

Deferred Payment Application form – please complete and return to:
DPA Team, FIAS, Beacon House, Landmark Business Park, White House Road, Ipswich, IP1 5PB

Section 1		Details of care home resident applying for the Deferred Payments Scheme	
Title (e.g. Mr, Mrs, Ms)			
First Name(s)			
Last Name			
Date of Birth			
Address			
Email			
Telephone number			
Section 2		Details of representative (s) of person applying for the Deferred Payments Scheme (if relevant)	
Title			
First Name(s)			
Last Name			
Address			
Telephone			
Email			
Relationship to person named above			
Do you have legal authority to act on behalf of the person named in Section 1? If yes please give details.			
Enduing Power of Attorney (registered)		<input type="checkbox"/>	
Lasting Power of Attorney (finances and property)		<input type="checkbox"/>	
Court Appointed Deputy		<input type="checkbox"/>	
Please attach certified registered documents confirming legal arrangements			
Section 3		About the property	
Please give the full address of the property		What is the current value?	

			£	
Do you have a mortgage, equity release product or other secured loan on the property?	Yes	<input type="checkbox"/>	No (please go to section 3b)	<input type="checkbox"/>
If Yes: What type of mortgage or loan do you have?				
Repayment	<input type="checkbox"/>	Endowment	<input type="checkbox"/>	Interest Only <input type="checkbox"/>
If equity release or other type of loan please give details				
How much do you pay each month (include any endowment or insurance premium)				£
Name of mortgage/loan/equity release lender				
Account number				
Date of agreement				
Amount outstanding				
Please attach documents confirming mortgage details				
3b. Does anyone else have an interest in the property with you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes: Please give their details and their interest				
Name	Address		Interest in property	
Please attach documents confirming details				

Important - If a previous or joint owner of the property has died but is still named on the land registry registration please supply a copy of their death certificate and their will

3c. What type of property is it?

Detached house	<input type="checkbox"/>	Semi-detached house	<input type="checkbox"/>
Terraced house	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other please give details

Does anyone live in the property

Yes

No

If yes please give us their full names and date of birth

Section 4**About the property expenses**

Type of Expense	How Much	How often? (Weekly, Monthly, Yearly)
Service Charge	£	
Utility standing charge	£	
Ground Rent	£	
Building Insurance including empty property insurance ** this information is required in all cases**	£	
Rental agency charges	£	
Other costs (please give details)	£	
	£	
	£	

Please attach documents confirming expenses

Section 5**Property Maintenance**

You will need to maintain the property and land, including gardens and outbuildings. This means the property will need to be insured and utility bills will need to be paid. It may also include renting the property out. Copies of tenancy agreements will be required. Please explain how do you intend to maintain and upkeep the property, including whether you plan to rent it out. We may ask you for more information about this.

Section 6**Other information**

1) Have you made a will?

Yes

No

If yes, can you please tell us who you have appointed as executor(s):
(continue on a separate sheet if necessary)

Name:

Company (if applicable):

Address:

Email:

Phone number:

- 2) Please give us the currently weekly cost of the care home fees and the date and amount of any known increase in the cost
- 3) What date would like the deferred payment to start?
- 4) You will be expected to pay a weekly contribution of at least £25 per week towards the cost of your care during the deferred payment. Please note that by paying a larger contribution you will be reducing the amount of interest you are being charged. How much would you like to pay?

Please tell us why you are requesting a deferred payment?

Section 7	Checklist for Documentation - Please check and ensure you have provided documentation requested on this form
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Bank statements for the last 3 months	<input type="checkbox"/>	Mortgage/equity release details	<input type="checkbox"/>
Three property valuations	<input type="checkbox"/>	Joint or other interests in the property including death certificate & will where appropriate	<input type="checkbox"/>
Certified registered legal representative documents	<input type="checkbox"/>	Property expenses (including house insurance documents)	<input type="checkbox"/>

Section 8	Declaration
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I wish to make an application under the Deferred Payments Scheme.

I understand that acceptance of any application under the scheme is at the discretion of **Suffolk County Council**, subject to me meeting the eligibility criteria and the local authority being able to obtain adequate security. The deferred payments will not take effect until a formal agreement is entered into.

I confirm that I own /part-own (please delete as appropriate) the property specified in Section 3. I understand that **Suffolk County Council** will check the legal title to the property.

When the agreement begins, I agree to a legal charge being placed on the property specified in Section 3 and agree to pay the legal costs of **Suffolk County Council**

I agree that I shall be responsible for payment of the weekly contribution to the cost of my care that I am assessed to make specified in the Care Act 2014 regulations regarding charging from my income and other capital, or any other payment that is agreed with Suffolk County Council and any administration fee.

I confirm that I and all other persons who occupy or have an interest in the property specified in Section 3 have been told of the need to take independent legal and financial advice before I enter into an agreement under the Deferred Payments Scheme.

I confirm that the information given on this form is true and accurate to the best of my knowledge.

I have read and understood this application for the Deferred Payments Scheme and the terms of this declaration.

Suffolk County Council will use the information you have provided for the following purpose of deciding on the application for a deferred payment and the financial assessment of the person's contribution. No personal information you have given us will be passed on to third parties for commercial purposes.

We will share the information that you have given us with other parts of Suffolk County Council where applicable.

Your full name

Your signature	Date	
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April 2025 v1