



Office: 96 Clawton Street
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VILLA
EXPRESSION OF INTEREST

All villas are allocated on need, so please list in detail medical conditions / social contacts / supports etc.

1) Villa Site Preference Tainui Fitzroy Te Maru
(please circle) (Site of Rest Home)

2) Full name of Applicant (a) _____

Date of Birth _____

Full name of Applicant (b) _____

Date of Birth _____

3) Full Address _____

4) Phone No. _____

5) Doctor _____

6) Lawyer or Accountant appointed to handle your affairs (if any) _____

7) General health _____

8) Next of kin Name _____

Full address _____

Phone number _____

Relationship to you _____

9) If your application is successful, will you need to sell your house before you can pay for a villa. YES / NO Delete as applicable.

10) Do you have supportive family living locally? _____

11) Are you receiving any community support e.g. meals on wheels, homehelp, personal care etc? Please detail _____

12) Have you had any previous association with Tainui Village and/or the Anglican / Methodist Churches? Details _____

13) Any other information which you feel is relevant to your application including the reasons why you would like to live in Tainui Village. _____

14) Please cross out which statement does not apply.

a) I am interested in the next villa which becomes available.

b) I am not interested in the next villa, but would like to be considered for a villa in the future. When? _____

Signed : _____ Date : _____