Form No. VC6: Issue May 2014



• TSB ASCOT COMMUNITY HOUSE

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FULL NAME OF APPLICANT (a					
		DATE OF BIRTH(b)			
		MAIN.			
PHONE			1 337		
DOCTOR'S NAME (a)		DOCTOR'S NAME (b)			
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• SUPPORTED HOUSING

• TAINUI REST HOME

5.	Have you gifted money or assets in the last 5 year.  Please give details	rs? YES/NO		
6.	Do you have supportive family living locally?			
7.	General Health (list any illness / disabilities:)			
8.	Are you receiving any Community Support e.g. 1	neals on wheels, homehelp, personal care et		
9.	Have you had any previous association with Tainui Village and/or the Anglican/Methodist churches. Please detail.			
10.	Please explain why you wish to move into a Tainui chalet, also list any other information which you feel is relevant to your application.			
11.	Next of Kin:			
	Name:	Relationship to you:		
	Full Address:			
		Phone:		
12.	Solicitor: Name:	Phone:		
The Sign	information I have provided is true and correct.	Date:		
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