Somerset Place Society
Retirement Village and Frail Care

Tel: 046-622 6217 | 1 Lucas Meyer Avenue | Grahamstown | 6139
web: http://www.somersetplace.net | **email:** admin@somersetplace.net

RESIDENT DATABASE NUMBER:
SSP-_____

Application for Residence

RESIDENT DETAILS:

SURNAME			
NAMES: Mr.			
NATIONALITY:			
ADDRESS:			
TEL:		**CELL:**	
EMAIL ADDRESS:			
DATE OF BIRTH:			
IDENTITY NUMBER:			
RELIGION:			
CURRENT CHURCH:			
OCCUPATION BEFORE RETIREMENT:			
INTERESTS:			

NAMES Mrs.			
NATIONALITY:			
ADDRESS:			
TEL:		**CELL:**	
EMAIL ADDRESS:			
DATE OF BIRTH			
IDENTITY NUMBER:			
RELIGION:			
CURRENT CHURCH:			
OCCUPATION BEFORE RETIREMENT:			
INTERESTS:			

Marital Status: Married ◯ Single ◯ Divorced ◯ Widowed ◯

TYPE OF ACCOMMODATION REQUIRED (MARK WITH AN X)

Frail Care: PRIVATE ◯
Frail Care: SHARING ◯
Monthly Rental: ◯
Purchase on Life Rights (one Bedroom Cottage) ◯
Purchase on Life Rights (two Bedroom Cottage) ◉

Somerset Place Society
Retirement Village and Frail Care

Tel: 046-622 6217 | 1 Lucas Meyer Avenue | Grahamstown | 6139
web: http://www.somersetplace.net | **email:** admin@somersetplace.net

NAME AND ADDRESS OF CHILDREN/NEAREST RELATIONS/OR FRIENDS

NAME & SURNAME	RELATIONSHIP	TELEPHONE NUMBER

DATE YOU REQUIRE RESIDENCE:

Date Required:	

I. Please note you will not be contacted until the date stated above. If you require accommodation sooner we may accommodate you in one of our rental units, if available at the time of application.

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 R120.00 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:

Acc Name: Somerset Place Society
Bank: Standard Bank **Branch**: Grahamstown **Branch Code**: 050917
Acc Number: 082 032 610 **Type**: Current

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

Somerset Place Society
Retirement Village and Frail Care

Tel: 046-622 6217 | 1 Lucas Meyer Avenue | Grahamstown | 6139
web: http://www.somersetplace.net | **email:** admin@somersetplace.net

STATEMENT OF INCOME FOR

NAME & SURNAME:	

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+ ☐

Please tick appropriate box

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.

R2 000 000 ☐	R3 000 000 ☐	R4 000 000 ☐	R5 000 000 + ☐

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**

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

SECTION D - TOTAL MONTHLY INCOME

TOTAL MONTHLY INCOME: *Section A+B+C*	**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: _____

Somerset Place Society
Retirement Village and Frail Care

Tel: 046-622 6217 | 1 Lucas Meyer Avenue | Grahamstown | 6139
web: http://www.somersetplace.net | **email:** admin@somersetplace.net

Witness Name: _____ Signature: _____

FOR OFFICE USE – SOMERSET PLACE:

Date Application received: _____
Received By: _____

Date of Committee Meeting: _____
Committee Comments: _____

Application Result: APPROVED / NOT APPROVED/PENDING
ADDITIONAL REQUIREMENTS SET DOWN: _____