

To *Team Manager* (Insert as  
*Locality Office Name and Address* (appropriate

12 Week Property Disregard

- 1 In connection with Mrs A N Other's permanent admission to a Residential / Nursing care home, I wish to have the value of her former home disregarded from her assessed contribution for a period of 12 weeks or until the date it is sold whichever comes first.
- 2 I understand that during the period referred to in '1' above, Mrs Other will have to make a contribution toward the cost of her accommodation and that it will be based upon her income and other capital assets.
- 3 I understand that if the cost of her accommodation is more than Devon County Council would normally pay to meet Mrs Other's assessed needs, then she or someone else will have to pay the difference, in addition to the assessed contribution referred to in 2 above.
- 4 I understand that at the expiry of the 12 week period or from the date that the property is sold, whichever happens first, Mrs Other will be responsible for paying the full cost of her Residential / Nursing Care Accommodation.

Signed.....Capacity.....  
 .....  
 Print name.....  
 Date.....

As you are signing on the residents behalf because you hold an Enduring Power of Attorney or are appointed as Receiver by the Court of Protection, please state in what capacity and provide your address and telephone number. Please supply a copy of the authority that you hold.

When signed, please return this agreement to the above address as quickly as possible.