

# Statement of assets

## Accommodation Deposit / Payment Assessment

HammondCare requires this form to be completed to fulfil its financial obligations under the Aged Care Act 1997. All questions must be answered and the provision of deliberately misleading information may result in the termination of residency tenure, payment of an administration charge and interest being charged for 3 months or the occupancy period, whichever is the greater. Unless disclosure is required by law, HammondCare will keep the information supplied confidential and will only use the information to establish the appropriate Refundable Accommodation Deposit or Daily Accommodation Payment. Please refer to HammondCare's Privacy Policy at [www.hammondcare.com.au/privacy-policy](http://www.hammondcare.com.au/privacy-policy)

**Name of applicant:** \_\_\_\_\_

**Pension no:** \_\_\_\_\_

### 1. Has the applicant resided in an Aged Care Facility in the last 28 days?

Yes       No

If NO, go to Question 3

If YES, name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_

Date of entry:      /      /       Permanent       Respite

### 2. Was a Refundable Accommodation Deposit paid?

Yes       No      If Yes, amount paid \$ \_\_\_\_\_

Was a Daily Accommodation Payment paid?       Yes       No      If YES – amount paid \$ \_\_\_\_\_

### 3. Do you currently own your own home?      Yes      No

If Yes, address: \_\_\_\_\_

If Yes, go to question 5

If No, go to Question 4, unless you are presently a resident of an Aged Care Facility then answer question 6 as if you were residing at home.

### 4. Have you owned your own home in the last 2 years?      Yes      No

Address: \_\_\_\_\_

If No, go to Question 9

### 5. Do you live in your own home?      Yes      No

### 6. Do any of the following reside in your own home:

a) Spouse/Partner       Yes       No

b) Dependent Child       Yes       No

c) Carer (for more than 2 years)       Yes       No

d) Immediate Family (for more than 5 years)       Yes       No

If you have answered Yes to any part here, go to Question 7

If you have answered No to all, go to Question 8

**7. Is the person stated on Q.6 eligible for a pension/income support?**  Yes  No

**8. Estimate the value of your home:**

Value	\$	Valuation date
<hr/>		
Less Mortgage	\$	
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Less Estimated Selling Costs	\$	
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Estimated net value	\$	
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**9. Do you own any furniture, fittings and effects?**  Yes  No

If Yes, estimate the value (if no evidence of value, include only \$5,000).

Estimated value: \$ 

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**10. Do you own a motor vehicle?**  Yes  No

If Yes, estimate the value less any liabilities such as amounts owing to finance companies, etc.

Estimated net value: \$ 

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*When answering Questions 11 to 15, If you have a partner, you must include the total value of all assets held by you and your partner, whether separately or jointly.*

**11. Do you own any other real estate?**  Yes  No

Address: 

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 Valuation date 

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**If Yes, estimate the value of your other real estate, less the amount of any liabilities you have on that real estate, such as a mortgage.**

Estimated value: \$ 

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**12. Do you own any shares?**  Yes  No

If Yes, estimate the value of those shares. Estimated value: \$ 

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**13. Do you have any:**

- a) Cash/saving accounts?  Yes  No
- b) Term deposits?  Yes  No
- c) Bonds?  Yes  No
- d) Debentures?  Yes  No
- e) Money lent on mortgage?  Yes  No
- f) Other similar funds?  Yes  No

**If you have answered Yes to any of the previous, please estimate the current value (total):**

Estimated value: \$ 

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**14. Do you have any other assets of value not shown above?**  Yes  No

If Yes, please list them below and provide the estimated value.

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Estimated value	\$
Total assets	\$

Please note: All applicant's must complete the Centrelink Request for a Combined Assets and Income Assessment form, which is completed and returned to the appropriate Government Department. If you did not received the above form contact the Department of Social Services Information Line, Tel: 1800 227 475.

**Centrelink Request for a Combined Assets and Income Assessment Completed & Lodged**

If an asset assessment is completed a copy of the assessment letter must be provided upon receipt. If an asset assessment is not completed the Department of Human Services will assume that the applicant will pay the full accommodation price and may be charged the full means tested care fee.

### **Security for payments which I must make**

If I am accepted as a resident and required to pay a Refundable Accommodation Deposit, but default in payment of the Refundable Accommodation Deposit (either in part or full), I hereby authorise HammondCare to lodge a Caveat against the title of my property located at:

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(defaults to property listed in Q3)

and I agree to bear all reasonable costs incurred by HammondCare in relation to the lodging and withdrawal of such Caveat and such other legal action in recovering the accommodation bond.

**Complete and sign the Statutory Declaration Next Page**

### **Further information**

Should you need to provide further information please use this section and attach copies

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### **Office use only**

Total asset value	\$	less	%	share	\$
Less minimum permissible asset value (paragraph 52J (2) of the Aged Care Act 1997)					\$
Total funds available for Refundable Accommodation Deposit/ Daily Accommodation Payment purposes					
\$					

# Statutory declaration

**Applicant's name:**

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**I,** (insert full name of person signing declaration):

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**of** (insert current address):

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do solemnly and sincerely declare that the information contained in this Accommodation Deposit/ Payment Assessment Form for HammondCare, and the information contained in any documents annexed hereto, is true and correct to the best of my knowledge and belief. I make this solemn declaration conscientiously believing the same to be true and pursuant to the provisions of the Oaths Act of the State of New South Wales.

**Declared at:**

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**Date:**

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**By the said** (insert full name):

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**Signature:**

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in the presence of an authorised witness who states:

**I,** (name of authorised witness):

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**a** (qualification of authorised witness e.g. solicitor /JP - include JP Number):

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certify the following matters concerning the making of this statutory declaration by the person who made it: (\* please cross out any text that does not apply)

1. \*I saw the face of the person OR \*I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
  2. \*I have known the person for at least 12 months OR \*I have confirmed the person's identity using an identification document and the document I relied on was
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**Signature of authorised witness:**

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**Date:**

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