| **Section 1 - Resident Details** |  |
| --- | --- |
| **Title (Mr./Mrs./Miss/Other)** |  |
| **First Name** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Home Telephone Number** |  |
| **Mobile Number** |  |
| **E-Mail Address** |  |
| I wish to apply for Deferred Payment Agreement (DPA) in respect of the accommodation charges due to Luton Borough Council relating to ownership of the property mentioned below at section 4. |  |
| **Section 2 - Details of your Financial Representative** |  |
| **Title (Mr./Mrs./Miss/Other)** |  |
| **First Name** |  |
| **Surname** |  |
| **Relationship to applicant** |  |
| **Address** |  |
|  |  |
|  |  |
| **Town** |  |
| **Post Code** |  |
| **Home Telephone Number** |  |
| **Mobile Number** |  |
| **E-Mail Address** |  |

| **Section 2 - Details of your Representative (Continued)** |  |
| --- | --- |
| **Do you have legal authority to act on behalf of the applicant** | **Yes No** |
| ***If yes please tick which is applicable and attach appropriate legal documentation as evidence*** |  |
| **Power of Attorney** |  |
| **Enduring/Lasting Power of Attorney** |  |
| **Deputy/Receiver** |  |
| ***If NO, but you are in the process of applying for legal authority, please send copies of the relevant papers, once you receive them to the Financial Assessments Team (address details at the end of this form)*** |  |
| **Section 3 – Details of your Residential Care** |  |
| **Name of Care Home** |  |
| **Address** |  |
|  |  |
|  |  |
| **Town** |  |
| **Post Code** |  |
| **Telephone Number** |  |
| **The Date you started living in the care home** |  |
| **How were you placed in the care home?** | **Self** |
| **Luton Borough Council** | **Other Council Other** |
| **Did you receive the 12 week disregard?** | **Yes No** |
| **What is the total weekly cost of your accommodation and care?** |  |

| **Section 4 - Details of the Property to which the DPA will relate** | |  | |
| --- | --- | --- | --- |
| **Address** | |  | |
|  | |  | |
|  | |  | |
| **Town** | |  | |
| **Post Code** | |  | |
| **Section 5 - Ownership Entitlement** | |  | |
| **Is the property owned solely by the resident?** | | **Yes No** | |
| **If No, please indicate the proportion of the property owned by the resident** | |  | |
| **Please state the names and addresses of any co-owners (continue on another page if necessary):** | |  | |
| **Name Co-owner 1** | |  | |
| **Address** | |  | |
|  | |  | |
|  | |  | |
| **Postcode** | |  | |
| **Name of Co-owner 2** | |  | |
| **Address** | |  | |
|  | |  | |
|  | |  | |
| **Postcode** | |  | |
| ***You must ensure the property is adequately insured. Please note that if your property is unoccupied you will need to amend your insurance policy to ensure that vacant possession is covered.*** | |  | |
| **Section 5 - Ownership Entitlement (continued)** | |  |
| **Estimated Property Value** | |  |
| **Date of Valuation** | |  |
| **Please tell us of any mortgages or loans you have outstanding on your property *(please provide documentation confirming mortgage/loan agreements)*** | |  |
| **Name of Mortgage/Loan Lender 1** | |  |
| **Account Number** | |  |
| **Date of Agreement** | |  |
| **Amount Outstanding** | |  |
| **Name of Mortgage/Loan Lender 2** | |  |
| **Account Number** | |  |
| **Date of Agreement** | |  |
| **Amount Outstanding** | |  |
| **Section 6 - Occupiers *(details of anyone living in the property)*** | |  |
| **Occupier Name** | |  |
| **Relationship to the owner(s)** | |  |
| **Occupiers date of birth** | |  |
| **Date they moved in** | |  |
| **Occupier Name** | |  |
| **Relationship to the owner(s)** | |  |
| **Occupiers date of birth** | |  |
| **Date they moved in** | |  |
| **Will they remain in the property** | | **Yes No** |

| **Section 7 - Declaration** |
| --- |
| * I wish to apply for the Deferred Payments Scheme. I understand that acceptance of any application under the scheme is at the discretion of Luton Borough Council and that the Deferred Payment Agreement will not take effect until a formal agreement is entered into. I understand that sending this application to the Luton Borough Council will not create a legally binding relationship. * I confirm that I own/part own (*please delete as appropriate*) the property specified in Section 4 and I authorise Luton Borough Council to check legal title to the property. * I agree to a legal charge being placed on the property specified at Section 4 * I enclose written consent from all joint owners accepting the legal charge being placed on the property (*delete if not applicable)* * I agree to pay £240.00 to cover all administration and legal costs. * I agree that I shall be responsible for the payment of the weekly contribution to the cost of my care that I am assessed to make under regulations specified in the Care Act Regulations regarding charging from my income and other capital. This will be subject to subsequent reviews in case of price increases, and changes to income. * 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 the declaration. * I understand that the Council will store the information given on this form on paper and on computer, and I agree that when necessary it may be shared with other organisations that work with the Council. I also understand that the information will be kept confidential and secure and that I may ask to see it at any time, in accordance with the Data Protection Act 1998. |
| **Signed** |
| **Name (Print)** |
| **Signed on behalf of** |
| **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 (or be in the process of applying for this).** |

| **Section 8 - Documents to be included with your application** |  |
| --- | --- |
|  | **Please Tick ** |
| Details of legal representative |  |
| Written valuation of property (no more than 3 months old) |  |
| Relevant documentation regarding joint ownership |  |
| Relevant documentation for mortgages/loans |  |
| Copy of valid buildings insurance |  |
| Completed direct debit mandate |  |

**Please return this form, together with relevant enclosures to:**

**Financial Assessment Team Manager - ASC**

**Luton Borough Council**

**Customer and Commercial Services**

**5th Floor Town Hall Extension**

**George St**

**Luton**

**LU1 2BQ.**