

# Interim Funding Arrangement for Care Home Fees

## APPLICATION FORM



Before making this application we **strongly** advise you to:

- Read our booklet “Deferred Payment Agreement Scheme” and our Interim Funding Policy (within our “Charging and Financial framework Assessment Framework” [www.reading.gov.uk/carecharges](http://www.reading.gov.uk/carecharges)) **AND**
- Take independent legal and financial advice.

If you can't apply for a Deferred Payment Agreement for someone who would otherwise be eligible for a Deferred Payment Agreement because you are not yet legally-appointed to deal with their financial affairs you can apply to the Council for an 'Interim Funding Arrangement' to help towards care home costs until you have the legal authority to apply for a Deferred Payment Agreement.

If we agree to an Interim Funding Arrangement we will charge interest on the care fees that accrue during the Interim Funding period plus an administration fee (to cover the costs of setting up and managing the arrangements) . See our 'Deferred Payment and Interim Funding Schedule of Fees and Charges' for details ([www.reading.gov.uk/carecharges](http://www.reading.gov.uk/carecharges)) .

Interest and administration charges can be accrued with the care home fees to either be repaid when legal-authority is granted to access financial resources, or secured against the property through a Deferred Payment Agreement.

There may be other situations in which you can apply to the Council for an 'Interim Funding Arrangement', please see our Interim Funding Policy.

## Section 1: Personal details

Enter the details of the person on whose behalf you are applying for an Interim Funding Arrangement

Title  First names  Last name

Marital status  Single  Married  Divorced  Separated  
 Widowed  Civil partnership

Current Address

Postcode

National Insurance Number  Date of birth

## Section 2: Reason for requesting Interim Funding

(please tick which applies)

- The person named in Section 1 has lost capacity to manage their financial arrangements and no-one has yet been legally appointed to deal with their financial affairs; OR
- Other - please state:

Does the person named in Section 1 own/part own a property?  Yes  No

Does the person named in Section 1 have savings/investments (other than property) of MORE THAN than £23,250?  Yes  No

**Section 3. Representatives details** *(the person making this application)*

Title  First names  Last name


Address

Postcode

Email  Tel  National Insurance Number

Date of birth  Relationship to person named in section 1

Have you been appointed by the Department for Work and Pensions (DWP) to manage the state pension and/or benefits for the person named in section 1?  Yes  No

 *If NO please contact the DWP office paying the person's state pension or benefit to ask to become an appointee for benefits - for contact information visit [www.gov.uk](http://www.gov.uk)*

Are you seeking to register an existing Enduring Power of Attorney (EPOA)?  Yes  No

If YES, please estimate how long it is likely to be before you get the legal authority to deal with the financial affairs of the person named in Section 1?


Are you applying to the Court of Protection to become deputy for the person named in Section 1?  Yes  No

If YES, what date was your application made and how far has it progressed?

Have you taken legal and/or financial advice before making this application?  Yes  No

Have you instructed a solicitor to act on your behalf in connection with the person named in Section 1?  Yes  No

If YES please provide their name, address, email and contact number:

 *Please provide documents confirming:*

- *your intention to become a legally-appointed representative for the person named in Section 1*
- *your identity and*
- *your permanent address.*

## Section 4: Property and capital assets of the person named in Section 1

Do you have access to any financial resources for the person named in Section 1? (tick any that apply). If 'other' ticked, please give details.	<input type="checkbox"/> Bank/Building society account(s) <input type="checkbox"/> Post Office Account <input type="checkbox"/> Other
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What is the approximate value of savings/investments that you currently have access to on behalf of the person named in Section 1? £

What is the approximate value of ALL savings and investments (excluding main property) held by the person named in Section 1? £

Address of main property owned by the person named in Section 1  
 (If the person named in Section 1 owns more than one property, please provide details of further properties in Section 6)

	Postcode	
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Property type:    Detached    Semi-detached    Terraced    Bungalow    Flat  
 Maisonette    Other (please state) \_\_\_\_\_

Is the property registered with Land Registry?  Yes    No

Is it:                     Freehold                     Leasehold

Is this property Jointly owned?  Yes    No

If YES, please provide breakdown of the percentage owned by the person named in Section 1 and other owners?  %      Are they:    Joint tenants   or  
 Tenants in Common

Joint owners name(s)	Date of birth	% owned	Relationship to person	Lives at property Y/N

Does anyone else live at the property?    Yes    No      If YES, give details below:

Name	Date of birth	Relationship to person	Date moved in

Is there a mortgage/loan secured on this property?  Yes    No

If YES, what is the amount owed by the person named in Section 1? £

## Section 5: Longer Term Plans for the property and care funding

Do you intend to sell the property when you have the legal authority to act for the person named in Section 1?

- Yes  
 No  
 Don't know yet

Do you intend to rent the property out when you have the legal authority to act for the person named in Section 1?

- Yes  
 No  
 Don't know yet

Do you intend to apply for a Deferred Payment Agreement from the Council when you have the legal authority to act for the person named in Section 1?

- Yes  
 No  
 Don't know yet

## Section 6: Any other information relating to this application for an Interim Funding Arrangement

Please record here any other information in support of your application for an Interim Funding Arrangement for the person named in Section 1.

## **Section 7: Your Declaration for your application for an Interim Funding Arrangement for the person named in Section 1.**

Read and sign the declaration below to complete your application

1. I confirm that I have applied / will apply (delete as appropriate) to become the legally-appointed representative for the person named at Section 1 of this application and I undertake to complete any further actions as appropriate in order to become the legally-appointed representative. I confirm that I wish to apply for an 'Interim Funding Arrangement' for the person named in Section 1 with Reading Borough Council.
2. I confirm that I understand that if my application for an Interim Funding Arrangement is approved, the Council will:
  - (a) Send invoices to me in respect of the person named at Section 1, for the full cost of the care home fees for that person
  - (b) Allow those invoices to accrue until I have legal authority to act for the person named at Section 1
  - (c) Charge interest on the accruing invoices at the rate published in the Council's leaflet 'Deferred Payments and Interim Funding Schedule of Fees and Charges'
  - (d) Charge an administration fee to cover the cost of making the Interim Funding arrangements (at the rate published in the Council's leaflet 'Deferred Payments and Interim Funding Schedule of Fees and Charges')
  - (e) Expect repayment of the accrued charges (care costs, interest charges and administration charges) as soon as I have legal authority to act for the person named at Section 1, unless I apply for a Deferred Payment Agreement as the legally-appointed representative for the person named at Section 1.
3. I confirm that when/if I am granted legal authority to act for the person named in Section 1 I undertake to repay Reading Borough Council the full amount owing to Reading Borough Council in respect of the person named in Section 1, including any accrued interest charges and administration cost charges associated with an Interim Funding Arrangement.
4. I confirm that I understand that when/if I am granted legal authority to act for the person named in Section 1, should I wish to apply for a Deferred Payment Agreement with the Council, I will need to make my application to the Council within 5 weeks of receiving legal authority to act for the person named in Section 1, using the property listed in this application as security against the accrued interim debt which will be listed within a Deferred Payment Agreement.
5. I confirm that I undertake to keep Reading Borough Council Financial Assessments and Benefits Team updated with the progress of my application(s) to become the legally-appointed representative to act for the person in Section 1.
6. I understand that I shall be responsible for:
  - (a) ensuring that the property owned by the person named in Section 1 is secure and maintained appropriately throughout an Interim Funding Arrangement; and
  - (b) ensuring that the person named in Section 1 receives the statutory weekly Personal Expenses Allowance from their DWP pension/benefits while an Interim Funding Arrangement is in place; and
  - (c) making payments to Reading Borough Council towards any assessed weekly contribution that is over and above the agreed Personal Expenses Allowance where the DWP has appointed me to manage the state benefits for the person named in Section 1.

7. I understand that Reading Borough Council will invoice me for the costs noted above and I agree to pay those invoices in a timely manner when I have become the legally-appointed representative to act for the person named in Section 1.
8. I confirm that I have been told of the need to take independent legal and financial advice before entering into an Interim Funding Arrangement with the Council and when making decisions about options for funding long-term care.
9. I confirm that the information I have given on this form is true and accurate to the best of my knowledge.
10. I have read this application for an Interim Funding Arrangement and the terms of this declaration.
11. I understand that Reading Borough Council will use the information I have provided for the purpose of deciding on this application for an Interim Funding Arrangement for the person named in Section 1. I understand that the Council will only share information where the legal framework allows it and as stated in the Fair Processing Notice which can be found on the Council's website at [www.reading.gov.uk/carecharges](http://www.reading.gov.uk/carecharges) and for the detection and prevention of fraud as required by regulations and statute.

**Your full name**

**Your signature**  **Date**

**Application in respect of**

Person named in Section 1	<input style="width: 95%; height: 20px;" type="text"/>
Date of Birth	<input style="width: 95%; height: 20px;" type="text"/>

**Checklist – before returning this application please ensure you have**

- Provided document(s) to evidence your progress to becoming the legally- appointed financial representative for the person named in Section 1 (if applicable)
- provided documents to evidence your identity and your permanent address.
- read and signed the Declaration at Section 7.

**Returning your completed application form and documents:**

Use the reply paid envelope or post it to: The FAB Team (Deferred Payment Applications), PO Box 2624, Reading RG1 7AE

**For progress on this application cContact the Financial Assessments & Benefits Team:**

By phone: 0118 937 3724  
 By email: [fab.team@reading.gov.uk](mailto:fab.team@reading.gov.uk)  
 Online (secure): [www.reading.gov.uk/contactfab](http://www.reading.gov.uk/contactfab)

**For office use only:**

Date application received	<input style="width: 95%; height: 20px;" type="text"/>	Officer initials	<input style="width: 95%; height: 20px;" type="text"/>
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