

**CEBACWAS/HAVEN VILLAGE TRUST  
RETIREMENT CENTRES**

**INITIAL APPLICATION FORM**

If this application is for more than one person, please complete separate application and indicate name of other applicant: .....

**A R50.00 NON-REFUNDABLE ADMIN FEE IS PAYABLE PER APPLICATION**

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FULL NAME(S): ..... SURNAME: .....

TITLE:..... ID NO..... NATIONALITY: .....

DATE: ..... HOME LANGUAGE: ..... DATE OF BIRTH: .....

POSTAL ADDRESS: .....

.....

PHYSICAL ADDRESS: .....

.....

TEL NO: ..... EMAIL: ..... CELL: .....

CHURCH AFFILIATION: .....

OCCUPATION BEFORE RETIREMENT: .....

MARITAL STATUS: ..... IF MARRIED, WITH ANC OR COP? .....

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NAMES OF THREE CLOSE RELATIVE/FRIENDS:

NAME: ..... RELATIONSHIP: .....

WORK TEL: ..... HOME TEL: ..... CELL: .....

NAME: ..... RELATIONSHIP: .....

WORK TEL: ..... HOME TEL: ..... CELL: .....

NAME: ..... RELATIONSHIP: .....

WORK TEL: ..... HOME TEL: ..... CELL: .....

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TYPE OF ACCOMMODATION REQUIRED (INDICATE YES OR NO IN APPLICABLE SPACE)

SIZE: (EG. ONE, TWO OR THREE BEDROOM UNIT) .....

GLENHAVEN: ..... ROSENDAL: ..... HAVEN VILLAGE: ..... ANYWHERE: .....

GLENHAVEN FRAIL CARE: ..... ROSENDAL FRAIL CARE: .....

RENT: ..... PURCHASE .....

DO YOU OWN ANY PROPERTY? : YES NO IF YES, PLEASE PROVIDE DETAILS (INCL VALUE,

DESCRIPTION AND LOCATION).....

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DO YOU HAVE TO SELL ANY PROPERTY FIRST BEFORE MOVING? YES NO

PHYSICAL CONDITION: **MARK WITH AN "X"**

- A) ARE YOU STILL ABLE TO GET ABOUT OUTSIDE WITHOUT DIFFICULTY?.....YES NO
- B) ARE YOU ABLE TO WALK ABOUT OUTSIDE WITHOUT ASSISTANCE? .....YES NO
- C) DO YOU USE A WALKING STICK? .....YES NO
- D) DO YOU USE CRUTCHES/WALKING AID? .....YES NO
- E) DO YOU USE A WHEELCHAIR? .....YES NO
- F) DO YOU SPEND MOST OF YOUR TIME IN BED? .....YES NO
- G) CAN YOU CLIMB STAIRS? .....YES NO
- H) ARE YOU ABLE TO ATTEND TO YOURSELF IN THE BEDROOM & TOILET? .....YES NO
- I) DO YOU NEED ASSISTANCE WHEN EATING, WASHING AND/OR DRESSING? .....YES NO
- J) IS YOUR VISION SATISFACTORY? .....YES NO
- K) DO YOU SUFFER FROM ANY PARTICULAR AILMENT OR DISABILITY SUCH AS  
DIABETES,EPILEPSY, BLINDNESS, DEAFNESS, ETC? .....YES NO

IF YES, PLEASE GIVE DETAILS: .....

.....

WHAT IS THE STATE OF YOUR HEALTH? .....

- a) GOOD OVERALL .....YES NO
- b) VARIABLE, SOMETIMES GOOD ..... YES NO
- c) POOR, NOT GOOD OVERALL .....YES NO

HAVE YOU SUFFERED FROM ANY SERIOUS ILLNESS (INCLUDING MENTAL)? .....YES NO

a) IF YES, WHAT ILLNESS/ES: .....

.....

b) DATE OF LAST ILLNESS: .....

c) WHO WAS THE LAST DOCTOR WHO ATTENDED YOU? .....

d) DO YOU REQUIRE MEDICAL TREATMENT AT PRESENT? .....YES NO

IF YOU REQUIRE ADMISSION TO THE CARE UNIT, WILL YOU BE PREPARED TO SHARE A DOUBLE ROOM?  
YES NO

WHEN DO YOU WISH TO MOVE INTO THE UNIT? .....

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FINANCIAL SITUATION OF APPLICANT: AVAILABLE INCOME PER MONTH (INCLUDING INVESTMENT INTEREST) – Please supply proof of **MONTHLY INCOME**

PENSION : HUSBAND: R ..... WIFE: R.....

RENTAL: HUSBAND: R ..... WIFE: R.....

INVESTMENTS HUSBAND: R ..... WIFE: R.....

OTHER (SPECIFY).....

DO HAVE FAMILY (CHILDREN OR OTHER RELATIVES PREPARED TO ASSIST YOU FINANCIALLY?) YES NO

IF YES, PLEASE INDICATE DETAILS: .....

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.....

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GENERAL INFORMATION RELATING TO APPLICATION: .....

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**LETTER OF RECOMMENDATION FROM YOUR CHURCH MINISTER MUST ACCOMPANY THIS APPLICATION.**

SIGNATURE OF APPLICANT: .....

DATE: .....

APPROVED BY CEBACWAS: YES NO

REASON: .....

GENERAL MANAGER: .....

DATE: .....

**MEMORANDUM OF AGREEMENT**

This AGREEMENT is entered into between  
PRETORIA CENTRAL BAPTIST CHURCH WELFARE ASSOCIATION  
(Hereinafter referred to as "CEBACWAS")

of the one part and

**FULL NAME OF FIRST RESPONSIBLE CHILD:** .....

Residential Address: .....

.....

.....

Postal Address: .....

.....

Home Telephone: ..... Cell: .....

Work Telephone: ..... Email: .....

**FULL NAME OF SECOND RESPONSIBLE CHILD:** .....

.....

Residential Address: .....

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Postal Address: .....

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Home Telephone: ..... Cell: .....

Work Telephone: ..... Email: .....

Of the other part, hereafter referred to as "the child" or "the children".

In this agreement:

“charges” shall mean any amounts owing to CEBACWAS in respect of accommodation and any facilities offered or services provided by CEBACWAS;

“the centre” shall mean a retirement centre operated by CEBACWAS, being either GLENHAVEN, HAVEN VILLAGE or ROSENDAL, whichever may be applicable;

“the parent(s)” shall mean the resident(s) in relation to whom the child or the children enter into this agreement.

In consideration for the ongoing accommodation of the parent(s) by CEBACWAS as a resident(s) of the centre, it is hereby agreed by the child (the children) that in the event of the financial resources of the parent(s) proving inadequate for any reason whatsoever to defray the charges owing to CEBACWAS, the child (children) binds himself, herself or themselves jointly, severally and in solidum to meet any shortfall on account of the charges and to ensure payment thereof in full to CEBACWAS.

In the event of the child/children not being able to meet the financial commitments, for whatever reason, as described, the parent(s) may be required to be removed from the centre. This will be done at the discretion of the Manager/Matron. At no time will the child/children be released from their obligation to pay all outstanding amounts owing to the centre.

The child (children) hereby undertake to notify the Manager/Matron of the centre forthwith in the event of any change of address which may occur.

The child (children) hereby renounces all benefits from the legal exceptions non causa debiti and non numeratae oecuniae which might be pleaded at law in regard to the validity of this agreement.

Signed: ..... On this ..... day of .....

**AS WITNESSES:** .....

..... (the child/children)

**AS WITNESSES:** .....

(representing CEBACWAS) .....