		名字 First Name	
姓氏 Family name		姓氏 Family name	
中文姓名 Name in Chinese		中文姓名 Name in Chinese	
出生日期 Date of Birth	____/____/____	出生日期 Date of Birth	____/____/____
出生地點 Country of Birth		出生地點 Country of Birth	
籍貫 Place of Origin		籍貫 Place of Origin	
何年抵澳 Year of Arrival		何年抵澳 Year of Arrival	
國籍 Residency Status	<input type="checkbox"/> 永居 PR <input type="checkbox"/> 公民 Citizen <input type="checkbox"/> 其他 Other _____	國籍 Residency Status	<input type="checkbox"/> 永居 PR <input type="checkbox"/> 公民 Citizen <input type="checkbox"/> 其他 Other _____
現時地址 Current Address			
聯絡地址 Contact Address			
電話號碼 Telephone No.		手提 Mobile	
傳真號碼 Fax No.		電郵 Email	
語言 Language	<input type="checkbox"/> 廣東話 Cantonese	<input type="checkbox"/> 國語 Mandarin	<input type="checkbox"/> 英語 English <input type="checkbox"/> 其他請說明 Other, please specify: _____

請提供將會與你一起住的人的細節 Please give details of the person who will live with you

名字 First Name	姓氏 Family name	出生日期 Date of Birth	男 Male / 女 Female	關係 Relationship
		____/____/____		
		____/____/____		



請描述在尋找住房時遇到的困難和不便

Please describe any difficulty and inconveniences you experience in your search for housing:

鑒定人 Referee

名字 First Name		姓氏 Family name	
中文姓名 Chinese Name		關係 Relationship	
地址 Address			
住宅電話 Phone No. (Home)		辦公電話 Phone No. (Work)	
手提 Mobile phone No.		電郵 Email address	

聲明 Declaration:

本人 _____ 謹此聲明本人已閱讀及明白一切由澳華療養院基金有限公司所提供的資料。本人願意履行一切租戶角色及義務，以及遵守本基金所訂立的規則和條款。本人在申請表內一切所提供資料是完整和真確。本人明白如提交任何虛假資料或偽造證明，本人申請或住宿資格將被取消。本人明白如在輪候期間有任何個人情況或資料改變立即通知本基金管理層。本人明白及授權對澳華療養院基金有限公司之輪選委員會分享一切表格資料對頤康苑和其他高齡服務作評核之用。

如欲將來收到有關澳華療養院基金高齡服務資料請於方格內加 ✓，該資料或可以協助閣下將來申請所需要的高齡服務。

I _____ hereby declare that I have read and understood the information provided by ANHF Ltd. I will fulfil all tenant's roles and responsibilities and abide by the rules and regulations set by ANHF Ltd. The information provided by me in this form are complete and true. I understand that any untrue information or falsified evidence submitted by me will lead to the cancellation of this application and/or residency. I am aware that I need to notify ANHF Ltd management immediately of any changes in my circumstances or personal details during the waiting period. I understand and give consent to ANHF Ltd sharing the information on this form to Selection Committee for assessment to LCG and other aged care services.

Please check this box if you wish to receive any further information in the future from ANHF Ltd Aged Services that may be able to assist your aged care service arrangement/eligibly that may help satisfy your need(s).

申請人簽名 Applicant Signature :

申請日期 Date of Application :

