

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 three 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

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	\$	
<hr/>		
Less Estimated Selling Costs	\$	
<hr/>		
Estimated net value	\$	
<hr/>		

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: \$

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: \$

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:

 Valuation date

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: \$

12. Do you own any shares? Yes No

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

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: \$

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.

Estimated value	\$
Total assets	\$

Please note: It is recommended that all applicants complete a Residential Aged Care Calculation of Your Cost of Care form (if required) and return it to the appropriate Government Department. If you did not receive the above form contact Centrelink on 1800 227 475 or DVA on 1800 555 254.

Residential Aged Care Calculation of Your Cost of Care Form completed and lodged

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

Complete and sign the Statutory Declaration on the next page

Further information

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

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											
<table border="0" style="width: 100%;"> <tr> <td style="width: 150px;">\$</td> <td></td> </tr> </table>										\$	
\$											

Statutory declaration

Applicant's name:

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

of (insert current address):

(occupation)

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 acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at:

this **day of** **20**

Signature:

Before me:

Signature of authorised witness:

The authorised witness must print or stamp his or her name, address and title under section 107A of the Evidence (Miscellaneous Provisions) Act 1958 (as of 1 January 2010), (previously Evidence Act 1958), (eg. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)