



# Application for Admission for Independent Living

(Life Right Homes and Rental Studio Apartments)

6 Randjeslaagte Road, Highlands North, Johannesburg, 2092

info@randjesestate.co.za or **haleyh@randjesestate.co.za**

011 887 8160/440 4441

[www.randjesestate.co.za](http://www.randjesestate.co.za)



Randjes Estate was established in 1936 and is a beautiful 42 acre Estate, offering:

- Life Right Homes
- Rental Studio Apartments
- Mid Care (Assisted Living)
- Frail Care and Memory Care

Should you wish to put your name down for Mid Care or Frail Care Accommodation, please fill in the Fleming House Care Accommodation Application form.

**What is a life right?**

A life right provides security of tenure for the rest of your life and peace of mind that comes with knowing that you have access to our excellent care accommodation should it be required at any stage.

The benefits of purchasing a life right are:

- No transfer duty
- No registration fees
- No VAT
- No title deeds
- No sales commission
- You only have to insure your household contents, we insure all buildings on the Estate
- No need to deal with the City Council on any issues
- Maintenance is taken care of by the Estate’s maintenance team

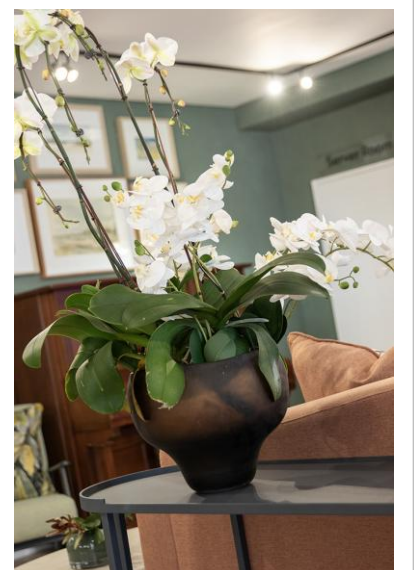
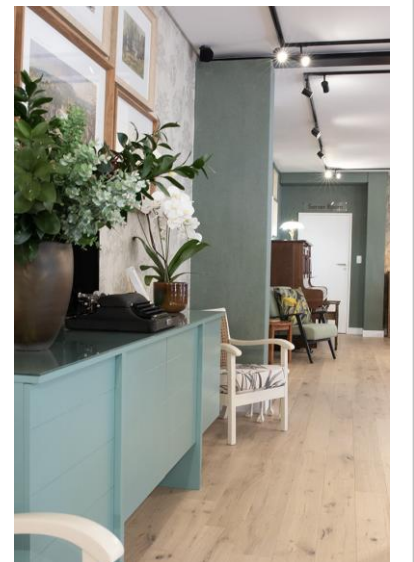
<b>Period of Occupation</b>	<b>1 - 30 months</b>	<b>31 - 60 months</b>	<b>5 years &amp; longer</b>
Percentage pay back of original purchase price	75%	62.5%	50%
This is subject to change from time to time by written notice.			

As you will undoubtedly appreciate, the maintenance of an amicable relationship between Residents is of utmost importance if harmonious living is to be achieved. Randjes Estate reserves the right to terminate any agreement and discharge any person whose behaviour disrupts or adversely affects other Residents and the ambience we strive to attain.

Randjes Estate shall at all times retain the right, in the event of mental or physical disability, be it of a temporary or permanent nature, decide that a Resident be moved to our Frail or Mid Care Accommodation. Such decision shall be at the discretion of Randjes Estate after consultation with the Chief Executive Officer, Matron, a medical doctor and the family of the Resident.

Should a Resident wish to vacate the accommodation at any time, one calendar month’s written notice is required.

All Residents are responsible for any medical costs and arrangements for these will be the responsibility of the Resident.



**Admissions List Deposit and Admin Fee**

The following fees are payable before your application can be processed.

It is imperative to pay the annual administration fee as this indicates to us that you are still interested in remaining on the waiting list.

Life Right Admissions List deposit - non-interest bearing <b>(refundable only on entry to the Estate)</b>	R3 000
Rental Admissions List deposit - non-interest bearing <b>(refundable only on entry to the Estate)</b>	R1 000
Annual non-refundable administration fee for all applicants	R200

**Payment can be made via EFT or by debit/credit card at our Reception.**

Our banking details are as follows:

Name of Account: Randjes Estate  
 Name of Bank: First National Bank (FNB)  
 Account Number: 6277 533 9924  
 Branch Code: 210554  
 Branch: Commercial Account Services  
 Swift code: FIRNZAJJ



**Please note that we can only process your application once we have received the following:**

- 1. Completed application form.**
- 2. Supporting financial information as requested on page 5 of the form.**
- 3. Proof of payment of the R3 200/R1 200.**

## APPLICATION FORM FOR RANDJES ESTATE

Please note that in the case of couples **each** individual is to complete a form.

Surname \_\_\_\_\_ Prof/Dr/Mr/Mrs/Miss/Ms \_\_\_\_\_

Initials \_\_\_\_\_ Forenames \_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_ Postal code \_\_\_\_\_

Telephone Nos - Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

South African Citizen? **YES / NO.** If no, citizen of which country? \_\_\_\_\_

Place of birth \_\_\_\_\_ Religion \_\_\_\_\_

Occupation or previous occupation \_\_\_\_\_

Hobbies and interests \_\_\_\_\_

Marital status \_\_\_\_\_ If married, full name of spouse \_\_\_\_\_

If sharing with another person, name of person \_\_\_\_\_

Medical Aid Scheme, Type and Number \_\_\_\_\_

How did you get to know about Randjes Estate? \_\_\_\_\_

## NEXT OF KIN AND / OR OTHER CONTACTS

1<sup>st</sup> Next of Kin / Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Email address \_\_\_\_\_

Home Tel \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2<sup>nd</sup> Next of Kin / Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_

Email address \_\_\_\_\_

Home Tel \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## STATEMENT OF INCOME AND ASSETS

**Separate statements must be made by each individual. Supporting documentation on income and assets MUST be supplied with this application form. We will not be able to process your application without the supporting financial documentation.**

### Current Income

My total pension is more than (this **excludes** income earned from assets):

< R 10 000	R 12 000	R14 0000	R16 000	R18 000	R20 000+
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Is your pension inflation linked? (Please tick which applies): **YES / NO**

Pension scheme name and number \_\_\_\_\_

### Assets / Investments

This should include income derived from property that is let.

My total net assets/investments available for the generation of income are valued in excess of

R 5 000 000 +	R 7 000 000 +	R9 000 000 +	R11 000 000 +
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What monthly income do you derive from these assets/investments? R \_\_\_\_\_

Present value of my house / flat / apartment (**not included above**)? R \_\_\_\_\_

I **will / will not** have to sell my abode to generate the income to buy a unit at Randjes Estate.

### Other monthly income

From family / friends R \_\_\_\_\_ per month.  
(Family or friends supporting you will need to sign surety).

### Declaration of income and assets specified above

I \_\_\_\_\_ declare that the foregoing information is a true statement of my financial position.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ACCOMMODATION REQUIRED

We have various categories of accommodation available. Please use the price list attached as a guideline.

1. Preferred unit type \_\_\_\_\_
2. Alternative accommodation that would be acceptable \_\_\_\_\_

Do you have any friends already living here? Please give details:

\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL HISTORY

To assist our medical team, it is essential that all details concerning any previous serious illness, recent operations or accidents and approximate dates should be recorded. Any relevant information regarding unusual reactions to medicine should be included.

### 1. Physical Health

Please state below any recent illness, operations, injuries, period spent in hospital (with dates).

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

Any chronic problems should be disclosed \_\_\_\_\_

### 2. Mental Health (latest report from your Doctor is required)

Have you received any treatment in a hospital for a mental health issue? **YES / NO**. If yes, please specify.

i) \_\_\_\_\_

ii) \_\_\_\_\_

Any chronic problems should be disclosed \_\_\_\_\_

Do you suffer from CONFUSION / AGGRESSION / DEPRESSION? If so, please give details.

\_\_\_\_\_

### 3. General Health

Do you use a stick, walker or wheelchair? \_\_\_\_\_

Do you use a hearing aid? If yes, is your hearing dull or are you deaf? \_\_\_\_\_

Is your eyesight good, fair or poor? \_\_\_\_\_

Is your speech good, fair or have you suffered any loss of speech? \_\_\_\_\_

Do you require any assistance? If so, in what ways? \_\_\_\_\_

Do you smoke? If so, how many per day? \_\_\_\_\_

Please note that smokers are **NOT** admitted into our Fleming House Care Accommodation.

**Note: We do not have facilities to cater for people with an alcohol or drug addiction problem. Neither are we equipped to cater appropriately for people with a serious mental health/psychiatric problem. If you have not made this clear and a problem becomes noticeable after taking up residence here, you will be asked to leave within 60 days.**

We trust that you will appreciate that we have a committee who reviews all applications.

I declare the above information a true statement of the facts.

Signature \_\_\_\_\_

Date \_\_\_\_\_