



The Salvation Army New Zealand Trust
INDEPENDENT LIVING UNITS
APPLICATION FORM

Appendix 3

PLEASE COMPLETE THE FOLLOWING DETAILS

FULL NAME/S OF APPLICANTS

(Mr/ Mrs/Miss/Ms)

PRESENT ADDRESS

CONTACT TELEPHONE NUMBER

(Mobile No)

BIRTH DATE/S

NEXT OF KIN (Name &Address)

(Phone)

NAME OF DOCTOR

(Phone)

NAME OF BANK

Branch

I declare that:

- I am at least 55 years of age and that I am able to live independently.
- I do not own a residential or commercial property.
- I am not a settler nor (as far as I know) a beneficiary of a trust which owns any property or other assets
- I rely entirely on a Government Benefit or National Superannuation OR that I earn less than \$30,000 gross annual income.
- My redeemable assets and cash do not exceed \$95,000 for a single person and \$190,000 for a couple.

The Salvation Army has the discretion to accept an application to reside in the Independent Living Units where the applicant(s) does not strictly meet the specified criteria. Each application will be considered on a case by case basis.

I have need of an Independent Living Unit for the following reasons - if necessary use additional sheet:-

Signed

Date

Endorsed

Date

(by Medical Practitioner, Member of Parliament, Justice of the Peace, Minister of Religion, Solicitor)

Please return this form to:
National Supervisor Independent Living Units
The Salvation Army
P O Box 6015
WELLINGTON 6141