

NAME OF APPLICANT

HOME (office use only)



## APPLICATION FORM - PART 2 – (FINANCE)

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# Respite or Long Term Residence in an RMBI Home

### IMPORTANT INFORMATION

An applicant's residency cannot commence until we have been provided with full information regarding their property, income and capital. The outline information in this Application Form - Finance will enable us to process your application and we may request further information or documents to support an application.

Once an application is made a potential resident must not dispose of any property, assets or capital, or purchase any annuity, without disclosing this to the RMBI.

If you need any help or advice completing this form, contact the Home Manager at your first choice Home.

Royal Masonic Benevolent Institution Care Company

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Caring is our way of life

## **YOUR PERSONAL DETAILS**

### **A. About the applicant**

Your surname:

Your forename/s:

Your date of birth:

Your current address:

Post Code:

*Billing contact and address detail if different from above:*

Full Name:

Address:

Post Code:

Telephone No.

Relationship to you:

Email address:

### **B: About your next of kin**

<b>Detail</b>	<b>Next of Kin 1</b>	<b>Next of Kin 2</b>
Full Name		
Relationship to you		
Full Address		
Post code		
Telephone No.		
Email address		

### **C. Attorney**

If you do not deal with your own finances, please provide the name and address of the person who does this for you.

Name:

Address:

Post Code:

Telephone No:

Relationship to you:

Email address:

If you have completed above, please provide a copy of all relevant documents.

## **ABOUT YOUR FINANCES**

### **D. Your property**

- Please provide the following details for any property that you fully own or share part of the ownership.
- If you do not currently own a property, please provide details of any property that you have owned (or shared part of the ownership) within the last 7 years.
- If you have not held any property within the last 7 years please tick this box  and continue to E.

**Your Property details continued**

Address of any property owned by you:

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Post Code:

Freehold / Leasehold:

Estimated Value in GBP:

Your share of the property:

100% or

% \*

\* Please provide the details of any other parties with an interest in this property together with a **supporting evidence**, for example, a copy of the land registry:

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If the property is subject to a mortgage please provide details of the company/persons holding the mortgage, current redemption amount (estimated) and a copy of **the latest statement**:

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If you have entered into an equity release agreement for this property please provide the name of the company, the copy of this agreement and the latest statement:

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If this property is currently occupied by anyone other than you, please provide their details here. This should include any partner, a relative aged over 60 years, a relative who is incapacitated or a child under 16 who you support, together with supporting documents.

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Please provide similar details for any additional properties owned by you, or which you have an interest in.

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**E. Your income**

Please state your income after income tax or any other tax has been deducted (if any)

Detail about your Income	Weekly (£)	Monthly (£)
State retirement Pension		
Minimum Income Guarantee/Pension(Income Support)		
Employer's Pension		
Private Annuities		
Attendance Allowances		
Any other allowances		
Income from Trust Funds		
Rental income (after deduction of management cost)		
Any other income (shares, capital bonds, interests etc)		
Other Income		
Total		

## F. Your savings

Please provide the details of the Banks/institutions where these savings are held

Detail about your savings:	Amount (£)
Current Account Balance	
Deposit Account Balance	
Other Deposits	
Bonds	
Shares/Investments	
Any other liquid assets not mentioned above:	
1.	
2.	
Total	

## G. Your debts

Please provide the details for any amounts owed to other parties (not covered in section D above) that will not be settled within the next 30 days. If relevant, this should include any debts subject to a legal judgement or where you have taken responsibility for the debts of any other person.

Amount £

## H. Declaration

At the time of admission, I confirm that: [please tick only one option that applies to you]\*

I agree to pay the full fees to the RMBI Care Company with my monthly income and current liquid capital and agree to sell my property (if any) or enter into the RMBI Deferred Payment scheme to fund my care at the Home. I will liaise with the Home Manager if my capital reaches the upper level of the statutory threshold.	
My Care is being funded by the Local authority on a 12 week property disregard and I agree to pay the difference between the gross LA weekly rate and the full RMBI weekly rate after the sale of the property.	
My Care is being fully funded by the Local Authority (including deferred payment scheme with LA where the full RMBI Fees are payable)	
My Care is being paid fully or partly by the NHS	

*\*I understand that the above may change in future as my circumstance changes.*

The information on this form is correct and complete to the best of my knowledge. I hereby undertake to inform the RMBI promptly if any information changes.

Signature:

Print name:

Date:

Address:

Post Code:

**Witnessed by:**

Signature:

Print name:

Date:

Address:

Post Code: