

Application for Accommodation

Date: _____

Surname: _____

Christian Names: Mr: _____

 Mrs: _____

Date of Birth: Mr: _____ I.D. | | | | | | | | | | | | | | | | | |

 Mrs: _____ I.D. | | | | | | | | | | | | | | | | | |

Residential Address: _____

Telephone Numbers: Home: _____ Work: _____

 Cell: _____

Email: _____

Marital Status: Married Widowed Divorced Single

Nationality: _____

Religion: _____

Church you are Presently Attending: _____

Occupation before Retirement: Mr: _____

 Mrs: _____

Special Interests: Mr: _____

 Mrs: _____

Type of Accommodation Required (MARK WITH AN X)

Frail Care: Private: Sharing:

Mid Care:

High Care Unit (Alzheimer Wing):

Purchase on Life Rights (one Bedroom Cottage):

Purchase on Life Rights (two Bedroom Cottage):

Name and Address of Children/Nearest Relations/or Friends

Tel. No. _____
Cell. No. _____

Tel. No. _____
Cell. No. _____

Tel. No. _____
Cell. No. _____

Tel. No. _____
Cell. No. _____

Date you require accommodation:

- I. Please note you will not be contacted until the date stated above. If you require accommodation sooner you will have to contact Deansgate.
- II. A medical report will be required prior to admission.
- III. A statement of income and assets needs to be submitted with your application form.

Signature of Applicant: _____

Witness: _____ Date: _____

Admission Authorised: _____ Date: _____

Important Notice:

An administration fee of R200-00 will be charged for applications on the Independent/Cottage wait list. This non-refundable amount is payable for each year that your application is maintained on our wait list and is due by 28th February or on submission of your application.

Your payment should be made to:

Acct name: Deansgate
Bank: FNB
Branch: Craighall
Branch code: 255 805
Acct number: 5448 6346 835
Acct type: Current

Please reference your payment with your Initials and Surname so that receipt can be recorded on your application.

Statement of Income for

(Name): _____

Section A **Income**

My total pension is in excess of (this excludes income from my assets).

R 15 000	R 20 000	R 25 000	R 30 000	R 35 000	R 40 000	R45 000+
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Does your pension have an escalation index Yes No

Section B **Assets**

My total assets available for the generation of income are valued in the excess of.

R3 000 000	R4 000 000	R5 000 000	R7 000 000 +	R 8 000 000 +
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Monthly income derived from these investments R _____

Present value of my house/flat/apartment (not included above) R _____

Section C **Other Monthly Income**

Other Monthly Income from family or friends R _____ Per Month

Please note family or friends supporting you will need to sign Surety.

Section D **Total Monthly income**

Total Monthly Income R _____

Declaration

I _____ declare that the foregoing information is, to the best of my knowledge and belief, a true statement of my financial position.

Signature: _____ Date: _____

Witness Name: _____ Signature: _____