Deferred payment Agreement

Application Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1** | | **Details of person applying for the Deferred Payments Scheme** | | | | | | |
| Title (eg Mr, Mrs, Ms ) | |  | | | | | | |
| First Name(s) | |  | | | | | | |
| Last Name | |  |  | | | | | |
| Date of Birth | |  |  | | | | | |
| Address | |  |  | | | | | |
| Email | |  |  | | | | | |
| Telephone number | |  |  | | | | | |
| Marital Status | | Single  Married  Divorced | | | Separated  Widowed  Civil Partnership | | | |
| **Section 2** | | **Details of representative of person applying for the Deferred Payments Scheme (if applicable, otherwise move to Section 3)** | | | | | | |
| 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/Lasting Power of Attorney | | | Deputy or Receiver  Solicitor | | | |
| **Please attach documents confirming legal arrangements** | | | | | | | | |
| **Section 3** | | **About the property** | | | | | | |
| Please give the full address of the property including postcode | | | | | What is the current value? (if known) | | | |
|  | | | | | **£** | | | |
| How have you obtained this valuation? | | | |
|  | | | |
| Do you have a mortgage or other secured loan on the property? | | Yes | | | | No | | |
| If Yes, What type of mortgage or loan do you have? | | Repayment  Endowment  Interest Only | | | | | | |
| If other type of loan please give details | |  | | | | | | |
| How much do you pay each month  (include any endowment or insurance premium) | | **£** | | | | | | |
| Name of mortgage lender | |  | | | | | |  |
| Account number | |  | | | | | |  |
| Date of mortgage agreement | |  | | | | | |  |
| Amount of outstanding mortgage | | **£** | | | | | |  |
| **Please attach documents confirming valuation and mortgage details** | | | | | | | | |
| Does anyone else have an interest in the property with you? | | Yes | | | No | | | |
| If Yes: Please give their details and their interest below | | | | | | | | |
| **Name** | | **Address** | | | | | | **Interest in property** |
|  | |  | | | | | |  |
|  | |  | | | | | |  |
|  | |  | | | | | |  |
| **Please attach documents confirming details** | | | | | | | | |
| What type of property is it? | | Detached House  Terraced House  Flat  Bungalow | | Other (please give details); | | | | |
| Does anyone live in the property? | | Yes | | No | | | | |
| If Yes please give details | |  | | | | | |  |
| **Section 4** | | **About the property expenses** | | | | | | |
| **Type of Expense** | | **Amount** | | | **Frequency**  (e.g. yearly, monthly, weekly) | | | |
| Service Charge | | **£** | | |  | | | |
| Fuel Charge | | **£** | | |  | | | |
| Ground Rent | | **£** | | |  | | | |
| Building Insurance | | **£** | | |  | | | |
| Other charges | | **£** | | |  | | | |
|  | | **£** | | |  | | | |
|  | | **£** | | |  | | | |
|  | | **£** | | |  | | | |
|  | | **£** | | |  | | | |
|  | | **£** | | |  | | | |
|  | | **£** | | |  | | | |
|  | | **£** | | |  | | | |
|  | | **£** | | |  | | | |
| **Please attach documents confirming expenses** | | | | | | | | |
| **Section 6** | | **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. Please explain how do you intend to maintain and upkeep the property, including whether you plan to rent it out. | | | | | | | | |
|  | | | | | | | | |
| **Section 7** | | **Other Information** | | | | | | |
| Please use the space below to give us any more information you believe will be relevant to your application. | | | | | | | | |
|  | | | | | | | | |
| **Section 8** | | **Checklist for Documentation** | | | | | | |
| Please check and ensure you have provided documentation requested on this form. | | Details of legal representative  Joint or other interests in the property | | | | | Mortgage details  Property expenses  Valuation evidence | |
| **Section 9** | | **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 Plymouth City Council, subject to you 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 authorise Plymouth City Council to check 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 Plymouth City 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 under the regulations specified in the Care Act 2014 regulations regarding charging from my income and other capital.  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.  Plymouth City 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. *[Our policy is that all information will be shared among officers and other agencies where the legal framework allows it, if this will help to improve the service you receive and to develop other services.]*  If you do not wish certain information about you to be exchanged within the Council, you can request that this does not happen. | | | | | | | | |
| **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. | | | | | | | | |

Please complete and return this form to Client Financial Services, Windsor House Floor 3, Tavistock Road, Plymouth, PL6 5UF within 14 days in order for your application to be considered within the 12 week timeline.