

RESIDENT FINANCIAL DETAILS CHECKLIST

Applicant Details:

First name:	Surname:	Date of birth: / /
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Partner Details:

First name:	Surname:	Date of birth: / /
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INCOME INFORMATION

Pension Details

Do you receive an Australian Pension? ☐ Yes ☐ No

If yes, please indicate the type of pension: ☐ Age ☐ Blind ☐ DVA

If DVA Pension, please indicate which type: ☐ Veteran Affairs Service Pension ☐ War Widow Pension ☐ Veteran Affairs Disability Pension

If Veteran Affairs Disability Pension, please indicate which type?

☐ Special Rate (T&PI, Blinded, TTI) ☐ Veteran Affairs Disability Pension ☐ Intermediate Rate ☐ Extreme Disablement Adjustment (EDA)

Additional Income

Do you have any other forms of income: ☐ Yes ☐ No

If yes, please indicate the type of additional income:

Superannuation Pension: ☐ Yes ☐ No

A superannuation pension is also known as a superannuation income stream, and is sometimes called a retirement income stream.

The technical term for a superannuation pension is a 'complying pension' (that is complying with the superannuation rules).

The deductible amount is the amount of income that is a return of capital versus income.

There is no ability to take a lump sum amount and payments typically cease upon death unless the income stream has been transferred to a surviving spouse.

Gross Income Received _____ & **Deductible Amount** _____ (Per Annum)

Account Based Pension: ☐ Yes ☐ No

Money that has been contributed into a superannuation fund by you while you have been working, a regular income stream is payable to you.

You can take the money as a regular payment or a lump sum.

The deductible amount is the amount of income that is a return of capital versus income.

Total Income Received _____ & **Deductible Amount** _____ (Per Annum)

Asset value _____ & will the asset be KEPT _____ or SOLD _____

Overseas Pension: Gross Income (before Tax) _____ (Per Annum)

Employment Income: Gross Income (before Tax) _____ (Per Annum)

Other income: Amount _____ (Per Annum)

PROPERTY INFORMATION

Have you owned a home in the last 2 years? ☐ Yes ☐ No

If yes, please complete the details below:

Will anyone remain living in the family home? ☐ Yes ☐ No

If Yes, please indicate the living situation:

Partner or dependent child ☐

Carer, eligible for income support payments who has resided there for over 2 years ☐

Close relative, eligible for income support payments who has resided there for over 5 years ☐

None of the above ☐

If none of the above, what is the net market value of the family home _____ (it is assumed it will be sold)

If Yes, do you intend to rent the family home? ☐ Yes ☐ No

If Yes, Gross Rental Income _____ & Net Rental Income _____ (Per Annum)

Investment Properties

Do you own any other real estate other than the family home? ☐ Yes ☐ No

If Yes, please complete the details below:

Market Value _____ (Per Annum) **Gross Rental Income** _____ (Per Annum)

Net Rental Income _____ (Per Annum) **Will the property be KEPT or SOLD** _____

Will the property be SOLD ☐ Yes ☐ No

ASSETS

Gifts

Have you gifted away any assets in the last 5 years?

☐ Yes ☐ No

If Yes, please list year and amount.

Year _____ Amount _____

Year _____ Amount _____

Year _____ Amount _____

Assets

Do you own any of the following assets: home contents, motor vehicles, boats, caravans, trailers or special collections such as stamps, artworks or antiques?

☐ Yes ☐ No

If Yes, please indicate type and amount.

Type _____ Amount _____

Type _____ Amount _____

DEBT

Do you have any debt? ☐ Yes ☐ No

If yes, please indicate how much: _____

INVESTMENTS

Do you have any investments? If yes, please complete the details below: ☐ Yes ☐ No

Bank Accounts, Building Societies, Credit Unions?

Name _____ Amount _____

Shares, options, rights, convertible notes in listed or unlisted companies?

Name _____ Amount _____

Managed Funds?

Name _____ Amount _____

Cash not kept in financial institutions?

Name _____ Amount _____

A Funeral Bond?

Name _____ Amount _____

A Prepaid Funeral?

Name _____ Amount _____

Life insurance that can encashed?

Name _____ Amount _____

Insurance or Government Bonds?

Name _____ Amount _____

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Email agedcare@carinity.org.au Fax 07 3811 6460

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