

## Appendix 3 PROPERTY INFORMATION ACKNOWLEDGEMENT

### Section 1 Details of person moving into residential or nursing care

Mr/Mrs/Ms/other ..... Surname .....

First names.....

Date of birth...../...../.....

National Insurance Number .....

Phone number, where you can be contacted.....

### Section 2 Details of representative (if relevant)

Mr/Mrs/Ms/other ..... Surname.....

First names.....

Address.....

..... Postcode.....

Telephone..... Date of birth ...../...../.....

Email .....

Relationship to person named in Section 1 (e.g. son, daughter, solicitor) .....

### Do you have legal authority to act on behalf of the person named in Section 1?

Yes  No

**If YES, please tick the relevant box below to indicate the authority you have and provide evidence of your authority, e.g. full Power of Attorney document, when returning this document:**

Power of Attorney  Deputyship

### SECTION 3 Details of your former home

Address .....

..... Postcode .....

### Does anyone else live in this property?

If **YES**, please provide the following information:

Name	Age	Relationship to you	Date Moved into the property

**Important note:**

If this person is your partner and they intend to remain living in the property, you do not need to complete the remainder of this form.

Please go straight to Section 8 - Declaration page.

**SECTION 4 Further Information about your former home**

**Do you own the property mention in Section 3?**       Yes       No *(please go to section 5)*

If **YES**, please tick the relevant box

I am the sole owner

I own it with someone else, complete section below

I own it with:.....

It is held as:

Jointly Owned

Tenants in Common

Other, i.e. Held in Trust

**What type of property is it? (please tick relevant one)**

Flat	Terraced	Detached
Bungalow	Semi Detached	Other (please state)

**How many bedrooms/bathrooms are there?** .....

**When did you buy your home?** .....

**Price paid £** ..... **Estimate of current value £** .....

**Is your home mortgaged or have you taken out an equity release against the property?**

Yes (mortgage)

Yes (equity release)

No

**If YES, please tell us the amount borrowed £** ..... **and amount outstanding £** .....

Please provide supporting evidence e.g. Mortgage Statement or Equity Release Agreement document.

Is the property currently (\* Please tick appropriate box in first column below and provide appropriate information)

*	<b>Unoccupied?</b>	
*	<b>Rented out?</b>	Net rental income? £                      weekly/four weekly/calendar monthly What date did this commence:
*	<b>Up for sale?</b>	Asking price? £ Name & address of Estate Agent:

**SECTION 5 Additional Property or Land**

Do you own any additional property or land?       Tick      Yes       Tick      No

If **YES**, please tick the relevant box

- Tick      I am the sole owner
- Tick      I own it with someone else

Please give details (for example, jointly owned, tenancy in common) and give the names on the deeds

..... Address  
 .....  
 ..... Postcode. ....

**SECTION 6 Further Information**

If the person moving into residential or nursing care previously owned a property or is no longer the beneficial owner of the property mentioned in section 3, please summarise the previous and current circumstances. Please provide any supporting documentation, i.e. Trust document/severance of joint tenancy/Will.

## SECTION 7 - Documents you may need to provide

Please tick below, which documents you are enclosing.

- Original or certified Power of Attorney/Deputy (if appropriate)
- Copy of Mortgage/Equity Release statement (if appropriate)
- Trust document (if appropriate)
- Severance of Tenancy (if appropriate)

## SECTION 8 - DECLARATION

I agree that any personal and financial information I have provided to The Pension Service or Worcestershire County Council, for the purpose of assessing either my entitlement(s) to benefits and pensions or residential care charges, may be passed between these organisations so that they can assess my entitlement to benefits and pensions or residential care charges.

I understand that I may withdraw my consent to the disclosure of such information at any time by writing to:

**The Care Contribution Manager Care Contribution Assessment Team**  
Adult Services, Worcestershire County Council County Hall, Spetchley Road  
**Worcester, WR5 2NP**

I declare that the information on this form is correct and complete.

I authorise Worcestershire County Council (Adult Services) to obtain any details regarding my financial affairs and assist me to claim any benefit to which I may be entitled.

I declare that I have applied for all Social Security benefits available for residential, nursing or domiciliary assistance to the best of my knowledge.

If I receive residential accommodation, I understand that I will be responsible for contributing toward my residential accommodation as assessed by the Local Authority for the duration of the contract between the County Council and the home including periods of up to six weeks if I am absent.

**Are you the person receiving care? If so, please sign below:**

**Signature:**

**Date:**

If you are signing the form for someone else please read below:

You can sign this form for the service user but they must still sign it themselves unless one or more of the following apply. Please tick all the relevant boxes.

I hold a power of attorney to receive and deal with their benefits from social security

I am Appointee, appointed by the department for Work and Pensions (DWP), to receive and deal with their benefits and their letters from social security

<b>Signature:</b>	
<b>Date:</b>	
<b>Print Name:</b>	

**Office Use**

**Please scan and upload**

**This document can be made available in other formats (large print, audio tape, computer**

<b>Name of Social Worker</b>	
<b>Date</b>	
<b>Signature</b>	

**To the best of our knowledge all information was correct at the time of printing: April 2019**