



Accommodation Application

Applicant Information		
Surname:	Initials:	First Names:
Mr / Mrs / Miss / Prof / Dr / Rev / Other:	Marital Status:	
Date of birth:	ID Number:	
Telephone number:	E-mail address:	
Home language:		
Postal address:		
Suburb:	City:	Code:
Spouse Information		
Surname:	Initials:	First Names:
Mr / Mrs / Miss / Prof / Dr / Rev / Other:	Marital Status:	
Date of birth:	ID Number:	
Telephone number:	E-mail address:	

	1 st Choice	2 nd Choice	Alzheimer's / Dementia	Life Rights / PFU	Rental	Board & Lodging	Mid Care	Frail Care
Arbor Village – Bedfordview			X	X			X	X
Eddy House- Benoni Central				X	X			
Elandshaven – Klerksdorp					X	X		
Eventide – Klerksdorp						X		
Fairleads – Benoni			X	X		X	X	X
Garden Village – Bordeaux, Randburg			X	X	X		X	X
Montgomery Haven – Montgomery Park			X		X		X	X
Prim Villa – Germiston			X					
Queenswood Home - Pretoria					X			X
Ridgeview Village – Boksburg				X				
Rose Village – Roosevelt Park				X	X			
Samuel Broadbent - Potchefstroom			X	X		X	X	X
Springs Retirement Village – Springs			X	X		X	X	X
Summerfield Park – Jukskei Park			X	X	X	X	X	X
Summit Village – Roodepoort				X				

Frail Care & Mid Care Room Size (Please circle preference)					
Single	2-bed Shared			Multi-ward Shared	
Rental Accommodation Size & Type (Please circle preference)					
Bedsitter/Bachelor	Full Board & Lodging	1 Bedroom	2 Bedroom	3 Bedroom	
Life Rights/PFU Unit Size (Please circle preference)					
Bedsitter/Bachelor	1 Bedroom Flat	1 Bedroom Cottage	2 Bedroom Flat	2 Bedroom Cottage	2 Bedroom & Study

COMMENTS:

Signature of applicant:	Date:	
<i>If this application is completed on behalf of a parent or a loved one, please provide your contact details.</i>		
Name:	Telephone:	E-mail:

Terms

A once-off Application Fee in the amount of **R2000** is payable on submission of this form.

Applications are open to persons of any age however, the **minimum age of an occupant is 60 years**.

Once you take occupation at any of our homes or villages, an amount of **R1000** will be credited to your account in your second month of occupation.

The application fee is not refundable and will be forfeited when your name is removed from the waiting list.

Please return completed application form, together with your **proof of payment** and a **copy of the applicants ID** to either any **Methodist Home of your choice** or:

By Fax to:
27 11 886 4993

By e-mail:
waitinglist@mha.co.za

**We will contact you by telephone or by e-mail to confirm receipt of your application.
If you have not heard from us within 10 days of submission, please call our Head Office on 011 686 2600**

BANKING DETAILS:
Methodist Homes For The Aged
Bank: **First National Bank** Branch Code: **250655**
Account Type: **Current Account** Account Number: **62680082527**

**NB: PLEASE USE YOUR SURNAME AND VILLAGE CHOICE AS YOUR REFERENCE
(e.g. Jones-Arbor)**

FOR OFFICE USE

Date of application:	Amount Paid:			Unique ID:
Application Fee Paid by:	EFT	CHEQUE	CASH	Cash Receipt No:
Application Captured by:			Home/Village:	