



*Freemasons' Homes
Of
Southern Tasmania Incorporated*

*7 Ballawinne Road
Lindisfarne Tas 7015
Phone: 0362 438600
Email: fmhomes@southcom.com.au*

*Application
For Our
Independent Living Units
And
Serviced Apartments*

Site: Please Indicate your Preference

- | | |
|--|--------------------------|
| <i>Masonic Gardens 7 Ballawinne Road Lindisfarne</i> | <input type="checkbox"/> |
| <i>Wellington Road 1 Wellington Road Lindisfarne</i> | <input type="checkbox"/> |
| <i>Beltana Street Beltana Street Lindisfarne</i> | <input type="checkbox"/> |
| <i>Selbourne Place Selbourne Place Lindisfarne</i> | <input type="checkbox"/> |
| <i>Waring and Quigley Apartments Ballawinne Road Lindisfarne</i> | <input type="checkbox"/> |
| <i>Memorial Cottages Ballawinne Road Lindisfarne</i> | <input type="checkbox"/> |

Applying for an Independent Living Unit or Serviced Apartment

This form will help you, your family, carer or friend prepare the information that you need to apply for an Independent Living Unit or Serviced Apartment. The information you provide will be treated sensitively.

General Information

- Applicants must be over 65 years of age
- Units are 'sold' on a 49 year lease at the current market value at the time
- A weekly Body Corporate fee currently applies and includes:
 - All internal and external maintenance, excluding normal domestic cleaning
 - Insurance of the property including Public Liability (excludes Contents and other personal insurances)
 - Municipal rates and charges
 - Garden and lawn maintenance
- A Deferred Management fee will apply and is based on the Security Deposit paid for the unit and the rate applicable at the time
- Any capital gain upon resale of the lease is shared 50/50 between the Home and the departing tenant (or their estate)
- Any capital loss upon resale of the lease is borne by the departing tenant (or their estate)
- Pets allowed only under special circumstances

Services

The Home's units provide a safe, secure and enjoyable environment for residents enabling them to maintain their independence in the company of others who wish to enjoy the benefits of a 'retirement village' lifestyle.

Units located at Ballawinne Road have Emergency Nurse Call systems in case of emergencies and other units have access to other emergency services.

The following services may be provided on a 'Fee or Service' basis:

- Preparation and delivery of meals
- House cleaning, waste disposal and laundry services
- Family and medical liaison*
- Personal hygiene, showering and grooming*
- Extended Health Care up to a level whereby assessment requires a more supportive accommodation*

* Serviced Apartments Only

Application

Please use black or blue pen
Date this form is completed

/ / 20.....

First Applicant

Family Name

First Name(s)

Preferred Name

Sex

Male

Female

Marital Status

Date of Birth

/ /

Age

Home Address

Postcode

Phone Contact

Mobile Phone

Second Applicant

Family Name

First Name(s)

Preferred Name

Sex

Male

Female

Date of Birth

/ /

Age

Home Address

Postcode

Phone Contact

Mobile Phone

Statement of Financial Position

Pension Status

Are you receiving an Australian pension, part-pension or other income support payment?

Yes No

Note: If you answer "Yes", please quote your Centrelink or Department of Veterans' Affairs Pensioner Concession Card (PCC) number here:

Your Home or Place of Residence

Do you currently own your own home, either by yourself or with others?

Yes No

Does any other person or organisation have an interest in, or a share in, your home or the proceeds of any sale of your home?

Yes No

If Yes, please specify.....

.....

What is the estimated value of your home?	Value of Home:	\$.....
Less: (i) Mortgage or other loans on home		\$.....
(ii) Value of other person's or organisation's interest in the home		\$.....
<i>Net Value of Home</i>		\$.....

How did you determine the estimated value of your home?

Your Own Estimation Real Estate Agent's Valuation

Valuer

Other (Please specify.....

.....

.....

.....

Other Assets

Please specify the value of your assets other than your home and your household furnishings and personal effects:

Other Assets	(\$)
Bank, Building Society or Credit Union A/c's	
Cash, Term Deposits, Loans and Debentures	
Managed Investments including Friendly Society Bonds and Trusts	
Shares and Securities in listed or un-listed companies	
Gold and other bullion	
Approved Deposit Funds, Deferred Annuities & Superannuation Funds.	
Houses, Units, Land or Real Estate other than your place of residence.	
Motor Vehicles	
Loans to any person or entity	
Furniture, Household & Personal Effects	
Other. Please specify	
TOTAL	\$ _____
Less: Any mortgages, loans, debts or other encumbrances (other than with respect to your place of residence)	
NET TOTAL	\$ _____

Total Assets

Total Assessable Assets:

Net Value of Home	\$.....
Value of Household Furnishings & Personal Effects	\$.....
Net Total of "Other Assets"	\$.....

Total Assessable Assets \$.....

Next of Kin, Power of Attorney or Representative Details:

Name:			
Relationship			
Address	Street Address:		
	City/Suburb/Town		
	State	Postcode	
Phone	Home:	Work:	Mobile:

Power of Attorney Number		
Copy Provided	Yes	No

DECLARATION
(Please Print)

I/We

Address

..... Postcode

hereby declare the information supplied in this Statement of Assets to be a true and accurate record of my assets and income. I am not aware of assets and income other than those I have disclosed.

Dated this Day of 20.....

Signature of Applicant/s:.....

Signature of Witness:

Name of Witness:

Address:

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