

FINANCIAL DETAILS

Name of Applicant	Date of Application

Although you may have already completed an assets and income assessment from the Australian Government, we still require you to complete the information below. This will enable us to determine your likely costs and draw up an agreement for when you enter care. Without this information, your application with Geegeelup Aged Care Facility cannot proceed to the next stage.

Our staff can provide information on the fees and charges you may incur while a resident at GVI, but the financial implications of aged care can be complex. Therefore, we highly recommend you seek financial advice from Services Australia or an independent financial advisor.

Services Australia's free financial advice service 13 23 00

Services Australia Aged Care Specialists 1800 200 422

	Yes/ No
Does the Department of Veteran Affairs recognise you as a POW?	
Do you have a spouse or a partner?	
If you own your house, will the protected person remain in the house after you move into the facility? Protected people include the resident's spouse or partner, a dependent child or student, A residential carer of at least two years standing and who is entitled to a Centrelink benefit on the day the resident moves into the aged care facility or a close relative who has lived with the resident for at least five years and who is entitled to a Centrelink benefit on the day the resident moves into the aged care facility.	

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INCOME

Please list the income you currently receive.

Type of Income	Annual Amount
Income support from the Australian Government (ie. Aged Pension)	
War Widow or Widower's pension or Disability Pension	
Overseas Pension	
Net income from rental properties	
Net income from businesses including farms	
Income from superannuation income streams	
Family trust distributions	
Dividends from private company shares	
Other:	

ASSETS

Type of Asset	Total Value
Family Home (market value less any mortgage)	
Investment properties or other properties	
Refundable accommodation contributions or deposits	
Bank, Building Society and or Credit Union accounts.	
Cash	
Term Deposits	
Cheque Accounts	
Bonds or Managed Investments	
Shares (listed and unlisted) and or securities	
Gold and or other bullion	
Superannuation balances	
Private Trusts, family trusts and or private companies	
Gifted assets – please list any amounts gifted above \$10,000 in the past financial year or \$30,000 in the last five financial years.	
Other (including cars, caravans, special collections etc):	

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According to the legislation provided for in the Aged Care Act 1997, you must make a binding decision within 28 days from entry on whether you will be paying a RAD/ RAC/ DAP or DAC. (See your Admission Requirement Document for more information). We have software available to process various combinations and scenarios regarding the above to provide estimates of the potential costs. This can assist you in making some of these critical decisions. Please get in touch with our finance officer, Leanne Lisser on 9788 7804 or finance@geegeelup.com.au for more information.

If applicable, do you intend to pay any of your Refundable Accommodation Deposit or the Refundable Accommodation Contribution?					
□ Yes □ No					
If yes, will you pay the f	ull amount or make a partial payment?				
☐ Full Amount ☐ Part Pa	yment				
Please provide details:					
If you are not paying a F	RAD or RAC, we will require a security for payment. Please fill out the following.				
GUARANTOR 1					
Full Name					
Address					
Drivers Licence					
GUARANTOR 2					
Full Name					
Address					
Drivers Licence					
OR					
Property Charged					
Registered Proprietor					
Property Address					
Title Particulars					

Please note that the resident must retain a minimum permissible asset level after making any payment of their RAD/ RAC.

Please speak with Services Australia for more information.

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Financial Application Form

	•	Have you lodged a Permanent Residential Aged Care Request for a Combined Assets & Income Assessment?
		□ Yes If 'yes' and you have received a confirmation letter from Services Australia, please attach it.
		□ No If 'no', please send this form to Services Australia as soon as possible. Please see our information package for more information.
	•	I am aware that I must lodge my assets and income with Services Australia and will do so before admission.
		□ Yes □ No
	•	I accept that Geegeelup Village is not able to provide advice on my situation, and it is my responsibility to seek financial advice.
		□ Yes □ No
	•	I wish to receive fortnightly invoices emailed to me Yes
		OR, I am happy to receive advice only when fees change
RE	SIE	DENT FINANCIAL PREFERENCES
	Tł	ne applicant wants to sign their contracts and receive all financial information.
	-	oplicant approves another person to sign agreements on their behalf and receive all financial formation.
	Au	thorised person
	ls ·	this person an authorised contact on your Resident Application form? $\ \square$ Yes $\ \square$ No
	lf r	not, Please complete Appendix 2.
	•	oplicant approves another person to sign agreements on their behalf and receive all financial formation but would like copies of all documents.
	Au	thorised person
	ls ·	this person an authorised contact on your Resident Application form? $\ \square$ Yes $\ \square$ No
	lf ı	not, Please complete Appendix 2.
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Templates/Forms

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\square I certify that to the best of my knowledge all information in the application is correct.						
igned:						
ull Name:						
Date:						

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APPENDIX 2

PREFERENTIAL REPRESENTATIVE CONTACT FOR FINANCIAL DOCUMENTS

Relationship to the Resident:	Spouse	Daught	er	Son	Sister	Brothe	er	Other
Title:	Please Ci	ircle:	Mr	Mrs	Miss	Ms	or	Other
First Name:								
Last Name:								
Preferred Name:								
Current Address:								
Mobile Number:								
Work Number								
Email:								
Do they have the legal authority to make decisions on the applicant's behalf: Please Circle: YES NO								
If Yes, please tick all that a	pply							
□ NOK								
☐ Guardianship ☐ Adı	ministrati	on						
□ Name of person who has Enduring Power of Attorney								
□ Name of person who has Enduring Power of Guardianship								
□ Other – If other, please advise								

Please provide us with a copy of the legal documentation

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