



Abbeyfield SA
Remarkable housing solutions for older people

INTEREST IN RESIDENCE

I am interested in living in an Abbeyfield House in the _____ area.

Surname: _____

First names: _____

Identity Number: _____

Present Address: _____

Telephone Number: _____

Marital Status: Not married Married

Name, Address and Tel No's of TWO responsible relatives or friends (your 'sponsors')

1.) _____

(H) _____ (Cell) _____

2.) _____

(H) _____ (Cell) _____

Their relationship to you: _____

I confirm that:

1. I am aware that my room rental will be based on a pro rata share of the running costs of the house.
2. I am aware that I would be required to furnish my own room in the Abbeyfield home.
3. I understand that Abbeyfield homes do not offer frail care and that residents must be fit enough to take care of themselves in every way.
4. I have the following special circumstances which Abbeyfield should be aware of:

Signature: _____

Date: _____

National Office: Cape Town

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