

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 (if different from above)			
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>Spouse's Income</u>	
				<u>(per week)</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.