



DVA File No. (if known)

The information requested in this form is required to assess or review your eligibility for a pension or benefit under the *Veterans' Entitlements Act 1986*. The information contained in this form may be provided to the Department of Health and Ageing and Medicare Australia for the payment of accounts.

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

**Veteran's details**

**1. Veteran's surname**

**2. Veteran's given name(s)**

**3. File number**

**4. Date of birth**

 /  / 

**5. Who lives in the retirement village?**

Veteran  Partner  Both

**6. Name of retirement village**

**7. Original entry contribution** (please attach receipts)

\$

Date contribution made

 /  / 

**8. Additional contributions** (please attach recent receipts)

\$

Date contribution made

 /  / 

\$

 /  / 

\$

 /  / 

\$

 /  / 

**9. Total amount paid so far**

\$

**10. Service/maintenance fees you pay each week** (please attach recent receipts)

\$

**11. Type of accommodation?**

Self-care unit  Serviced apartment or hostel where some meals are provided

Other (please state)

**Declaration**

I declare that the information I have given in this form is complete and correct.

**Giving false or misleading information is a serious offence.**

Your signature

 / /

**Partner's details**

**1. Partner's surname**

**2. Partner's given name(s)**

**3. File number**

**4. Date of birth**

 /  / 

**5. Original entry contribution** (please attach receipts)

\$

Date contribution made

 /  / 

**6. Additional contributions** (please attach recent receipts)

\$

Date contribution made

 /  / 

\$

 /  / 

\$

 /  / 

\$

 /  / 

**Declaration**

I declare that the information I have given in this form is complete and correct.

**Giving false or misleading information is a serious offence.**

Your signature

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