CAPACITY & SELF-DETERMINATION (MISCELLANEOUS PROVISIONS AND PRESCRIBED FEES AND FORMS) (JERSEY) ORDER 2018

Pursuant to Article 8(6)(b) of the Order

DELEGATION FOR ………*Mr John Smith*..…………………………….…………….

*(insert full name of the Person)*

Income and Expenditure Accounts for the period …15/01/2024. to ……14/01/2025……..

 *(insert dates)*

**Income**

*(Provide a total for the reporting period for each type of income, such as pensions; benefits; bank interest, dividends, allowances, rent; other [please specify]).*

States of Jersey old age pension £ 11,380.50

Private pension £16,200.22

Bank interest £ 147.30

Rental of home address (Flat 1, Breeze apartments) £20,400.00

***Total income* £ 48,128.02**

**Expenditure**

*(Provide the total expenditure for the reporting period for each type of expenditure, such as residential home fees; life insurance; property insurance; nursing fees; doctors’ fees; dentist; chiropody; allowance; other [please specify])*

**Contribution to Care home fees £ 38,868.00**

**Income Tax £ 6,240.81**

**Doctors fees £ 128.20**

**Property service charge (Flat 1, Breeze apartments) £ 512.00**

**Household maintenance £ 134.40 Dentist £ 157.00**

**Gifts to Family (daughter/grandson Birthdays/Christmas) £ 200.00**

**Opticians £ 92.00**

**Miscellaneous (clothes, papers, toiletries, haircuts) £ 627.30**

***Total expenditure* £ 46,959.71**

**Net Surplus/Deficit** **£ 1,168.31**