



SOUTH AFRICAN LEGION

(CAPE TOWN BRANCH)

PBO 93000796

Accommodation at Rosedale

This accommodation pack includes information on Rosedale, the forms that you will need to complete to apply 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 and POPI Act consent form. Please submit copies of identity documents, self and spouse where applicable, and marriage certificate where applicable.
3. A financial questionnaire. Please submit copies of your last bank statements.
4. A personal medical questionnaire. For couples each must submit a form
5. A medical questionnaire for completion by a general practitioner. Note that this must only be completed once the application has been approved in principle and accommodation is available. For couples a report for both husband and wife are required.
6. Details of your next of kin
7. A personal credit rating report not more than three months old.
8. An application to join the Cape Town Branch

Based on the above you will be advised whether you have been accepted and if successful placed on the waiting list.

Please note that once accommodation becomes available a guarantee, suretyship and limited power of attorney will have to be signed and provided to the Legion. Payment of a non-refundable administration fee of one and a half times the monthly rent is also due.

Yours sincerely

David Holmes
Branch Manager
Manager@salegion.co.za
021- 6899771

General Information

1. Accommodation

a. Flats Accommodation

Block A – Rosedale 20 double flats (generally let to couples)

40 single flats

Block B – New Rosedale 36 single flats

Each flat has its own kitchen and bathroom.

b. Cottages – 6 available on a life right basis

c. Pillans Place – 9 residences available on a life right basis

d. All accommodation is unfurnished and un-serviced.

2. Applications

a. Forms are issued on application or may be downloaded from the internet at www.salegion.org

b. Completed applications can be posted to SA Legion, PO Box 368, Rondebosch, 7701 or handed in at the Rosedale Office, SA Legion, Lower Nursery Road, Rosebank between 0900 and 1600 on weekdays. They can also be emailed to manager@salegion.co.za but please note that the originals must be submitted subsequently.

c. If accommodation is not immediately available your details will be added to the waiting list.

d. To retain your name on the waiting list you must advise the Legion of your continued interest in accommodation in January each year.

3. Rentals

a. Rents and other charges are reviewed annually. Subsidies may be available to veterans based on their income and assets.

b. A non-refundable administration fee of 1,5 times the monthly rent to a maximum of R10000.00 is payable on entry.

c. Lunch is included in the rent.

d. Electricity and parking are excluded and charged for on a monthly basis.

4. Qualification for accommodation

To qualify for accommodation at Rosedale you must:

a. Have either undergone military service, be the widow of an ex-serviceman or have the interest of the Legion at heart and be prepared to become involved in its activities. Proof of service is required (where applicable).

b. Be a paid-up member of the SA Legion. Long standing members will take preference.

c. Have reached the age of 60. Applications from those younger than 60 will be considered at the discretion of the Admissions Committee

d. Be in good health and totally self-sufficient. A medical practitioner's certificate to this effect is required.

5. Conditions under which accommodation is allocated

a. No nursing service, medical facilities or frail care are available.

b. Special diets are not catered for.

- c. No pets are permitted.
 - d. Residents are responsible for the furnishing, 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
- b. Sign a one-year lease agreement the lease renewing on a month-to-month basis after the initial term. Note that the lease includes house rules which are typical of those applicable to residents of a block of flats or residential complex. Note that the house rules do not permit firearms on the premises.
- c. Pay a non-refundable administration fee of one and a half times the monthly rent or an amount determined by the Legion.
- 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. Sign a limited power of attorney in favour of the Legion.

Application for accommodation

Personal details

Applicant

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

First Name:.....

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

Do you have a valid will? Yes/ No

Name of the Executor:

Contact number: Email address:

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 if not yet a member.

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

| Specify | Received from | Gross monthly income | |
|---------|---------------|----------------------|--------|
| | | Self | Spouse |
| | | | |
| | | | |
| | | | |

2. Annuities

| Name of fund | Gross monthly income | |
|--------------|----------------------|--------|
| | Self | Spouse |
| | | |
| | | |
| | | |

3. Income from trust funds and maintenance allowances

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

4. Cash investments/ shares/ unit trusts

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

5. Other income from any source not declared above

| Details | From whom received | Gross monthly income | |
|---------|--------------------|----------------------|--------|
| | | Self | Spouse |
| | | | |
| | | | |
| | | | |

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

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

7. Assets disposed of in the previous five years

| Assets sold | Date | | |
|--------------------------------|------|------|--------|
| | | Self | Spouse |
| | | | |
| | | | |
| | | | |
| Assets donated including money | Date | | |
| | | Self | Spouse |
| | | | |
| | | | |

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

| | | | Monthly payment | |
|------|---------|-------------|-----------------|--------|
| Type | Company | Ref. number | Self | Spouse |
| | | | | |
| | | | | |
| | | | | |

2. Support of an institutionalized dependent

| | | | 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. Have you ever been treated for depression or substance abuse? If yes provide details

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

5. Are you physically active?

.....
.....

6. 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.....
4. Abdomen (hernia, liver, spleen).....
5. Is the applicant's sight good/ reasonable/ poor
6. Is the applicant's hearing good/ reasonable/ poor
7. What is the applicant's mental state?.....
8. Is there any history of mental illness or substance abuse?
.....
.....
9. Does the applicant have any rheumatic conditions?.....
10. Does the applicant have any condition of the skin?.....
11. Are there any indications of Parkinson or Alzheimer disease?

12. Any other condition(s) not included in the above?

13. Is the applicant taking chronic medication and, if yes, for what conditions?.....

.....

.....

14. Is the applicant on a special diet?.....

15. Do you consider that the applicant is able to care for him/ herself without nursing or home care assistance?.....

16. For how long has the applicant been a patient of yours?.....

17. Details of medical practitioner

Name

Signature

Date

Address

Contact Number

Next of Kin

Applicant

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

Next of kin

Full names.....

Relationship to applicant

Residential address

.....
.....

Telephone Home

Business

Cell

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

Name.....

Relationship to applicant.....

Residential address

.....
.....

Telephone Home

Business

Cell