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**Deferred Payment Scheme Application Form**

**(If you own more than one home, please complete a separate form for each property)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1** | | | | | Details of person applying for the Deferred Payments Scheme | | | | | | | | | | | | | | | |
| Title (Mr, Mrs, Ms) | | | | |  |  | | | | | | | | | | | | | | |
| First Name(s) | | | | |  |  | | | | | | | | | | | | | | |
| Last Name | | | | |  |  | | | | | | | | | | | | | | |
| Date of Birth | | | | |  |  | | | | | | | | | | | | | |  |
| Current Address | | | | |  |  | | | | | | | | | | | | | |  |
|  | |  | | |  |  | | | | | | | | | | | | | |  |
| Email | |  | | |  |  | | | | | | | | | | | | | | |
| Telephone number | | | | |  |  | | | | | | | | | | | | | |  |
| Mobile number | | | | |  |  | | | | | | | | | | | | | |  |
| Are you | | Single | | | | |  | | --- | |  | | | | | | | Married | | |  | | --- | |  | | | Divorced | | | |  | | --- | |  | | |
|  | | Separated | | | | |  | | --- | |  | | | | | | | Widowed | | |  | | --- | |  | | | Civil Partnership | | | |  | | --- | |  | | |
| **Please provide evidence of your identity (preferably a passport or the photo card of a driving license) if you are signing the deferred payment agreement** | | | | | | | | | | | | | | | | | | | | |
| **Section 2** | | | | | Details of representative of person applying for the Deferred Payments Scheme (if relevant) | | | | | | | | | | | | | | | |
| Title (Mr, Mrs, Ms) | | | | |  | | | | | | | | | | | | | | | |
| First Name(s) | | | | |  | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | |
| Telephone / Mobile number | | | | |  | | | | | | | | | | | | | | | |
| Email | | | | |  | | | | | | | | | | | | | | | |
| Relationship to person named above | | | | |  | | | | | | | | | | | | | | | |
| Do you have legal authority to act on behalf of the person named in Section 1? If yes please give details. Yes/No (please delete) | | | | | | | | | | | | | | | | | | | | |
| Lasting Power of Attorney | | | | | | | | | | |  |  |  | | --- | --- | --- | |  | Court of Protection |  | | | | | | | | | | | |
| Deputyship/Appointeeship | | | | | | | | | | |  |  |  | | --- | --- | --- | |  | Solicitor |  | | | | | | | | | | | |
| **Please enclose original or certified copies of documents confirming legal arrangements** | | | | | | | | | | | | | | | | | | | | |
| **Section 3** | | **About the property** | | | | | | | | | | | | | | | | | |
| Please give the full address of the property | | | | | | | | | | | | | | What is the current value? | | | | | |
|  | | | | | | | | | | | | | | **£** | | | | | |
| Do you have a mortgage or other secured loan on the property? | | | | | | | | | | Yes / No | |  | |  | | |  | | |
| If Yes: What type of mortgage or loan do you have? | | | | | | | | | | | | | | | | | | | |
| Repayment | | |  | | --- | |  | | | | | | | | | Endowment | | |  | | --- | |  | | | Interest Only | | | | |  | | --- | |  | | |
| If you have another type of loan please give details: | | | | | | | | | | | | | | | | | | | |
| How much do you pay each month?  (include any endowment or insurance premium) | | | | | | | | | | **£** | | | | | | | | | |
| Name of mortgage lender | | | | | | | | | |  | | | | | | | |  | |
| Account number | | | | | | | | | |  | | | | | | | |  | |
| Date of mortgage agreement | | | | | | | | | |  | | | | | | | |  | |
| Amount of outstanding mortgage | | | | | | | | | |  | | | | | | | |  | |
| **Please attach documents confirming mortgage details.** | | | | | | | | | | | | | | | | | | | |
| Is the property up for sale? | | | | | | | | | | Yes / No | | | | | | | | | |
| If yes who is the estate agent? | | | | | | | | | |  | | | | | | | | | |
| What is the asking price? | | | | | | | | | | £ | | | | | | | | | |
| If No do you intend to put the property up for sale shortly? | | | | | | | | | | Yes / No | | | | | | | | | |
| If Yes from what date? | | | | | | | | | |  | | | | | | | | | |
| Does anyone else have an interest in the property with you? | | | | | | | | | | Yes / No | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| If Yes: Please give their details and their interest | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | Address | | | | | | | | Interest in property | |
|  | | | | | | | | | |  | | | | | | | |  | |
|  | | | | | | | | | |  | | | | | | | |  | |
|  | | | | | | | | | |  | | | | | | | |  | |
| **Please enclose documents confirming these details. All those named above will also need to sign in Section 8 of this form or provide signed consent to this application.** | | | | | | | | | | | | | | | | | | | |
| Is the property registered in the name of someone who has died? | | | | | | | | | | Yes / No | | | | | | | | | |
| **If yes please enclose an original or certified copy of their death certificate** | | | | | | | | | | | | | | | | | | | |
| **What type of property is it?** | | | | | | | | | | | | | | | | | |  | |
| Detached house | | | | | | |  | | --- | |  | | Semi-detached house | | | | | | | | | | | |  | | --- | |  | | |
| Terraced house | | | | | | |  | | --- | |  | | Bungalow | | | | | | | | | | | |  | | --- | |  | | |
| Flat | | | | | | |  | | --- | |  | | Other | | | | | | | | | | | |  | | --- | |  | | |
| If other please give details | | | | | | | | | | | | | | | | | |  | |
| Does anyone currently live in the property? | | | | | | | | | | Yes / No | | | | | | | | | |
| If yes please give their details and relationship to you: | | | | | | | | | | | | | | | | | | | |
| What is their age? | | |  | | | | | | | How long have they lived there? | | | | | |  | | | |
| If this person has any disabilities or reasons as to why they have to remain in this property please provide details | | | | | | | | | |  | | | | | | | | | |
| If this person is a tenant please state their weekly/monthly rental payments | | | | | | | | | | £ | | | | | | | | | |
| Do you have valid landlord insurance? | | | | | | | | | | Yes / No | | | | | | | | | |
| Please provide a copy of the rental agreement and landlord insurance if applicable | | | | | | | | | | | | | | | | | | | |
| **Section 4** | | **About the maintenance expenses for your property**  You will need to maintain the property and land, including gardens and outbuildings. This means the property will need to be insured and utility bills will need to be paid. | | | | | | | | | | | | | | | | | |
| Type of Expense | | | | | | | | How Much | | | | | | How often?  (Weekly, Monthly, Yearly) | | | | | |
| Building Insurance  (if the property is empty your insurance must state this) | | | | | | | | **£** | | | | | |  | | | | | |
| Ground Rent | | | | | | | | **£** | | | | | |  | | | | | |
| Fuel Costs (gas/electric) | | | | | | | | **£** | | | | | |  | | | | | |
| Other charges | | | | | | | | **£** | | | | | |  | | | | | |
|  | | | | | | | | **£** | | | | | |  | | | | | |
|  | | | | | | | | **£** | | | | | |  | | | | | |
| Please provide copies of the above expenses if applicable | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **Section 5** | **Disposable Income Allowance** | | | | | | | | | | | | | | | | | | | | |
| If you are offered a deferred payment agreement, you will be entitled to keep a disposable income allowance of up to £144 per week to enable you to maintain the property and pay the expenses listed above. If your weekly income is less than £144 then you will be entitled to keep all of it. However, should you do this you will increase the rate at which the accrued debt reaches the equity limit in the property. | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Having considered your expenses in maintaining the property what is the value of the Disposable Income Allowance you wish to keep? | | **£** | | **Section 6** | **Other information** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Section 7** | **Declaration** | | | | | | I wish to make an application under the Deferred Payments Scheme.  I understand that acceptance of any application under the scheme is at the discretion of Hull City Council, subject to me meeting the eligibility criteria and the local authority being able to obtain adequate security. The deferred payments will not take effect until a formal agreement is entered into.  I confirm that I own/part-own (please delete as appropriate) or am acting on behalf of the person of the property specified in Section 3. I authorise Hull City Council to check the legal title to the property.  When the agreement begins, I agree to a legal charge being placed on the property specified in Section 3 and agree to pay the legal costs of Hull City Council.  I agree that I shall be responsible for payment of the weekly contribution to the cost of my care that I am assessed to make under the regulations specified in the Care and Support Regulations 2014 regulations regarding charging from my income and other capital.  I confirm that I and all other persons who occupy or have an interest in the property specified in Section 3 have been told of the need to take independent legal and financial advice before I/we enter into an agreement under the Deferred Payments Scheme.  I confirm that the information given on this form is true and accurate to the best of my knowledge.  I have read and understood this application for the Deferred Payments Scheme and the terms of this  declaration. | | | | | | | **Your full name** | | | | | | | | **Your signature** | | | | **Date** |  | | | If you are signing on behalf of the person applying to use the Deferred Payments Scheme, you  must be the person named in Section 2, and have legal authority to act.  Hull City Council will use the information you have provided for the following purpose of deciding on the application for a deferred payment and the financial assessment of the person’s contribution. No personal information you have given us will be passed on to third parties for commercial purposes.  If you do not wish certain information about you to be exchanged within the Council, you can request that this does not happen. | | | | | | | | **Section 8** | | **Co-Owners Consent**  I confirm that I have been informed about the Deferred Payment Agreement and give my consent for Hull City Council to process the Deferred Payment Agreement which will enable them to place a Legal Charge on the stated property in accordance with the Care and Support (Deferred Payment Agreements) Regulations 2014. | | | | | | | **Full Name** | | | **Signature** | | | | | |  | | |  | | | | | |  | | |  | | | | | |  | | |  | | | | | |  | | |  | | | | | | **Section 9** | | **Checklist for Documentation** | | | | | |   Please check and ensure you have provided all the documentation required to support this application and return to the address below.  If it is not all available, please explain why in Section 6 - Other information.  If this form is not signed and returned or the proofs provided to us within the first 12 weeks of receiving care you will have to pay the full costs of your care to your provider yourself.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Details of legal representative (original or certified copy of LPA, Deputyship etc) if obtained. | |  | | --- | |  | | Mortgage details | |  | | --- | |  | | | Evidence of Identity | |  | | --- | |  | | Evidence showing Joint or other interests in the property | |  | | --- | |  | | | Consent by Co Owners | |  | | --- | |  | | Original or certified copy of a required death certificate | |  | | --- | |  | | | Property Expenses | |  | | --- | |  | | Appropriate Buildings Insurance. | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | |