



Registered Welfare Organisation
FR No. 000 623 NPO
Registered Public Benefit Organisation
PBO 930007996

Patron-in-Chief
The President

P O Box 368 Rondebosch, 7701
Lower Nursery Road, Rosebank, 7700
Telephone: 021 689 9771
Fax: 021 685 6254
email: salegion@mweb.co.za

Accommodation at Rosedale

This accommodation pack includes information on Rosedale, the forms that you will need to complete for rented accommodation, and the supporting documentation that is required for your application to be considered. If you are interested in purchasing a life right cottage then please contact the Branch Manager on 0216899771 for the application forms.

Included in this documentation are:

1. A general information sheet
2. An application form
3. A financial questionnaire. Please submit copies of your last 3 months bank statements.
4. A medical questionnaire
5. A medical questionnaire for completion by a general practitioner. This must only be completed once the application has been approved in principle and accommodation is available.
6. A guarantee
7. A suretyship
8. Details of your next of kin
9. A personal credit rating report not more than three month's old.
10. An application to join the Cape Town Branch

On receipt of the above, you will be placed on the waiting list for accommodation. Please do not forget to provide us with a telephone number and to keep us advised of any change of address.

You will be contacted when accommodation becomes available. At that stage it will be necessary to submit evidence of your good health – see item 5 above, and updated evidence of your financial situation.

Yours sincerely

David Holmes

Branch Manager

- d. Residents are responsible for the maintenance and cleanliness of the interior of their accommodation
 - e. Next of kin will be required to provide a guarantee accepting responsibility for your welfare should you become unable to care for yourself.
 - f. A suretyship is required to provide for any outstanding amounts due to the Legion.
 - g. Residents must reside permanently at Rosedale. Permission is required for any extended absence and continued absence may result in the right to accommodation being terminated.
6. Prior to allocation and occupation of accommodation

Applicants are required to:

- a. Attend an interview with the Admissions Committee
- b. Sign a lease agreement and an undertaking to adhere to the house rules.
- c. Pay a non-refundable administration fee of R1000.00 and a refundable deposit of one month's rent.
- d. Join the SA Legion
- e. Join the Rosedale Service Centre
- f. Provide details of their next of kin on the Legion's standard form.
- g. Provide details of where their will is held and the executor
- h. Have signed a power of attorney and provide details of who this has been given to.

Application for accommodation

Personal details

Applicant

Surname:..... Title:.....

First name(s):.....

Identity number:..... Date of birth:..... Age:.....

Address:.....

.....

Telephone: (H)..... (B)..... (Cell).....

Email address:.....

Are you a member of the SA Legion? Yes/No. If yes when did you join?.....

Spouse (where applicable)

First name(s):.....

Identity number:..... Date of birth:..... Age:.....

Accommodation required

Single flat Double flat

Details of military service (if any)

Self or spouse? Arm of service:.....

Unit:..... Force number:..... Period of service:.....

Current residence

Are you presently resident in subsidized accommodation? Yes/ No

Do you own any property? Yes/ No

Do you live in:

Your own property Yes/ No

Rented property Yes/ No

Other:.....

Signed:

Date:

Please attach certified copies of the following (where applicable):

Proof of military service, identity document, marriage certificate, financial affidavit, bank statements, medical declaration and application for membership of the SA Legion.

Financial Declaration

Full name:

Date:

Notes:

1. It is important that documentary proof of each item of income and expenditure accompany this declaration including the following:
 - a. Three months bank statements
 - b. Income – salary, commission, annuity, rental or any other
 - c. Particulars of any involvement in a business or closed corporation. Balance sheet, income statement and details of your shareholding
 - d. Your latest tax return or proof of exemption
 - e. Copies of any reciprocal agreement(s) applicable to assets and income derived therefrom
 - f. Particulars of any assets disposed of within the previous five years either by way of sale, donation or transfer of ownership.
 - g. A personal credit score not more than a month old.
2. Please note that this affidavit must be sworn to and signed by a commissioner of oaths before being submitted.

Income

1. Salary and or pension

		Gross monthly income	
Specify	Received from	Self	Spouse

2. Annuities

		Gross monthly income	
Name of fund		Self	Spouse

3. Income from trust funds and maintenance allowances

		Gross monthly income	
Name of fund/ source of allowance		Self	Spouse

4. Cash investments/ shares/ unit trusts

			Gross monthly income	
Financial Institution	Capital	Int/ Div Received	Self	Spouse

5. Other income from any source not declared above

		Gross monthly income	
Details	From whom received	Self	Spouse

6. Fixed property registered in my name or held in trust on my behalf

			Gross monthly income	
Description/ location/ erf number	Present value		Self	Spouse

7. Assets disposed of in the previous five years

Assets sold	Date	Self	Spouse
Assets donated including money	Date		

Expenditure**1. Expenditure of an ongoing nature (eg medical aid)**

			Monthly payment	
Type	Company	Ref. number	Self	Spouse

2. Support of an institutionalized dependant

			Monthly payment	
Relationship	Name	Institution	Self	Spouse

3. Chronic medication (show amounts not covered by medical aid). Attach proof.

		Monthly payment	
		Self	Spouse

4. Any other expenditure for which you feel a rebate should be considered excluding routine living expenses.

	Monthly payment	
Nature of expense	Self	Spouse

I hereby declare that the information furnished by me is to the best of my knowledge true and correct. Should any of the above prove to be false, I agree that my rent be increased to the current maximum rate.

Signature:

Date:

I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his / her answers in his/ her presence:

Do you know and understand the contents of the declaration?

Answer:

Do you have any objection to taking the prescribed oath?

Answer:

Do you consider the declaration to be binding on your conscience?

Answer:

I certify that the deponent has acknowledged that he/ she knows and understands the contents of this declaration which was sworn to/ affirmed before me and that the deponent's signature was placed thereon in my presence.

Commissioner of Oaths (RSA)

Official Stamp

Place:

Date:

Personal Medical Questionnaire

(A questionnaire must be completed by each applicant seeking accommodation at Rosedale. Please photocopy as necessary)

Note that before admission to Rosedale a medical report from a medical practitioner will be required.

1. Name of applicant..... Date of birth.....

2. What medical treatment have you received in the previous five years?

.....
.....
.....
.....

3. Do you have any disease/ condition that requires you to take regular medication?

.....
.....
.....

4. Are you physically active?

.....
.....

5. How would you describe your general health?

.....
.....

Signed:.....

Date:.....

South African Legion

Medical Questionnaire

(To be completed by a registered medical general practitioner)

In respect of an applicant seeking admission to Rosedale

1. Name of applicant..... Date of birth.....
2. Medical complaints (history, symptoms and treatment. Include hospital or specialist where treated).....
.....
.....
.....
3. General examination:
 - a. Physical and nutritional condition.....
 - b. Respiratory system.....
 - c. Cardio-vascular system.....
 - d. Blood pressure (to be taken).....
 - e. Genito-urinary system.....
 - f. Abdomen (hernia, liver, spleen).....
4. Is the applicant's sight good/ reasonable/ poor
5. Is the applicant's hearing good/ reasonable/ poor
6. What is the applicant's mental state?.....
.....
7. Is there any history of mental illness?
.....
8. Does the applicant have any rheumatic conditions?.....
9. Does the applicant have any condition of the skin?.....
10. Are there any indications of Parkinson or Alzheimer disease?
11. Any other condition(s) not included in the above.....
12. Is the applicant taking chronic medication and, if yes, for what conditions?.....
.....
13. Is the applicant on a special diet?.....
14. Do you consider that the applicant is able to care for him/ herself without nursing or home care assistance?.....
15. For how long has the applicant been a patient of your?.....

16. Details of medical practitioner

.....
Name	Signature	Date
.....	
Address		Contact Number

Guarantee to the South African Legion

I, THE UNDERSIGNED HEREBY GUARANTEE THAT IN THE EVENT OF MY PARENT (S)/ RELATIVE (S) BECOMING PERMANENTLY DISABLED OR TOO FRAIL TO CARE FOR HIMSELF/ HERSELF/ THEMSELVES, AS DETERMINED BY MUTUAL CONSENT OR BY THE LEGION'S MEDICAL PRACTITIONER OR A REGISTERED SOCIAL WORKER, NO BURDEN WILL BE PLACED ON THE SOUTH AFRICAN LEGION AND THAT I WILL PROVIDE ALTERNATIVE ACCOMMODATION FOR HIM/HER/THEM, EITHER IN MY OWN HOME OR IN A SUITABLE ESTABLISHMENT WHICH ACCEPTS FRAIL AND AGED PERSONS.

Name of protégé (s)..... Flat No.....

Name of Guarantor in full.....

(Please print)

Identity number.....

Address.....

Witness..... Guarantor.....

This undertaking has been given in my presence at.....

This day of 20 .

Official stamp

.....

Commissioner of Oaths/ Justice of the Peace

Next of Kin

Applicant

Name:..... Telephone number:.....

Next of kin

Name in full.....

Relationship.....

Residential address
.....

Telephone Home

Business

Cell

Alternative in the event of the next of kin not being available

Name.....

Relationship.....

Residential address.....
.....

Telephone Home

Business

Cell

SURETYSHIP

I/We, the undersigned

..... (full name)

..... (address)

And

..... (full name)

..... (address)

(Hereinafter referred to collectively and individually as the "Sureties")

do hereby bind myself/ourselves to and in favour of the South African Legion of Military veterans (hereinafter referred to as the " creditor") for and on behalf of

.....

(Hereinafter referred to as the "Principal Debtor")

As Sureties and co-principal debtors, jointly and severally with each other for the due performance, on demand of all obligations which the Principal Debtor may have in passed owed or in the future owe to the Creditor, or its successors in title or assigns, whether such obligations arises from, but is not limited to rentals due to the Creditor and disbursements made by the creditor on behalf of the Principal Debtor

I/We hereby renounce each and every benefit which might otherwise be available to me/us against the Creditor and, in particular the benefits of excursion and division and the benefits' de duobus vel pluribus rei debendi, non causa debiti, non numerate pecuniae,eroris calculi and revision of accounts, with the nature, force and effects of which I/we acknowledge myself/ ourselves to be fully acquainted

I/We hereby consent to the jurisdiction of the Magistrate Court in terms of Section 45 of the Magistrates Court Act 32 of 1944 in respect of any disputes arising out of or in respect of this Deed of Suretyship.

This suretyship is a continuing covery suretyship for the present and future obligations of the Principal Debtor to the Creditor and shall remain in force notwithstanding any interim or final settlement of accounts and the subsequent of any new obligations by the Debtor and notwithstanding the death or other legal disability of any of the Sureties.

It is agreed that the Sureties may only be released from this Suretyship by written notice from the Creditor releasing the Sureties. Any such release shall be restrictively interpreted to apply only to the Creditor giving the release, the Sureties receiving the release and the Principal Debtor in respect of which the release is given.

I/We chose domicilium citandi et executandi for all matters arising from this Deed of Suretyship as follows:

1

2
(name) (physical address required)

Signed at on the day of 20

..... ..
(witness) (sureties)

..... ..
(witness) (sureties)