ALLAMBIE HEIGHTS Village

Retirement Villages and Residential Aged Care

APPENDIX I - Permanent care financial information

Please complete this supplement for permanent care enquiries only. It helps AHV discuss fees and assessment requirements with you. Estimates are welcome; please write "Unsure" if you do not know an amount. Supporting documents may be requested separately.

1 APPLICANT AND PERSON PROVIDING INFORMATION

Applicant full name:	Date of birth:
Your name / relationship:	Phone / email:

2 FINANCIAL ASSESSMENT

Assessment status ☐ Completed ☐ In progress ☐ Not started ☐ Unsure	
Fee advice available? ☐ Yes ☐ No ☐ Unsure	Copy ☐ Attached ☐ To follow
Assessment reference / date (if known):	

3 ASSETS AND INCOME

Please provide approximate figures only. AHV will discuss any further information needed. These figures do not determine the official means assessment.

Own a home? ☐ Yes ☐ No ☐ Unsure	Estimated home value: $
Partner or dependant living in the home? ☐ Yes ☐ No ☐ Unsure	
Bank accounts and cash — estimated total: $	
Investment properties ☐ None ☐ One ☐ More than one ☐ Unsure	
Combined estimated investment property value: $	
Other assets, including shares — description and estimated value:	
Liabilities / debts — estimated total: $	
Annual income — estimated amount and source:	

4 CONFIRMATION

☐ To the best of my knowledge, these details are accurate estimates. I understand that AHV may request further information and that this supplement is not a service agreement.

Name:	Signature:
Date:	Relationship / capacity:

Please return with your enquiry form to general@alhvillage.com.au. Personal information is handled under applicable privacy law. Please ask our team for our privacy policy or help with access or correction requests.