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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. 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)