

### **Declaration**

Is a legal term for a written declaration, made under oath, of what the individual knows to be factual information. In liability or property insurance, a declaration is the part of the contract that contains basic information.

1. I declare that the information given in this agreement relating to my income and assets has been accurately and fully stated.
2. I promise to pay my monthly accommodation fee in advance, before the first day of each calendar month, which shall be assessed by the Home's Management based on my income.
3. I agree to any variation of this charge necessitated by special nursing, other attention, increased income, or any other reason whatsoever.
4. I undertake to disclose to the Home's Management any change in my income or my assets immediately the change occurs, and to accept and pay such higher charges as may be determined by the Association
5. I further undertake that if it becomes apparent that I have any income or assets not disclosed in this form or "Statement of Income and Expenditure" or acquire income or assets in the future without declaring same, I will pay, or authorise my Estate to pay, the full economic rate of board and lodging for the period of my residence.  
(Income from assets disclosed in my Estate shall be assessed at 10% in calculating the board and lodging payable by me for the period of my residence).
6. I consent to the Home, if it so desires, drawing my monthly pension, and for this purpose shall sign a Special Power of Attorney, which will be irrevocable whilst I am resident in the Home and will be acted upon at the sole discretion of the Home's Management.

7. I also note and agree that:

- ❖ The Home cannot accept any responsibility for any personal possessions, jewellery, documents, appliances, etc. brought into the Home by the residents, or for any injury sustained by a resident.
- ❖ Should the necessity arise for an urgent emergency operation on me, and my next-of-kin is not available, the Matron shall furnish the consent required by the hospital.

Applicant Signature .....

Date .....

Next Of Kin Signature .....

Date .....

Witness Signature .....

Date .....