

ECHO Foundation Application form

You have come to an exciting point in your life, where you have to make important decisions about your future, and where you would like to enjoy your retirement years.

When you join the ECHO family, we commit to supporting your new lifestyle and ensuring that you have an enjoyable and exciting retirement.

We take care of our residents in every way possible.

At all of our independent living Retirement Villages, you can expect a supervisor on-site at all times, as well as a Resident and Entertainment Committee appointed by the residents. We also ensure ongoing maintenance of each property. The Supervisor contacts all single occupants daily to monitor the state of their health. At all of our Villages, there is emergency medical and security assistance available 24/7, over and above an intercom system and an emergency panic alarm connected to both the Village Supervisor and external service providers.

As a resident of any of the ECHO Foundation Villages, you will also have access to:

- Primary health care via an on-site clinic staffed by nursing personnel.
- Social Services via ECHO Foundation Social Workers and Healthcare Workers.
- A step-down facility, Assisted Living and Frail Care Centre.

We have the right fit for you

Rental

This is your 'pay-as-you-go' tenancy option. If you choose to rent, you can expect to pay a monthly amount, which includes your levies. This will cover building maintenance, security surveillance and monitoring, municipal charges (excluding electricity and water), Village Nursing Clinics, Social Services and the use of all Village facilities.

Life Right

Compared with rental like a 'pay-as-you-go' option, life right is the alternative whereby you pay your rent upfront for a fixed period of approximately 15 years. The advantage is that you avoid annual increases to rental fees and, should either you or your spouse inhabit the unit for longer than 15 years, one would effectively no longer be paying rent. Under this option, there is a monthly levy charged which will cover building maintenance, security surveillance and monitoring, municipal charges (excluding electricity and water), Village Nursing Clinics, Social Services and the use of all Village facilities

Secure your retirement today by completing the attached application form

For more information on ECHO Foundation, please visit our website
www.echofoundation.co.za



You deserve to retire comfortably.
ECHO Foundation is your affordable and accessible housing solution.



Please complete accurately, using capital letters in blue or black ink. Tick (✓) blocks where appropriate

Please email the completed form and supporting documents to:

Social Service Department
PO Box 12641
Centrahil
6006

EMAIL : socialservices@echofoundation.co.za

CHECKLIST FOR REQUIRED DOCUMENTATION [indicate with a tick (✓) that it is attached to the application form]

Banking details :
ECHO Foundation NPC
FNB Cheque 53460021744,
Branch code 261050
(Reference: ADM, plus Initials & Surname)
Attach proof of payment to application.

- Proof of identification

Main Applicant Spouse

Fees Payable

A non-refundable administration fee of R225 per person is payable by card/EFT ONLY on return of the completed application form. In the case of a couple or two persons applying for shared accommodation, the amount payable is R325 by card/EFT ONLY.

Please attach proof of payment, should you be paying your administration fee via EFT (see banking above). Alternatively card facilities are available at our office. NB : WE DO NOT ACCEPT ANY CASH.

In considering applications, the following conditions apply:

- 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 Social Services Department and based on availability.
- c) Applicant/s must be 75 years of age or younger at time he/she places his/her name on the waiting list to rent or buy. In the case of a couple applying; at least one of the applicants must be younger than 75 years of age.
- d) However, when being offered accommodation the following criteria applies:
 - One of the applicants must be at least 60 years of age or older. The other applicant must be at least 50 years or older
 - One of the applicants must be younger than 80 years of age. If both applicants are over 80 years of age; accommodation cannot be offered at an ECHO Village
- e) In order for accommodation to be taken up by an applicant/s; he/she, will be requested to undertake an assessment/s at the time of the offer of accommodation, to ensure that he/she is able to live independently within an ECHO village. The decision to offer accommodation will be based on the outcome of the assessment/s and will be at the sole discretion of ECHO Management, whose decision will be final. The definition of independent living is defined as being capable of looking after yourself without needing assistance of another individual or service provider to undertake both physical and mental tasks associated with daily living. Should the applicant not be suitable for independent living within an ECHO Village; possible alternate Assisted Living or Frail Care accommodation may be offered, depending on the availability at the time of the offer
- f) Please note, on admission to an ECHO Retirement Village, new tenants will, irrespective of income be expected to have a Deed of Suretyship signed by a family member or a friend.

PLEASE COMPLETE THE FOLLOWING [indicate the appropriate option with a tick(✓)]

Which type of accommodation are you interested in? Rent Life right Both

Urgency of Application:

Type of unit required? Bedsitter Bachelor Flat 1 Bedroom Flat 1 Bedroom Cottage 2 Bedroom Cottage

Expected rental affordability? > R5000 R5000-R6000 R6001-R7000 R7001-R8000 R8001 +

*Proof of income must be provided when an offer of accommodation is made in order to determine affordability.

Which village would you prefer to reside in:

1.	2.	3.	4.
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SECTION A

THE FOLLOWING SECTION MUST BE COMPLETED BY THE MAIN APPLICANT

PERSONAL INFORMATION

Title	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>		
ID Number	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> M <input type="checkbox"/> F		
Nationality	<input type="text"/>	Race	Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>
Telephone no.	(<input type="text"/> <input type="text"/>) <input type="text"/>	Cellphone no.	<input type="text"/>
Email address	<input type="text"/>		
Residential Address			
Unit Number	<input type="text"/>	Complex Name	<input type="text"/>
Street Number	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>		
City / Town	<input type="text"/>	Code	<input type="text"/>
Postal Address (complete only if different from residential address)	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>

PARTICULARS OF RELATIVES

	1 st Relative	2 nd Relative	3 rd Relative
Name & Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (e.g son, daughter)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Country	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION B

THE FOLLOWING SECTION MUST BE COMPLETED BY THE SPOUSE OF APPLICANT

PERSONAL INFORMATION

Title	<input type="text"/>	Surname	<input type="text"/>
First Name	<input type="text"/>		
ID Number	<input type="text"/>	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> M <input type="checkbox"/> F		
Nationality	<input type="text"/>	Race	Asian <input type="checkbox"/> Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/>
Telephone no.	(<input type="text"/> <input type="text"/>) <input type="text"/>	Cellphone no.	<input type="text"/>
Email address	<input type="text"/>		
Residential Address			
Unit Number	<input type="text"/>	Complex Name	<input type="text"/>
Street Number	<input type="text"/>	Street Name	<input type="text"/>
Suburb	<input type="text"/>		
City / Town	<input type="text"/>	Code	<input type="text"/>
Postal Address (complete only if different from residential address)	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>

PARTICULARS OF RELATIVES

	1 st Relative	2 nd Relative	3 rd Relative
Name & Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship (e.g son, daughter)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Country	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C

CONSENT TO PROCESS PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF INFORMATION ACT, 4 OF 2013 (POPI)

1. I hereby give my consent to that the ECHO Foundation to collect, process and distribute my personal information where the Foundation is legally required to do so.
2. I understand my right to privacy and the right to have my personal information processed in accordance with the conditions of the lawful processing of personal information
3. I acknowledge that I understand the purposes for which my personal information is required and for which it will be used.
4. I hereby consent that I understand that third parties will have access to my personal information and I hereby consent to the ECHO Foundation sharing my personal information strictly for reporting to the relevant Executive Authority.
5. I understand, that should I refuse to provide the ECHO Foundation with the required consent and/or information, the Foundation will be unable to assist me accommodation requirements.
6. I understand further, that all my personal information which I provide to the ECHO Foundation will be held and/or stored securely for the purpose for which it is collected.
7. I declare that all my personal information supplied to ECHO Foundation for the purposes of retirement accommodation is accurate, up-to-date, is not misleading and that it is complete in all respects.
8. I undertake to immediately advise the Foundation of any changes to my Personal Information should any of these details change.

_____ / ____ / 20 ____
Full name of first applicant Signature Date

_____ / ____ / 20 ____
Full name of second applicant Signature Date

_____ / ____ / 20 ____
Full name of witness Signature Date

_____ / ____ / 20 ____
Full name of witness Signature Date

For more information regarding our privacy disclaimer, please visit our website
<https://echofoundation.co.za/privacy-disclaimer/>