



For Office Use:  
 Date application received: .....  
 Date admin fee received : .....

PO Box 12641  
 Centrahil 6006  
 Fairhaven  
 Woodhead Drive  
 Humewood Extension  
 Tel 041 586 0156  
 Fax 041 585 8784  
 retire@echofoundation.co.za  
 www.echofoundation.co.za

# ECHO FOUNDATION

## ACCOMMODATION APPLICATION FORM

RETURN TO: THE CHIEF EXECUTIVE OFFICER - PO BOX 12641, CENTRAHIL, 6006

Please read carefully: In considering applications, the following conditions apply:

That:

- a) The waiting list is not a dated list, but a priority list
- b) The priority list and preference for admission is at the discretion of the manager of Social Services
- c) A certified copy of income and assets and a copy of recent tax assessment is attached to application.
- d) Applicants must be at least 60 years of age
- e) An affirmation is to be administered before a Commissioner of Oaths
- f) An administration fee is payable on application per person/couple

Please complete in block letters:

### PERSONAL DETAILS

Title: (please select)  Mr  Mrs  Ms  Miss  Rev  Prof.  Dr.

Surname: .....

Christian Names: .....

Identity No: .....

Sex:  M  F Marital status: Single  Married  Divorced  Widowed  Date of Marriage: .....

Nationality: ..... Race: Asian  Black  Coloured  White

Do you belong to a medical Aid?  Yes  No if yes, please specify: .....

Status of health: Good  Poor  Frail  Do you suffer from any particular ailment?  Yes  No

If yes, please specify: .....

Previous Employer & Occupation .....

Contact details Tel: ( ) Cell: .....

e-mail: .....

Physical Address: Postal Address: (If different to Physical Address)

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

Postal Code     Postal Code

Are you currently employed?  Yes  No if yes, name of employer: .....

Work tel: ( ) Work fax: ( )

Nature / Type of current accommodation: Own  Rent  Lodge  Flat  House  Room

Do you live with relatives?  Yes  No

How many years have you resided in Port Elizabeth? Years  Months

Reasons for applying for Cottage / Flat: .....

Interests / Hobbies .....

**PARTICULARS OF NEAREST RELATIVES**

	1st Relative	Second Relative	Relative outside Port Elizabeth
Name & Surname	.....	.....	.....
Relationship (e.g. son)	.....	.....	.....
Address:	.....	.....	.....
	.....	.....	.....
Occupation	.....	.....	.....
Telephone no.	( ) .....	( ) .....	( ) .....
Work no.	( ) .....	( ) .....	( ) .....
Cell no:	.....	.....	.....
E-mail address :	.....	.....	.....

**Income (Please attach proof of income)**

**R**

Personal Income:

Net Salary after tax .....

Net Pension after tax (if applicable) .....

Interest .....

Annuity .....

Dividends .....

Rental Income .....

Other: (please specify) .....

.....

.....

.....

.....

Total personal Income **R** .....

Do you possess any assets (e.g. Property, Investment, etc.)  Yes  No

If yes, please specify: .....

If property owned, please state current estimated market value: **R** .....

If your total personal income does not meet the requirements, do you have a person that will sign surety?  Yes  No

If yes, please specify: .....

Kindly note that from 1 October 2007, a non-refundable administration fee is payable on return of the completed application form.

I hereby declare that the above information is true and correct.

.....  
Signature of Applicant

.....  
Commissioner of Oaths

.....  
Date

.....  
Date

**FOR MORE INFORMATION ON ECHO FOUNDATION PLEASE FEEL FREE TO VISIT OUR WEBSITE**

**www.echofoundation.co.za**