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|  | Resident’s Preliminary Enquiry Form |

Please use this form to register an interest in applying to become a resident at Abbeyfield Masterton. It may be completed by the applicant, their personal advocate or family member. All information is held in confidence.

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| Your name: | (Mr/Mrs/Ms/Dr/Other): | | | | |
| Date of birth: | NZ Citizen: 🔾 Yes 🔾 No | | | | |
| Your present address: |  | | | | |
| Phone numbers | Home: | | Mobile: | | |
| Email address (*if available*) | |  | | | |
| If you are not currently living in the Masterton district, what are your links with this area? | | | | | |
| When do you require accommodation? | 🔾 As soon as a vacancy is available  🔾 Within six months | | | 🔾 Within 12 months  🔾 Over 12 months | |
| **Housing need:**  Please give a brief outline of your current housing situation. | | | | | |
| **Income and assets[[1]](#footnote-1)**:   1. Is your income under $616.73 a week (after tax)? 🔾 Yes 🔾 No 2. Do you have cash assets worth less than $42,700? 🔾 Yes 🔾 No | | | | | |
| Signature: |  | | | | Date: |

***If you are completing this form on behalf of the applicant, please give your details:***

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Phone numbers: | Home: | | Mobile: |
| Email address (*if available*) | |  | |
| Relationship to applicant: | |  | |

Please return this form to: Applications Co-ordinator, Abbeyfield Masterton, 39 Church St, or email to [info@abbeyfieldmasterton.nz](mailto:info@abbeyfieldmasterton.nz). We will be in touch, but please note rooms are not always available especially at short notice.

1. Information needed to assess your eligibility for government funding. [↑](#footnote-ref-1)