**Bury Council,** **One Commissioning Organisation, Community Commissioning Division**

**DEFERRED PAYMENT SCHEME APPLICATION FORM**

**Care Act 2014**

This form should be completed and returned to the following address if you are applying to enter into a Deferred Payment Agreement in order to defer the payment of residential care home fees.

Personalisation and Support Business Team, First Floor, 3 Knowsley Place, Duke Street, Bury, Lancs, BL9 0EJ.

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| **Section 1** | | Details of person applying for the Deferred Payments Scheme | | | | | | | | | | | |
| Title (e.g. Mr, Mrs, Ms ) |  | | | | | | Date of Birth | | |  | | | |
| First Name(s) | |  | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | | |
| Current Care Home | |  | | | | | | | | | | | |
| **Section 2** | | Details of Authorised Representative of person named in Section 1.  (if relevant)  **Please attach documents confirming legal arrangements** | | | | | | | | | | | |
| Title (e.g. Mr, Mrs, Ms ) | |  | | | | | | | | | | | |
| First Name(s) | |  | | | | | | | | | | | |
| Last Name | |  | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | |
| Telephone | |  | | | | | | | | | | | |
| Email | |  | | | | | | | | | | | |
| Relationship to person named above | |  | | | | | | | | | | | |
| Registered Enduring or Lasting Power of Attorney | | | | | | | | | Yes | | | | No |
| Court of Protection Deputyship for Property and Affairs | | | | | | | | | Yes | | | | No |
| **Section 3** | | Details about the property | | | | | | | | | | | |
| Full address & postcode of the property. | | | | |  | | | | | | | | |
| Current Value of the property  Please attach confirmation of value. | | | | | £ | | | | | | | | |
| Is there a mortgage or other secured loan on the property? | | | | | Yes | | | | | | No | | |
| If Yes: What type of mortgage or loan is this?(Please tick relevant box)  Please attach documents confirming mortgage or loan details. | | | | | | | | | | | | | |
| Repayment: | | | | | Endowment: | | | | | | Interest Only: | | |
| If other type of loan please give details,  ie what is the loan for?, how much is outstanding? who is the loan with? | | | | | | | | | | | | | |
| 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 | | | | |  | | | | | | | | |
| Does anyone else have an interest in the property with you? | | | | | Yes | | | | | | No | | |
| If Yes: give their details and their interest. (Please attach documents confirming details). | | | | | | | | | | | | | |
| Name | | | | |  | | | | | | | | |
| Address | | | | |  | | | | | | | | |
| What is their interest in the property? | | | | |  | | | | | | | | |
| What type of property is it? (Please tick relevant box) | | | | | | | | | | | | | |
| Detached house | | | | | Semi-detached house | | | | | | | | |
| Terraced house | | | | | Bungalow | | | | | | | | |
| Flat | | | | | Other (state details) | | | | | | | | |
| Does anyone live in the property? | | | | | Yes | | | | | | No | | |
| If yes, give details | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | Age | | |
| Relationship | |  | | | | | | | | | | | |
| How long have they lived there? | | | |  | | | | | | | | | |
| **Section 4** | | Details about the property expenses.  **Please attach documents confirming expenses**. | | | | | | | | | | | |
| Type of Expense: | | How Much? | | | | | | How often? (ie, weekly, monthly, yearly) | | | | | |
| Service Charge | | £ | | | | | |  | | | | | |
| Fuel Charge | | £ | | | | | |  | | | | | |
| Ground Rent | | £ | | | | | |  | | | | | |
| Building Insurance | | £ | | | | | |  | | | | | |
| Other | | £ | | | | | |  | | | | | |
| **Section 5** | | Details of Property Maintenance and Insurance. | | | | | | | | | | | |
| The property including gardens and outbuildings will need to be properly maintained and insured. Please explain how you intend to maintain and upkeep the property, including details of whether you plan to rent out the property or place on the market for sale.  Please attach documents confirming Insurance cover. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| You are entitled to retain a Disposable Income Allowance from your income to use towards the maintenance your property of up to £144.00 per week. When considering if you want to do this, you need to be aware that this will increase the amount of your weekly loan and interest payments. If you would still like to proceed please enter the weekly amount you would like to retain below. | | | | | | | | | | | | | |
| How much of this allowance would you like to retain? | | | | | | | | £ | | | | | |
| **Section 6** | | Checklist for Documentation provided (Please tick relevant box) | | | | | | | | | | | |
| Confirmation of Authorised Legal Representation | | | | | | | |  | | | | | |
| Confirmation of property valuation | | | | | | | |  | | | | | |
| Confirmation of Mortgage or loan details | | | | | | | |  | | | | | |
| Confirmation of other parties with an interest in the property | | | | | | | |  | | | | | |
| Confirmation of current Insurance cover | | | | | | | |  | | | | | |
| Confirmation of current property expenses | | | | | | | |  | | | | | |
| **Section 7** | | Care Home Top-Up Fees | | | | | | | | | | | |
| If you choose a care home that charges more than the standard Local Authority fee rate the additional part is called a Top-Up Fee. You can only pay this additional fee yourself in certain circumstances and is known as a “First Party Top-Up”. This could be if you have a Deferred Payment Agreement and there is enough equity in the property to cover the additional fee. This would be added to the Deferred Debt and repaid when the property is sold or the Deferred Payments Agreement comes to an end. | | | | | | | | | | | | | |
| Do you want to apply for a First Party Top-Up Arrangement? | | | | | | Yes: | | | | | | No: | |
| |  |  | | --- | --- | | **Section 8** | Deferred Debt (Loan) Repayment | | | | | | | | | | | | | | |
| The Deferred Payment Scheme Agreement will come to an end on the completion of a sale of the property or from the date of death. The Scheme Agreement requires the outstanding debt to be repaid within 90 days. If the debt is not repaid after 90 days interest will accrue at a rate of 8% compound. | | | | | | | | | | | | | |
| How do you intend to repay this debt within 90 days? | | | | | |  | | | | | | | |
| **Section 9** | | **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 Bury Council, subject to meeting the eligibility criteria and Bury Council 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) the property specified in Section 3. I authorise Bury Council to check 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 Administration Fees of Bury 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 Act 2014 and associated Statutory Guidance 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 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.  Bury Council will use the information provided for the purpose of deciding on the application for a deferred payment and the financial assessment of the person’s contribution to care services.  No personal information will be passed on to third parties for commercial purposes.  Bury Council is under a duty to protect the public funds it administers, and may use the information you provide within this authority for the prevention and detection of fraud. Bury Council may also share this information with other Agencies administering public funds solely for this purpose. | | | | | | | | | | | | | |
| Signature of Applicant | | |  | | | | | | | | | | |
| Name of Applicant | | |  | | | | | | | | | | |
| Date | | |  | | | | | | | | | | |
| If you are signing on behalf of the person who is applying to use the Deferred Payments Scheme, you must be the person named in Section 2, and have legal authority to act. | | | | | | | | | | | | | |

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