**Deferred Payment Application form – *please complete and return to:***

***DPA Team, FIAS, Beacon House, Landmark Business Park, White House Road, Ipswich, IP1 5PB***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1** | | | | Details of person applying for the Deferred Payments Scheme - ID1 form to be completed. | | | | | | | | | | | | | |
| Title  (e.g. Mr, Mrs, Ms ) | | | |  |  | | | | | | | | | | | | |
| First Name(s) | | | |  |  | | | | | | | | | | | | |
| Last Name | | | |  |  | | | | | | | | | | | | |
| Date of Birth | | | |  |  | | | | | | | | | | | |  |
| Address |  | | |  |  | | | | | | | | | | | |  |
|  |  | | |  |  | | | | | | | | | | | |  |
| Email |  | | |  |  | | | | | | | | | | | | |
| Telephone number | | | |  |  | | | | | | | | | | | |  |
| Are you | Single | | | |  | | | | Married | |  | | Divorced | |  | | |
|  | Separated | | | |  | | | | Widowed | |  | | Civil partnership | |  | | |
| **Section 2** | | | | Details of representative (s) of person applying for the Deferred Payments Scheme (if relevant) ID1 form(s) to be completed for each registered legal representative. | | | | | | | | | | | | | |
| Title | | | | | | | |  | | | | | | | | | |
| First Name(s) | | | | | | | |  | | | | | | | | | |
| Last Name | | | | | | | |  | | | | | | | | | |
| Address | | | | | | | |  | | | | | | | | | |
| Telephone | | | | | | | |  | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | |
|  | Power of Attorney | | | | | | | | | | | | | |  | | |
|  | Enduring or Lasting Power of Attorney | | | | | | | | | | | | | |  | | |
|  | Deputy or receiver | | | | | | | | | | | | | |  | | |
|  | Solicitor | | | | | | | | | | | | | |  | | |
| **Please attach certified registered 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, equity release product or other secured loan on the property? | | | Yes | | | | |  | | | | No (please go to section 3b) | | |  | | |
| If Yes: What type of mortgage or loan do you have? | | | | | | | | | |  | |  | | |  |  | |
| Repayment | | | | | | | Endowment | | | | | | | Interest Only | | | |
| If equity release or other type of loan please give details | | | | | | | | | | | | | | | | | |
| How much do you pay each month  (include any endowment or insurance premium) | | | | | | | | | | | | | | | **£** | | |
| Name of mortgage/loan/equity release lender | | | | | |  | | | | | | | | |  | | |
| Account number | | | | | |  | | | | | | | | |  | | |
| Date of agreement | | | | | |  | | | | | | | | |  | | |
| Amount outstanding | | | | | |  | | | | | | | | |  | | |
| **Please attach documents confirming mortgage details** | | | | | | | | | | | | | | |  | | |
| 3b. 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 attach documents confirming details** | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3c.What type of property is it?** | | | | | |  |
| Detached house | | |  | | Semi-detached house |  |
| Terraced house | | |  | | Bungalow |  |
| Flat | | |  | | Other |  |
| If other please give details | | | | | |  |
| Does anyone live in the property | | Yes |  | | No |  |
| If yes please give us their full names and date of birth | | | | | |  |
| **Section 4** | **About the property expenses** | | | | | |
| Type of Expense | | | | How Much | How often?  (Weekly, Monthly, Yearly) | |
| Service Charge | | | | **£** |  | |
| Fuel Charge | | | | **£** |  | |
| Ground Rent | | | | **£** |  | |
| Building Insurance (Mandatory information) | | | | **£** |  | |
| Rental agency charges | | | | **£** |  | |
| Other costs (please give details) | | | | **£** |  | |
|  | | | | **£** |  | |
|  | | | | **£** |  | |
| **Please attach documents confirming expenses** | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 5** | **Property Maintenance** | | | | | |
| 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. It may also include renting the property out. Copies of tenancy agreements will be required. Please explain how do you intend to maintain and upkeep the property, including whether you plan to rent it out. We may ask you for more information about this. | | | | | | |
| |  |  | | --- | --- | | **Section 6** | **Other information** |   Have you made a will?  Yes    No      If yes, can you please tell us who you have appointed as executor(s):  (continue on a separate sheet if necessary)  Name:  Company (if applicable):  Address:  Email:  Phone number:  Please tell us why you are requesting a deferred payment?   |  |  | | --- | --- | | **Section 7** | **Checklist for Documentation** |   Please check and ensure you have provided documentation requested on this form. | | | | | | |
| ID1 form(s) | |  | Mortgage details | | |  |
| AFI form completed and returned to Finance Assessment Team. | |  | Three property valuations | | |  |
| Certified registered legal representative documents | |  | Property expenses (including house insurance documents) | | |  |
| Joint or other interests in the property | |  |  | | |  |
|  | | | | | | |
| For official use only:  CF6 id - Oracle id - | | | | | | |
|  | | | | | | |
| Approved: yes/no Reason code: | | | | | | |
| Name and date: | | | | | | |
|  | | | | | | |
| **Section 8** | **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 Suffolk County 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) the property specified in Section 3. I understand that Suffolk County Council will 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 Suffolk County 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 specified in the Care Act 2014 regulations regarding charging from my income and other capital, or any other payment that is agreed with Suffolk County Council and any administration fee.  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.  Suffolk County 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.  We will share the information that you have given us with other parts of Suffolk County Council where applicable. | | | | | | |
| **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. Proof of identity is required for all parties with completion of ID1 forms. | | | | | | |