

PERMANENT APPLICATION NO.: _____

NEWARK CARE
32 BURNFIELD ROAD, GLASGOW, G46 7PZ
Telephone: 0141-621-2560

FINANCIAL ASSESSMENT FORM
FOR ADMISSION TO CARE HOME

A. APPLICANT'S DETAILS

Surname _____ Date of Birth _____

Other Names _____ Age _____

Address _____

Postcode _____ Tel. No. _____

Others in applicant's household

| <u>NAMES</u> | <u>RELATIONSHIP</u> | <u>DATE OF BIRTH/AGE</u> |
|--------------|---------------------|--------------------------|
| | | |

B. CONTACTS

| | Name and Address | Tel. Number | Status |
|---|------------------|-------------|--------|
| Solicitor or Legal Advisor | | | |
| Person helping you with your financial affairs <i>(if different from above)</i> | | | |
| Your Power of Attorney, Guardian or other Legal Advisor | | | |

C. CAPITAL RESOURCES

Please indicate in the last column if the asset is owned by the applicant (**A**), a partner (**P**) or is jointly owned (**J**).

| | <u>Bank</u> | <u>Branch Address</u> | <u>Sort Code</u> | <u>£</u> | <u>Owner of Asset</u> |
|---|--------------------|-----------------------|------------------|-------------|-----------------------|
| Bank Accounts | | | | | |
| Building Society Accounts | | | | | |
| Post Office Savings Accounts | | | | | |
| National Savings Certificates | | | | | |
| Other Government Savings Schemes | | | | | |
| Premium Bonds | | | | | |
| Investments, Stocks and Shares | Company | No. of Shares | Share Value (£) | Date Valued | |
| Unit Trusts | Name of Unit Trust | No. of Units | Unit Value (£) | Date Valued | |
| Any other Investments (e.g. endowments) | Specify: | | | | |
| Any other Capital (excl. property) | Specify: | | | | |
| TOTAL CAPITAL VALUE (£) | | | | | |

SPLIT OF
TOTAL
VALUE

APPLICANT
PARTNER
JOINTLY OWNED

£ _____
£ _____
£ _____

D. Accommodation and Property

Please indicate below the ownership of your accommodation and any property or land holdings at home or abroad. (If a Tenant, please provide the name and address of the landlord.)

Home owner ☐ Lodger ☐
Joint owner ☐ Tenant ☐ Landlord _____
Other ☐ Specify _____

Complete for all properties / land owned by the applicant and/or their partner.

| <u>Owner Occupier Address</u> | <u>Other Occupiers</u> | <u>Age</u> | <u>Relationship</u> | <u>Incapacitated Yes/No</u> | <u>Mkt. Value (£)</u> |
|-----------------------------------|----------------------------|------------|---------------------|---------------------------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |

| <u>Joint Owned Address</u> | <u>Other Joint Owner</u> | <u>Other Occupiers</u> | <u>Relationship</u> | <u>Mkt. Value (£)</u> |
|----------------------------|--------------------------|----------------------------|---------------------|-----------------------|
| | | | | |

Additional Comments:

Approximate market value of all property owned: £
Disregard Value (including outstanding mortgages): £

TOTAL NET VALUE OF ACCOMMODATION & PROPERTY: £

E. Details of Property, Land or Capital disposed of in the last 12 Months

| <u>Asset</u> | <u>Value (£)</u> |
|--|------------------|
| | |
| | |
| TOTAL VALUE OF RECENT DISPOSALS (£) | |

F. NET INCOME (£ PER WEEK)

| | <u>Applicant's Income</u> <u>(per week)</u> | | | | <u>Spouse's Income</u> <u>(per week)</u> | |
|--|--|----|----|----|---|----|
| | £ | p | | | £ | p |
| 1. <u>Social Security Benefits</u> | | | | | | |
| A. Retirement Pension | .. | .. | .. | .. | .. | .. |
| B. Invalidity Benefit | .. | .. | | .. | .. | .. |
| C. Widow's Benefit/Pension | .. | .. | .. | .. | .. | .. |
| D. Pension Credit | .. | .. | .. | .. | .. | .. |
| E. Guarantee Credit | .. | .. | .. | .. | .. | .. |
| F. Savings Credit | .. | .. | .. | .. | .. | .. |
| G. War Pension | .. | .. | .. | .. | .. | .. |
| H. War Widow's Pension | .. | .. | .. | .. | .. | .. |
| I. Industrial Injuries, Disablement Benefits | .. | .. | .. | .. | .. | .. |
| J. Other Benefits (<i>please specify</i>) | .. | .. | .. | .. | .. | .. |
| 2. <u>Other Income</u> | | | | | | |
| A. Occupational/Work Pension | .. | .. | .. | .. | .. | .. |
| B. Annuity Income | .. | .. | .. | .. | .. | .. |
| C. Earnings | .. | .. | .. | .. | .. | .. |
| D. Other Income (<i>please specify</i>) | .. | .. | .. | .. | .. | .. |
| TOTAL NET INCOME | .. | .. | .. | .. | .. | .. |

G. DECLARATION

I certify that the financial particulars stated herein are a true statement of my / the applicant's financial affairs.

Signed Print Name

Witnessed Print Name

Address of Witness

Date Tel. No.