

# APPLICATION FOR RESIDENCY



*Attached please find the following:*

1. Application form
2. Declaration of Income
3. Declaration of Assets

*The following is conditions to being admitted to Abbeyfield:*

1. Applicants must be over the age of 60;
2. Income and Asset sheet and Bank Statements compulsory;
3. Medical Certificate;
4. Funeral Policy (We have attached some info for you in this regard);
5. Living Will & Testament (We have attached a template that you may use).

The above mentioned documentation must be completed in full and sent back to us as soon as possible.

The Department of Social Services requires **proof of income** with every new application and admission. The proof of income must include pension payments, certificates stating interest accrued on investments or any other income. Proof of income must not be older than 3 months.

An administration fee of **R150.00 (Individuals) and R 200.00 (couples)** is payable on receiving an application form.

**No application will be considered for approval if the above mentioned documents are not fully completed and attached**

**All Questions marker with \* is compulsory**

	APPLICANT	SPOUSE / PARTNER
<b>* SURNAME:</b>		
<b>*MAIDEN OR FORMER SURNAME:</b>		
<b>*FULL NAMES:</b>		
<b>*IDENTITY NUMBER:</b>		

**\*RELATIONSHIP STATUS:**

Married:  Divorced:  Single:  Partnered:

**WITH WHOM ARE YOU CURRENTLY STAYING, PLEASE PROVIDE DETAILS:**

**IN WHICH ABBEYFIELD HOME DO YOU PREFER TO LIVE?**

**\*DEMOGRAPHIC INFORMATION:  
(For statistical purposes only)**

**\*GENDER:** Male  Female

**\*CONTACT DETAILS:**

**\*Self:**

Address:		Postal Code
Tel (h)	(W)	(Cell)
Email:		

**\*Next of Kin:**

Name:		
Tel (h)	(W)	(Cell)
Address:		Relationship:

**\*Next of Kin (2):**

Name:		
Tel (h)	(W)	(Cell)
Address:		Relationship:

**YOUR RELIGION:**

**NAME OF YOUR RELIGIOUS LEADER:**

**\*DO YOU RECEIVE A STATE GRANT:**

Yes:  No:

If yes, please indicate the total of all grants:

R

**\*INCOME**

- Please complete attached declaration of income (Compulsory for applicants **not** receiving a State / SASSA Old Age Grant)

**\*ASSETS:**

- Please complete attached statement of assets declaration (Compulsory for applicants not receiving a State / SASSA Old Age Grant)

**\*MEASURE OF SELF-DEPENDENCE:**

	YES	NO
<b>DISABILITY:</b> Do you or your spouse /partner suffer from any specific ailment or disability e.g. diabetes, epilepsy, deafness, etc.(If yes, specify)	<input type="checkbox"/>	<input type="checkbox"/>
<i><b>If yes, please elaborate:</b></i>		
*Can you walk outside without difficulty ?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you walk indoors without difficulty ?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you bath without help ?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you dress without help ?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you have your meals without help?	<input type="checkbox"/>	<input type="checkbox"/>
*Can you wash without help ?	<input type="checkbox"/>	<input type="checkbox"/>
*Are you mostly bedridden ?	<input type="checkbox"/>	<input type="checkbox"/>
*Have you control over bladder an bowel functions ?	<input type="checkbox"/>	<input type="checkbox"/>

<b>*How good is your general health:</b>	
Generally good	<input type="checkbox"/>
Changeable	<input type="checkbox"/>
Weak	<input type="checkbox"/>

How long have you and your partner lived in the Western Cape?	Applicant:	
	Partner:	

**None-Refundable Deposit:**

Please note that as off the **1<sup>st</sup> of August 2014** all new applications will be subject to the payment of a small non-refundable administration deposit. Proof of payment of the deposit needs to be sent to the Abbeyfield Head office before your application will be processed / placed on our waiting list.

Applicants wishing to re-apply and have already paid the deposit need NOT pay again, however, applicants that have applied prior to the 1<sup>st</sup> of August 2014 and would like to re-apply will be required to pay the non-refundable deposit in order for their names to remain on the waiting list.

The deposit due by applicants are as follows:

- **R 150.00 for Single Applicants**
- **R 200.00 for Couples**

Please send proof of payment to [info@abbeyfield.co.za](mailto:info@abbeyfield.co.za) or fax to **021 917 1030**. Please use your initial and surname as reference on the payment. Abbeyfield banking details are as follows: Abbeyfield Society of South Africa, Standard Bank, Mowbray branch code: 024909, Account No: 070864071

**DECLARATION AND CONSENT**

1. I declare that all information provided is true and correct to the best of my knowledge.
2. I understand that any misinterpretations I may supply to Abbeyfield may render me ineligible for Abbeyfield accommodation.
3. I authorise Abbeyfield to undertake any enquiries necessary to arrive at a decision concerning my application.
4. I understand that should my application be successful, I would be required to furnish my own room.
5. I understand that Abbeyfield homes do not offer assisted living or frail care and that all residents must qualify as independent (Category 1).
6. I understand that Abbeyfield may require medical assessments from health care practitioners selected by Abbeyfield in support of my application.
7. I understand that should Abbeyfield SA require any medical assessment in support of my application that the costs of such assessments will be for my own account.
8. I understand that should Abbeyfield SA require any financial records, proof of income, bank statements or any other financial or tax related information that failure to submit the requested information will disqualify my application.
9. I understand that Abbeyfield SA may require that a surety agreement be entered into with relatives and / or my children and that failure to secure such agreements may disqualify my application.

