

Application Form Ray Village Unit 37

Name: _____

Home Address: Street: _____

Suburb: _____

State: _____ Postcode: _____

Contact info: Home Phone: _____

Mobile: _____

Email: _____

Eligibility

I confirm that the following is correct:

- At least **one resident is aged 65 or over**
 - Each resident must be able to maintain their own **safety, health and daily living routine**
- We also strongly encourage each resident to have in place an **Enduring Power of Attorney and Enduring Power of Guardianship and an Advanced Care Directive.**

PLEASE RETURN By email, post or in person to:

Peter Young
Property Services Coordinator Capecare
Capecare
20 Ray Avenue
BUSSELTON WA 6280

peter.young@capcare.com.au

OFFICE USE

Notes: _____

Date received: _____