



# Communicare

## APPLICATION FORM FOR SENIOR ACCOMMODATION

### GENERAL INFORMATION

1. Accommodation for seniors consists of individual flats/ rooms and sharing facilities.
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, a deeds search and may include an assessment of moveable and immovable assets.
5. Credit worthiness.
6. Rental is only payable by debit order on the 1<sup>st</sup> 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. Successful applicants cannot conduct any activity which interferes with or limits the rights of other tenants or which is expressly prohibited under the lease, health and safety regulations or any other law. Applicants cannot intimidate, discriminate or retaliate against the landlord or any tenant for exercising any right under the lease, or any other law.
9. Capacity to live independently.

#### Selection Criteria for senior accommodation

- Applicants between age 50 and 65 years who are officially retired or who are still economically active and have no dependents may apply for seniors' accommodation.
- Applicants with an income of less than R1 500 per month will have to provide Communicare with an undertaking by approved leaseholder. He/she/they would be responsible for the payment of the full monthly rent in terms of the lease agreement as well as all related costs should they default upon successful allocation of a unit.
- Applicants and the leaseholder 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.
- 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)/ proof of SASSA income.
- Certified copy of marriage certificate or divorce order where applicable.
- Proof that the applicant/spouse/partner is permanently disabled and in receipt of a disability grant from the Department of Social Development (if applicable).

All completed application forms accompanied by required documents must be emailed;

Durbanville	apply.a@communicare.org.za
Northern Suburbs; Bishop Lavis, Mandalay	apply.b@communicare.org.za
Southern Suburbs; Lakeside, Newlands, Hermanus, Pinelands	apply.c@communicare.org.za



# Communicare

## APPLICANT FORM

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.
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Car Reg. No : \_\_\_\_\_

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Title Mr / Mrs / Miss / Dr / etc : \_\_\_\_\_

FULL NAME of applicant : \_\_\_\_\_

Cell No : \_\_\_\_\_ Date of birth : \_\_\_\_\_

ID or Passport No : \_\_\_\_\_

Present Address : \_\_\_\_\_  
\_\_\_\_\_

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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 \_\_\_\_\_

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FULL NAME of 2<sup>nd</sup> 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

1. Next of Kin (Emergency contact person) : \_\_\_\_\_ State relationship : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Telephone No : \_\_\_\_\_ Cell phone No \_\_\_\_\_

2. Next of Kin (Emergency contact person) : \_\_\_\_\_ State relationship : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Telephone No : \_\_\_\_\_ Cell phone No \_\_\_\_\_

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## 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.

Initial and Surname \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_

Initial and Surname \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_



# Communicare

## LEASEHOLDER APPLICATION FORM

Mr / Mrs / Miss / Dr / etc : \_\_\_\_\_

FULL NAME of leaseholder : \_\_\_\_\_

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 : \_\_\_\_\_

Occupation/Title/If Self Employed Nature of business : \_\_\_\_\_

Monthly income Gross (before deductions): R \_\_\_\_\_ Net (after): R \_\_\_\_\_

FULL NAME of 2<sup>nd</sup> Leaseholder : \_\_\_\_\_ Cell No : \_\_\_\_\_

Date of birth : \_\_\_\_\_ ID or Passport No : \_\_\_\_\_

Present Employer (Company) : \_\_\_\_\_ Tel : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Fax : \_\_\_\_\_ Your E-mail : \_\_\_\_\_

Occupation/Title/If Self Employed Nature of business : \_\_\_\_\_

Monthly income Gross (before deductions): R \_\_\_\_\_ Net (after) : R \_\_\_\_\_

**Submit the following certified documents with the leaseholder 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.
- Proof of residential address ( e.g. utility bill/ existing lease agreement).
- If self-employed – six months bank statement.



# Communicare

## LEASEHOLDER FORM: 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 limited 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 applicant/s.

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

Should this application be successful and the applicant is accepted to our senior accommodation (which I/we understand and accept is not a guarantee):

- I/We accept and understand that as leaseholder I/we 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
- I/We accept that the responsibility for paying the monthly rental rest with me/us and hereby undertake to settle the rental in full every month not excluding the yearly increment
- I/We understand and accept that we are liable to pay monthly rental and Communicare may enforce payment of such rental in terms of Rental Act. Should Communicare enforce payment of such rental of any outstanding rental and need to take legal action to recover these arrears, I/we hereby undertake to pay all legal costs incurred by Communicare in this regard (including but not limited to attorney/collection)
- I/We hereby agree to ensure that the applicant/s abide by Communicare lease conditions and house rules which reinforce code of conduct (including but not limited to all amendments to the house rules/ lease agreement that are made time to time)
- I/We accept that Communicare cannot be held liable for any loss or damages to an applicant.
- I/We accept and understand that should the applicant/s cannot live independently, Communicare have solely right to terminate the lease agreement
- I/We accept that I/we shall be liable to Communicare for the cost of repairing any damage to the property.

Initial and Surname \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_

Initial and Surname \_\_\_\_\_ Date \_\_\_\_\_ Signature: \_\_\_\_\_