Application to Reside

1) I/We _____

_____

of _____ (the Applicant)

apply to Springfields Village to lease the accommodation unit described in item 4 of schedule 1 (the Unit) on the terms contained in this Application to Reside and acknowledge that this application to reside is subject to acceptance of by the Manager.

2) Acknowledge that if this application is accepted, I/We shall be eligible to reside at Springfields Village and the Manager will supply me/us with all documentation required by the Retirement Villages Act 199 and the Fair Trading (Retirement Villages Interim Code) Regulations (No. 2) 2019, which include the following (Pre-contractual Disclosure Documents)

   a) "Form 1 Information statement for prospective resident: signed by the Manager;
   b) "Form 2 Notice of rights Under Sections 13 and 14 of the Retirement Villages Act 1992";
   c) A copy of the Village Rules;
   d) A copy of the Code of Practice;
   e) A copy of the Lease
   f) A copy of the Financial Statements
   g) A copy of the budget of Operating Costs for the financial year;
   h) A copy of the budget for the maintenance Reserve Fund for the financial year

3) Acknowledge that after the expiry of 10 working days from the date in which I/We have received the Pre-contractual Disclosure Documents:

   a) If I/We wish to reside at the Unit in accordance with the terms state in the Pre-contractual Disclosure documents, then I/We must provide the Manager with a signed offer to lease (contained at Annexure 1) and pay the deposit stated in item 4 of schedule 1).
   b) If I/We do not wish to reside at the Unit in accordance with the terms state in the Pre-contractual Disclosure Documents, and I/We do not provide the signed Offer to Lease and pay the Deposit, the Manager may treat this Application to Reside as having lapsed.

4) Represent that:

   a) I am/We are, or at least one of us is 55 years of age or older and where one of us is not aged 55 years or more, that person is not younger than 50 years of age.
   b) I am/We are presently capable of maintaining my/our own safety, health and hygiene as a resident/as residents of the Village.
   c) I am/We are, non-smoker/s and do not use tobacco products

Schedule 1 – Information Table

	Item	Description
1.	Date of birth of Applicant/s:	
2.	Telephone number of Applicant/s:	
3	Email address of Applicant/s:	
4.	Unit:	
5.	Deposit	**$1,000**
6.	Ingoing Contribution:	
7.	Settlement Date:	
8.	Applicant's POA (if applicable)	
9.	Applicant's solicitor (if applicable)	
10.	Address of Applicant's residence to be sold:	
11.	Type and breed of any pets:	**Type:** **Breed:**

Deposit Details

Electronic Funds Transfer can be made into our bank accounts as follows:

National Australia Bank

Account Name: **Summit Development Trust**

BSB: **086-006**

Account Number: **461 325 270**

Please include your Surname and Unit number as the reference

Signed by the Applicant/s:

Signed by the Applicant in the presence of:

Signature of Applicant	Signature of Witness
Name of Applicant	Name of Witness

Signed by the Applicant in the presence of:

Signature of Applicant	Signature of Witness
Name of Applicant	Name of Witness

Signed by the Manager:

Manager

Signed by the Manager for and on behalf of)
Springfields Village Pty Ltd)
(ACN 009 366 821) in accordance with)
Section 127(1) of the Corporations Act.)

_____
Signature of authorised representative

_____
Name of authorised representative