

Statement of Assets



Accommodation Deposit/ Payment Assessment

KOPWA 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, KOPWA 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 KOPWA's Privacy Policy at www.kopwa.org.au/privacy

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 question 6 eligible for a pension/income support? Yes No

8. Estimate the value of your home:

Value \$ _____ Valuation date: ____/____/____
Less Mortgage \$ _____
Less Estimated Selling Costs \$ _____
Estimated net value \$ _____

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 838 372.

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:
\$ _____

Statutory declaration

Applicant's Name:

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

of (insert current address):

do solemnly and sincerely declare that the information contained in this Accommodation Deposit/Payment Assessment Form for KOPWA, 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: _____

Date: ____/____/____

By the said (insert full name): _____

Signature: _____

in the presence of an authorised witness who states:

I, (name of authorised witness):

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

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

Signature of authorised witness: _____

Date: ____/____/____