

Name of Applicant:

Home (office use only):



## **RMBI Care Co. Application Form**

### **Respite or permanent residence in an RMBI Home**

#### **Important Information**

Please complete all sections of this application if you are applying to become a permanent resident in an RMBI Home.

For respite stays in an RMBI Home, please complete Sections 1-7 and 12 only.

An applicant's residency cannot commence until the application form has been fully completed and signed. The outline information in this application form will enable us to process your application and we may request further information or documents to support your application.

Once an application is made, a potential resident must not dispose of any property, assets or capital, or purchase any annuity, without disclosing this to RMBI Care Co.

If you need any support or advice completing this form, please contact the Home Manager or Business Relationship Manager at your preferred Home.

#### **PRIVACY STATEMENT**

At RMBI Care Co., we are committed to respecting and protecting your privacy. We will only use your personal information to send you information relating to RMBI Care Co. that you have requested to receive from us. Your details will be stored by RMBI Care Co. and we will continue to request consent on a regular basis. You can withdraw consent at any time by sending an email to [enquiries@rmbi.org.uk](mailto:enquiries@rmbi.org.uk) or by writing to RMBI Care Co., 60 Great Queen Street, London WC2B 5AZ.

We will not share your information with any third parties or store your details outside of the European Economic Area. The information you provide will be held securely by us whether the information is in electronic or physical format and we will only use your data to send you news relating to RMBI Care Co. unless you have consented otherwise.

## 1. Which Home are you applying to?

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

## 2. Accommodation required

### a) Permanent residence: *subject to care needs assessment*

☐ Sheltered   ☐ Residential   ☐ Nursing   ☐ Dementia Support House

Please indicate when you would like to move to the Home:

☐ As soon as possible   ☐ At a later date (please specify) \_\_\_\_\_  
(If you are applying for permanent residence, please go to section 3.)

### b) Respite stay: *please indicate requested dates of stay*

From: \_\_\_\_\_ To: \_\_\_\_\_

**How will your fees for your respite stay be funded? Please tick as applicable**

☐ Self funded   ☐ Local Authority Funded   ☐ Other (please specify) \_\_\_\_\_

## 3. Your personal details

### a) About the applicant

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel no.: \_\_\_\_\_ Email: \_\_\_\_\_

Please state how you wish to be contacted. Tick all that apply:

Telephone ☐                      Post ☐                      Email address ☐

### b) About your next of kin

Detail	Next of kin 1	Next of kin 2
First name:		
Surname:		
Relationship to you:		
Address:		
Telephone no.:		
Email address:		

Please note, in regards to section 4, RMBI Care Co., through the Masonic Charitable Foundation, will make enquiries regarding the membership of the qualifying Freemason, which is one of the criteria taken into account when assessing eligibility for admission.

#### 4. Your eligibility/ relationship to Freemasonry

a) I am a Freemason ☐

Lodge no. of Freemason: \_\_\_\_\_ Province: \_\_\_\_\_

b) I am a spouse/partner of a Freemason ☐

Lodge no. of Freemason: \_\_\_\_\_ Province: \_\_\_\_\_

c) I am a Freemason and would like to live/stay with my spouse/partner ☐

Lodge no. of Freemason: \_\_\_\_\_ Province: \_\_\_\_\_

Wife/partner's full name: \_\_\_\_\_

Wife/partner's date of birth: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

d) I am a widow/widowed partner of a Freemason ☐

Date of (last) marriage: \_\_\_\_\_

Date of (last) husband's death: \_\_\_\_\_

Lodge no. of Freemason: \_\_\_\_\_ Province: \_\_\_\_\_

e) I am a relative of a Freemason ☐

Lodge no. of Freemason: \_\_\_\_\_ Province: \_\_\_\_\_

Name of Freemason: \_\_\_\_\_

Please state your relationship to the Freemason: \_\_\_\_\_

f) I do not have a connection to Freemasonry ☐

#### 5. Your personal circumstances

Why do you wish to live in an RMBI Home?

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Do you have any health issues: *(Please provide brief details)*

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Please provide your GP's details:

Full name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

**6. Other information** - Please provide any other information that you consider to be relevant to your application.

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Did the applicant fill in this form? ☐ Yes ☐ No

If no, please give details of the person who completed the form.

Full Name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel no.: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## 7. Attorney

If you do not deal with your own finances, please provide the name and address of the person who does this for you.

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Full name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel no: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

*If you have completed above, please provide a copy of all relevant documents.*

**Person to be contacted for payment of fees, if different from above.**

Full name: \_\_\_\_\_

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

\_\_\_\_\_Postcode\_\_\_\_\_

Tel no: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**About your finances:**

**8. Your property – Please select one of the following boxes.**

a) I/We currently own a property ☐

b) I/We do not currently own a property but have owned (or shared part of the ownership) within the last seven years ☐

c) I/We have not owned any property within the last seven years ☐

*(If you ticked option c, please go to section 9.)*

**Your Property details** (please complete if you ticked option a or b above.)

Full address of any property owned by you:

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Freehold/Leasehold: (select as appropriate) Estimated value in GBP: \_\_\_\_\_

Your share of the property: 100% or \_\_\_\_\_ %\*

*\*Please provide the details of any other parties with an interest in this property together with supporting evidence, for example, a copy of the land registry.*

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If the property is subject to a mortgage please provide details of the company/persons holding the mortgage, current redemption amount (estimated) and a copy of the latest statement:

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If you have entered into an equity release agreement for this property please provide the name of the company, the copy of this agreement and the latest statement:

If this property is currently occupied by anyone other than you, please provide their details here. This should include any partner, a relative aged over 60 years, a relative who is incapacitated or a child under 16 who you support, together with supporting documents.

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Please provide similar details for any additional properties owned by you, or which you have an interest in.

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RMBI Care Co. can offer a deferred payment scheme if your property needs to be taken into account as part of your care fees. If you would like more information on its deferred payment scheme, pick tick here.

Your LA may also offer a deferred payment scheme; please contact them directly for more information. Please note that RMBI Care Co.'s full weekly rate will be payable for LA deferred payment schemes. ☐

**9. Your Income** - Please state your income after income tax or any other relevant tax.

Details about your Income	Weekly (£)	Monthly (£)
State retirement pension		
Minimum income guarantee/pension (Income support)		
Employer's pension		
Private annuities		
Attendance allowances		
Any other allowances		
Income from trust funds		
Rental income (after deduction of management cost)		
Any other income (shares, capital bonds, interests)		
Other income		
<b>Total</b>		

## 10. Your savings

Please provide the details of the banks/institutions where these savings are held:

Details about your savings	Amount (£)	Is this a joint account? (please state yes or no)
Current bank account balance		
Deposit bank account balance		
Other deposits (bank)		
Bonds		
Shares/investments		
Any other liquid assets not mentioned above		
1.		
2.		
Total		

## 11. Your debts

Please provide the details for any amounts owed to other parties (not covered in section 8) that will not be settled within the next 30 days. If relevant, this should include any debts subject to a legal judgement or where you have taken responsibility for the debts of any other person. If yes, please state below:

Amount: £ \_\_\_\_\_

## 12. Declaration

At the time of admission, I confirm that (please tick only one option that applies.)\*

1	I agree to pay the full care fees to RMBI Care Co. with my weekly/monthly income and liquid capital. I will speak to the Home Manager if my capital reaches the statutory threshold limit, where I may be entitled to support from the Local Authority (LA) for future payments of my care fees. I agree to speak to the Home Manager before submitting an application to the relevant authority for financial support.	
2	I agree to sell my property and enter into RMBI Care Co.'s deferred payment scheme to fund my care fees. When the sale of my property is complete, I understand that option 1 will be applicable.	
3	My care is being funded by the LA on a 12 week property disregard. I agree to pay the difference between the gross LA weekly rate payable for this period of time and RMBI Care Co.'s full weekly rate once the sale of my property is complete. From week 13, if my property is not sold, I agree to apply for a deferred payment scheme with RMBI Care Co. or the LA (option 2 or 4). When the sale of my property is complete, I understand that option 1 will be applicable.	
4	My care is being fully funded by the LA on a deferred payment scheme where RMBI Care Co.'s full fees are payable. When the sale of my property is complete, I understand that option 1 will be applicable.	
5	My care is being fully funded by the LA.	
6	My care is being funded by the NHS.	

*\*I understand that the above may change in future as my circumstance changes.*

The information on this form is correct and complete to the best of my knowledge. If applying for a respite stay I declare that I will vacate the accommodation on the date stated. If my respite stay exceeds the stated dates, I will undertake to sign an extension to the respite stay paying in advance or a contract as a permanent resident which will require all sections of this application to be completed. I hereby undertake to inform RMBI Care Co. promptly if any information changes.

**Signature:**

Full name: \_\_\_\_\_

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

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

\_\_\_\_\_ Postcode \_\_\_\_\_

**The witness must be independent and not a family member.**

Witnessed by: \_\_\_\_\_

**Signature**

Full name: \_\_\_\_\_

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

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

\_\_\_\_\_ Postcode \_\_\_\_\_

**Once you have completed and signed this application form, please submit it along with the relevant documentation to the Home Manager or Business Relationship Manager.**