

## Applying to Mayflower Retirement Community

Name of applicant: \_\_\_\_\_

- Type of accommodation required:
- Independent Living Unit
  - Low Care (Hostel)
  - Dementia Specific Low Care (Hostel)
  - High Care (Nursing Home)

Are your needs urgent?  Yes  No

If no, approximately when?  Within 12 months  1 – 2 years  Longer

**Applications for Low Level Residential Care (Hostel)** also need the following documents:

- Completed Commonwealth *Application for Respite Care or Permanent Entry in Aged Care Homes* obtained from your Aged Care Assessment Team
- Completed Commonwealth *Request for an Asset Assessment* form OR Centrelink *Statement of Resident Status and Value of Assets for Residential Aged Care Providers*
- Current Aged Care Assessment
- Recent pension statement from Centrelink and/or DVA
- Copy of concession card

**Applications for High Level Residential Care (Nursing Home)** also need the following documents:

- Completed Commonwealth *Application for Respite Care or Permanent Entry in Aged Care Homes* obtained from your Aged Care Assessment Team
- Completed Commonwealth *Request for an Asset Assessment* form OR Centrelink *Statement of Resident Status and Value of Assets for Residential Aged Care Providers*
- Current Aged Care Assessment
- Recent pension statement from Centrelink and/or DVA.

**Applications for Independent Living Units** also need the following document:

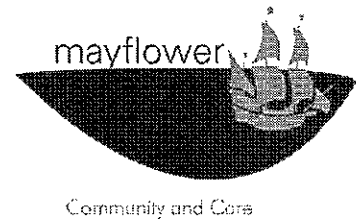
- Completed *Application for Admission & Financial Details Form for Independent Living Units*.

Mayflower Retirement Community collects this information to process your application and assess the level of residential and medical care you need. Information on your health and financial status is disclosed to the Commonwealth Government as required under the *Aged Care Act*. The information collected on this form will not be disclosed to any individual or organisation without your consent.

This information may also be used to send you our newsletter and invitations to functions. Please indicate whether you wish your information to be used for these purposes.

Yes  No

If you would like to know more about privacy at Mayflower Retirement Community, please contact the Chief Executive Officer on (03) 9592 2774.



***Application for admission  
and financial details for  
  
Independent Living Units***

**Mayflower Retirement Community**

*7 Centre Road, Brighton East VIC 3187*

*Phone 03 9592 2774*

*Fax 03 9593 1248*

*Email: [info@mayflower.org.au](mailto:info@mayflower.org.au)*

*Web site: [www.mayflower.org.au](http://www.mayflower.org.au)*

*A.B.N. 57 004 507 644*

## Person to be wait listed:

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Current address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Personal details

Gender:  Male  Female  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Years  
Marital Status:  Married  Widowed  DeFacto  
 Divorced  Single  Separated  
Religion/organisational affiliations (optional): \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Preferred Languages: \_\_\_\_\_

## Correspondence relating to this application to be forwarded to: (including financial correspondence)

If this is the same person who is completing the application please write: as above  
Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_ Telephone home: \_\_\_\_\_  
email : \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to the applicant: \_\_\_\_\_

## Family and other contacts

Whom do you wish to name as contact(s) for you?

### First Contact

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone home: \_\_\_\_\_ Telephone work: \_\_\_\_\_

email : \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

### Second Contact

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone home: \_\_\_\_\_ Telephone work: \_\_\_\_\_

email : \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

## Health Insurance and Medicare details

Are you a member of a health benefit organization such as HBA, Medibank, etc?  Yes •  No

Name of Fund \_\_\_\_\_

Membership Number/Table Number \_\_\_\_\_

Medicare number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Number next to your name: \_\_\_\_\_

## Accommodation requirements

Type of accommodation required:  Single Flat  
 Double Flat

Are your needs urgent?  Yes  No  
If no, approximately when?  Within 12 months  1 – 2 years  Longer

# FINANCIAL DETAILS

## Financial details of the person who is to be wait listed (Independent Living Units)

- 1 The information to be provided in the following pages will be used by the Facility to determine the financial status of the person who is to be wait listed, with particular reference to the amount of Entry Contribution to be paid by the Resident.
  - 2 Married/defacto applicants should answer all questions by including all assets owned by both partners. The Facility will then halve the couple's total assets to determine the applicant's assets. Assets include the net value of a person's property, including property outside Australia. If the person is a member of a couple, the value of the person's assets is half the value of the couple's combined assets. When a person owns an asset jointly with someone other than their spouse, only their share of the net asset is taken into account.
  - 3 All information provided will be kept confidential by the Facility. Unless ordered by a Court the Facility will not disclose the information provided in this form to any other body to use for any other purpose.
  - 4 Please read and complete the document in full. It is important that the information is both accurate and complete. If there is insufficient space in any section, please provide additional information on an attached sheet.
  - 5 Note that the completed Statutory Declaration must be witnessed by a Justice of the Peace or other lawfully qualified person. The provisions of an Act of the Parliament of Victoria render persons making a false declaration punishable for willful and corrupt perjury.
  - 6 The Facility reserves the right to require the applicant to provide evidence to support any matters contained in their Declaration.
  - 7 On completion of the Financial Details and Statutory Declaration copies should be placed in a sealed envelope and hand delivered or posted to the nominated Facility. Keep the original, which you will need to make available to the facility upon being offered an Independent Living Unit.
- NB In the case of **applications for couples** separate Financial Details and Statutory Declarations must be completed for each partner.

# PROPERTY ASSETS

1 The following information is required to enable the facility to determine how much the potential resident will be requested to pay as an Entry Contribution.

a) Do you own any real estate property?  Yes  No

If **yes**, please provide the following information in regard to the property:

Address:

.....

Share of the property owned by you (e.g. 100%, 50%): .....%

Current market value of property: \$ .....

.....

b) Do you have a spouse or dependent child living in your home?  Yes  No

.....

If **yes**, please indicate:  Spouse  Dependent Child

.....

2 Have you disposed of any property in which you were living in the past two years?  Yes  No

.....

If **yes**, please state the amount received and location/suburb of property: Amount \$

.....

Location/Suburb:

.....

3 Do you own, or part own any other residential or commercial property?  Yes  No

.....

If **yes**, please state details for each additional property: Location/suburb of property

.....

Share of the property owned by you (e.g. 100%, 50%) .....%

Current market value of property: \$ .....

.....

Is the property mortgaged?  Yes  No

.....

## OTHER ASSETS

4 If you have money and/or investments please indicate balances at the date of this declaration.

**Bank Account and Other Investments**

**Total Amounts**

.....  
Rollover Funds

.....  
Savings Bank Accounts

.....  
Cheque Accounts

.....  
Fixed or Term Deposits

.....  
Shares

.....  
Debenture Stock

.....  
Friendly Society/ Building Society/ Credit Unions

.....  
Government or Semi-Government Bonds

.....  
Property Trusts

.....  
Managed Trusts

.....  
Loans

.....  
Family Loans

.....  
Coin/ Art/ Antique Assets/ Stamp collections, etc

.....  
Other investments – Please detail on an attached sheet

.....  
Other Assets of value not shown above including any  
assets or funds disposed of since August 1996

5 Have you any loans to repay?

Yes

No

If **yes**, please state amount and give details:

Amount \$ .....

.....  
Details:  
.....

6 Have you paid an Entry Contribution to another facility?  Yes  No  
 If **yes**, please provide the following details:  
 Name of facility: .....  
 Amount Paid: \$ ..... Date Entry Contribution was paid (where applicable): .....

7 Do you own a car, boat or caravan?  Yes  No  
 If **yes**, please state total value: \$.....

8 What is the estimated value of your other personal possessions, including household items (do not use replacement value)? \$.....

9 Do you have a life insurance policy?  Yes  No  
 If **yes**, please state surrender value: \$ .....

10 Do you have Superannuation from which lump sum amounts can be withdrawn?  Yes  No  
 If **yes**, please state amount of lump sum allowed: \$ .....

**INCOME/PENSION**

11 Do you receive a pension, superannuation or annuity of any type?  Yes  No  
 if **yes**, please complete the following details and attach a **recent pension statement from Centrelink**:  
 Is this a Full or Part Pension Full Pension  Part Pension

.....  
**Present fortnightly amount received**  
 .....  
 Age Pension  
 .....  
 Service Pension  
 .....  
 Other Pension  
 .....  
 Superannuation  
 .....

If **no**, please indicate source of income: .....  
 Are you an Australian ex-prisoner of War?  Yes  No

Mayflower Retirement Community  
**STATUTORY DECLARATION**

**Applicant (i.e. person to be wait listed)**

Surname:	Given names:	
I, Name:		
of Address:		
Postcode:	in the State of Victoria	
(Occupation)		
<p>sincerely declare that the answers to all the questions in regard to the Financial Details of myself, or on behalf of the applicant, that the information therein is to the best of my belief true and correct in every particular and is in no way false, inaccurate, incomplete, misleading or deceptive. I agree that to allow the accurate determination of my financial status, I will provide further information or proof upon request.</p> <p><b>AND</b> I make this solemn declaration conscientiously believing that same to be true and by virtue of an ACT of the Parliament of Victoria rendering persons making a false declaration punishable for willful and corrupt perjury.</p>		
Signature of or on behalf of applicant:		
Declared at	In the State of Victoria	
this	day of	20
Before me:		
(To be signed by a Justice of the Peace or such other person – as listed below – having power to take a declaration within Victoria)		

**Who can witness the statutory declaration?**

- ◆ A pharmacist
- ◆ A legally qualified medical practitioner
- ◆ A dentist
- ◆ A member of the police force
- ◆ The Sheriff or a Deputy Sheriff
- ◆ A Councillor of a municipality
- ◆ A town clerk or shire secretary
- ◆ A veterinary surgeon
- ◆ A principal in the teaching service
- ◆ The manager of a bank
- ◆ A minister of religion authorised to celebrate marriages
- ◆ A member of the Institute of Chartered Accountants in Australia/Australian Society of Accountants/National Institute
- ◆ A member or former member of either House of the Parliament of Victoria or of the Commonwealth
- ◆ A current practitioner under the Legal Practice Act 1996
- ◆ A Justice of the Peace or Bail Justice