



Deferred Payment Scheme application form

Section one - Client	Details of the 'cared for' person
Title (eg Mr, Mrs, Ms)	
First name(s)	
Last name	
Date of birth	
Address	
Telephone number	
Email	
Are you?	Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Civil partnership ☐

Section two - Representative	Details of representative of person applying for the Deferred Payment Scheme (if relevant)
Title	
First name(s)	
Last name	
Address	
Telephone number	
Email	
Relationship to person named above	

Do you have legal authority to act on behalf of the person named in Section 1?	Yes ☐ No ☐
If yes, please give details.	Power of Attorney ☐ Enduring or Lasting Power of Attorney ☐ Deputy or receiver ☐ Solicitor ☐
Please attach documents confirming legal arrangements	

Section three	About the property
Full address	
Current value	
Do you have a mortgage or other secured loan on the property?	Yes ☐ No ☐
If yes, what type of mortgage or loan do you have?	Repayment ☐ Endowment ☐ Interest only ☐ Other, please state _____
How much do you pay each month? (Include any endowment or insurance premium)	
Name of mortgage lender	
Account number	
Date of mortgage agreement	
Amount of outstanding mortgage	
Please attach documents confirming legal arrangements	

Does anyone else have an interest in the property with you?	Yes ☐ No ☐	
If yes, please give their details and note their interest. Evidence of the agreement will be required when you submit your application.		
Name	Address	Interest in property
Please attach documents confirming details		
What type of property is it?	Detached house ☐ Bungalow ☐ Flat ☐ Semi detached house ☐ Terraced house ☐ Other, please state _____	
Does anyone live in the property?	Yes ☐ No ☐	
If yes, please give details		

Section four	About the property expenses	
Type of expense	How much?	How often? (Weekly, monthly, yearly)
Service charge		
Fuel charge		
Ground rent		
Building insurance		
Other charges		
Please attach documents confirming all expenses		

Section five	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. Please explain how do you intend to maintain and upkeep the property, including whether you plan to rent it out.	

Section six	Other information

Section seven	Checklist for documentation
Please check and ensure you have provided documentation requested on this form.	
Details of legal representative ☐ Mortgage details ☐ Joint or other interests in the property ☐ Building Insurance ☐	
Please use the space below to provide us with any other information that is relevant to your application.	

Section eight	Declaration
	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 The London Borough of Hillingdon, subject to me meeting the eligibility criteria and the local authority being able to obtain adequate security. I confirm that I own /part-own (please delete as appropriate) the property specified in Section 3. I authorise the London Borough of Hillingdon to check legal title to the property. 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 applying for the Deferred Payments Scheme. I agree that I shall be responsible for payment of the weekly contribution to the cost of my care that I have been assessed to make under the regulations specified in the Care Act 2014. I understand that there is an administration fee of £400.00 associated with this scheme. I agree that the fee of £400.00 can be deferred and secured against the property, as referred to in section 3 of this application, unless I make arrangements to pay the fee separately in advance. I understand that interest will accrue on all deferred amounts including the administration fee. Interest will apply from the date I am entered into the scheme and will accrue daily. 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 The London Borough of Hillingdon. I understand that the Deferred Payment Scheme will not take effect until a formal agreement is entered into and a legal charge is placed on the property specified in Section 3. Until that time, I will be charged the full cost of my care. I have read and understood the information and guidance document and the schedule of charges associated with the Deferred Payments Scheme. I understand the terms of this declaration. I confirm that the information given on this form is true and accurate to the best of my knowledge. The London Borough of Hillingdon Financial Assessment Team will use the information you have provided in accordance with our privacy notice, which can be found at www.hillingdon.gov.uk/privacy
Your full name	
Your signature	
Date	
If you are signing on behalf of the person applying to use the Deferred Payment Scheme, you must be the person named in Section 2, and have legal authority to act.	