



Communicare

APPLICATION FORM: GENERAL INFORMATION

1. Accommodation consists of individual flats/ free-standing houses and cottages
2. Considerations will be given to the demographic profile of the complex and of our overall tenant population.
3. No pets allowed in our premises.
4. Enquiries will be made into each applicant's financial situation which includes credit checks and a deeds search and may include an assessment of moveable and immoveable assets.
5. Credit worthiness
6. Rental is only payable by debit order on the 1st of every month
7. Approved applicants will be required to pay a deposit equal to 2 months rent;
8. Willingness to abide by the lease agreement
9. Capacity to live independently

Selection Criteria for accommodation

- Applicants for accommodation must be between 18 and 65 years and legally competent to contract.
- Married or single with or without dependents.
- Must not own any property or be receiving any state subsidy with respect to property.
- Must be either be self-employed or permanently employed

Selection Criteria for senior's accommodation

- Applicants between age 55 and 65 years who are officially retired or who are still economically active and have no dependants may apply for seniors' accommodation.
- Seniors applicants will be subjected to an interview with a Social Development Officer and subject to the findings of the officer, a decision will be taken as to whether or not the applicant qualifies for accommodation.
- Seniors applicants must be able to care for themselves as our facilities are not old age homes and do not have any sick bays.

Submit the following certified documents with the application form:

- Proof of Identity and Nationality (i.e. certified copy of ID document).
- Proof of Income
- 3 Months Bank Statement (this information should not be more than three (3) months old).
- Certified copy of marriage certificate or divorce order where applicable.
- Certified copy/copies of dependents' birth certificate(s).
- Proof that the applicant/spouse/partner is permanently disabled and in receipt of a disability grant from the Department of Social Development or, (if applicable)

All completed application forms accompanied by required documents must be email and be returned to selected area of choice;

Brooklyn, Milnerton, Durbanville and Bothasig Area	apply.a@communicare.org.za
Ruyterwacht, Thornton and Bishop Lavis Area	apply.b@communicare.org.za
Southern Suburbs, Hermanus and Mitchell's Plain Area	apply.c@communicare.org.za



Communicare

Building Name of Accommodation applying for : _____

Date of occupation : _____ Monthly rental R _____

Parking required :

YES	NO	*Due to limited parking in our buildings, kindly confirm the availability of parking with the leasing department.
-----	----	---

Car Reg. No : _____

Mr / Mrs / Miss / Dr / etc : _____

FULL NAME of applicant : _____

Cell No : _____ Date of birth : _____

ID or Passport No : _____

Present Address : _____

How long living/leasing/owning the above address : _____

Landlord/Agent/Family : _____ Tel : _____

Present Employer (Company) : _____ Tel : _____

Address : _____

Fax : _____ Your E-mail : _____

Period working : _____

Occupation/Title/If Self Employed Nature of business : _____

Monthly income Gross (before deductions): R _____ Net (after) : R _____

FULL NAME of 2nd Occupant : _____ Cell No : _____

Date of birth : _____ ID or Passport No : _____

Present Employer (Company) : _____ Tel : _____

Address : _____

Fax : _____ Your E-mail : _____

Period working : _____

Occupation/Title/If Self Employed Nature of business : _____

Monthly income Gross (before deductions): R _____ Net (after) : R _____



Communicare

Next of Kin (Emergency contact person) : _____ State relationship : _____

Address : _____

Tel : _____

ALL OCCUPANTS (incl. Children): No

NAMES	RELATIONSHIP	AGE	ID / PASSPORT / D.O.B	SEX	CELL PHONE

DECLARATION AND CONSENT:

In this declaration, the singular "I" and "my" should be read to include the plural "we" and "our"

I understand that the provision of the accompanying advertisement are part of the conditions of application and I have read them. I declare that all information provided is true and correct to the best of my knowledge. I understand that any misrepresentation made in this application or in additional information I may supply to Communicare may render me ineligible for Communicare accommodation.

I authorize Communicare to undertake any enquiries necessary to arrive at a decision concerning my application for accommodation and to conduct such enquiries from time to time during tenancy. These would include, but are not limit to enquiry into my personal information and credit record(s) with any credit reference agency. I further consent to the company carrying out identity and fraud prevention checks and sharing information relating to this application through fraud prevention agencies.

I understand and accept the terms and conditions of this application. I also understand that Communicare is unable to guarantee accommodation to applicants.

I understand that either withholding or giving false information will disqualify my application.

Date : _____

Signature : _____