

Shared Ownership Application Form



This application form asks all the information that we need to know to assess your eligibility and priority to be able to offer you a shared ownership property.

Please complete this form in BLOCK CAPITALS in black ink. Please answer all of the questions, as an incomplete form will cause delays to your application.

When asked to provide other documents as supporting evidence, please make sure they are included when you return this form.

All completed application forms should be returned to the address at the back of this form.

If you need any assistance in completing this form, please contact us and we will be happy to help.

If you are applying for a specific development or property, please state which one:

.....

Section 1 About you and your household

	FIRST APPLICANT	SECOND APPLICANT
Title (Mr/Mrs/Ms/Other)		
Surname		
First name		
Initials		
Date of Birth		
Address (If you have lived elsewhere in the last three years, please list all your previous addresses on a separate sheet.)		
Postcode		
Home telephone number		
Mobile telephone number		
Work telephone number		
Email address		

Section 1 About you and your household (continued)

	FIRST APPLICANT	SECOND APPLICANT
Which local authority area do you live in?		
If working, which local authority area do you work in?		
If applicable, which Parish do you live in?		
If applicable, which Parish do you work in?		
Do you have any other Local Connection with a Parish? (If yes, please state)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you permanently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on a fixed term contract? (If so, please advise when your contract is due to end.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed on a full time or part time basis?	Full time <input type="checkbox"/> Part time <input type="checkbox"/>	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Occupation/job title/grade (If you are not working, please indicate; i.e. retired, ill health etc)		
Employer's name and address (Please specify if you are self employed.)		
Have you been with this employer for 12 months or more? (If no, please provide details of previous employers on a separate sheet.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

How would you describe your household?

Single Couple Couple with children Single with children Sharing

Are you expecting a baby? Yes No

If yes, please state due date: _____

Do you have any pets? Yes No

If yes, please specify type and number: _____

Who else will be living with you?

Please include the full name, relationship status and state whether in full time education or working etc.

NAME	RELATIONSHIP	GENDER	D.O.B.	EDUCATION/ WORKING	ANNUAL SALARY
1					
2					
3					
4					
5					

Section 2 About your current housing and your housing needs

	FIRST APPLICANT	SECOND APPLICANT
Are you? (tick all that apply)		
A first time buyer	<input type="checkbox"/>	<input type="checkbox"/>
A council tenant	<input type="checkbox"/>	<input type="checkbox"/>
A housing association tenant	<input type="checkbox"/>	<input type="checkbox"/>
Renting from your employer	<input type="checkbox"/>	<input type="checkbox"/>
Living with friends or family	<input type="checkbox"/>	<input type="checkbox"/>
Renting privately	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
A current home owner	<input type="checkbox"/>	<input type="checkbox"/>
A previous home owner	<input type="checkbox"/>	<input type="checkbox"/>
On a council waiting list	<input type="checkbox"/>	<input type="checkbox"/>
If on a council waiting list, please specify the council:		
Waiting list reference number:		
If you are a council, housing association or private tenant, please give the name, address and telephone number of your landlord and, if applicable, the name of your housing officer:		
Are you registered with a Homebuy Agent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify which one:		

Section 2 About your current housing and your housing needs (continued)

How many bedrooms does your current home have?

One Two Three Four or more

What type of property is your current home?

Flat House Bungalow

What is the minimum number of bedrooms you need?

One Two Three Four or more

What type of property are you looking for? (Tick all that apply)

Flat House Bungalow

Do you or anyone in your household have any specific housing requirements?

Yes No

For example, require a ground floor flat due to restricted mobility. If yes, please specify what your needs are:

Please provide us with any other information you think is relevant to your application:

Section 3 About your income and savings

	FIRST APPLICANT	SECOND APPLICANT
Do you have access to at least £3,000 to cover the costs associated with buying a property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Basic annual salary		
Monthly salary		
Child Benefit		
Tax Credits		
Pensions		
Other benefits or incomes		
Total income per month		

Section 3 About your income and savings (continued)

	FIRST APPLICANT	SECOND APPLICANT
Total savings		
Do you have a pre-approved mortgage offer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been in rent arrears in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rent/Mortgage (Please state if joint)	(Weekly / Monthly / Annually)	(Weekly / Monthly / Annually)
Do you have any outstanding loans or other debts, including credit cards?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the total monthly payment?		
How much is outstanding and what is/are the date(s) the final payment(s) is/are due?		
What are the repayments for? (For example: Car loan)		
Do you have any other regular monthly financial commitments? (For example: Child maintenance)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify how much you pay per month, and the reason:		
Have you ever been bankrupt, had a County Court Judgement made, or Court proceedings brought against you for outstanding debt or entered into arrangements with creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a Default recorded against you for late payment of credit card, HP or personal loan commitments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide proof of all income: i.e. copies of wage slips from the last three months if employed, the last 12 month's audited accounts if self employed, and copies of benefits and tax credit letters etc.

Section 5 Equal Opportunities monitoring form

Gender		FIRST APPLICANT		SECOND APPLICANT	
		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Transgender <input type="checkbox"/>		Transgender <input type="checkbox"/>	
		Rather not say <input type="checkbox"/>		Rather not say <input type="checkbox"/>	
Sexuality					
	Heterosexual	<input type="checkbox"/>		<input type="checkbox"/>	
	Gay man	<input type="checkbox"/>		<input type="checkbox"/>	
	Lesbian	<input type="checkbox"/>		<input type="checkbox"/>	
	Bisexual	<input type="checkbox"/>		<input type="checkbox"/>	
	Rather not say	<input type="checkbox"/>		<input type="checkbox"/>	
Ethnicity					
White	British	<input type="checkbox"/>		<input type="checkbox"/>	
	Irish	<input type="checkbox"/>		<input type="checkbox"/>	
	Other White	<input type="checkbox"/>		<input type="checkbox"/>	
Black	Caribbean	<input type="checkbox"/>		<input type="checkbox"/>	
	African	<input type="checkbox"/>		<input type="checkbox"/>	
	Other Black	<input type="checkbox"/>		<input type="checkbox"/>	
Mixed	White & Black Caribbean	<input type="checkbox"/>		<input type="checkbox"/>	
	White & Black African	<input type="checkbox"/>		<input type="checkbox"/>	
	White & Asian	<input type="checkbox"/>		<input type="checkbox"/>	
	Other mixed	<input type="checkbox"/>		<input type="checkbox"/>	
Asian or Asian British	Indian	<input type="checkbox"/>		<input type="checkbox"/>	
	Pakistani	<input type="checkbox"/>		<input type="checkbox"/>	
	Bangladeshi	<input type="checkbox"/>		<input type="checkbox"/>	
	Other Asian	<input type="checkbox"/>		<input type="checkbox"/>	
Chinese		<input type="checkbox"/>		<input type="checkbox"/>	
Traveller / gypsy		<input type="checkbox"/>		<input type="checkbox"/>	
Other		<input type="checkbox"/>		<input type="checkbox"/>	
Rather not say		<input type="checkbox"/>		<input type="checkbox"/>	
Faith or religious belief					
	None	<input type="checkbox"/>		<input type="checkbox"/>	
	Buddhist	<input type="checkbox"/>		<input type="checkbox"/>	
	Christian	<input type="checkbox"/>		<input type="checkbox"/>	
	Hindu	<input type="checkbox"/>		<input type="checkbox"/>	
	Muslim	<input type="checkbox"/>		<input type="checkbox"/>	
	Sikh	<input type="checkbox"/>		<input type="checkbox"/>	
	Other	<input type="checkbox"/>		<input type="checkbox"/>	
	Rather not say	<input type="checkbox"/>		<input type="checkbox"/>	

Section 5 Equal Opportunities monitoring form (continued)

Disability & health	FIRST APPLICANT	SECOND APPLICANT
<p>Do you have a long term health problem or disability? (This means a physical or mental impairment which has a substantial and long term affect on your ability to carry out normal day to day activities)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Rather not say <input type="checkbox"/>

Section 6 Declaration

Are you related to a current or former Board member or employee of Severnside Housing or Holland Broadbridge?	FIRST APPLICANT	SECOND APPLICANT
<p>(If yes, please specify the name of the person, their position and your relationship)</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

It is a criminal offence to knowingly or recklessly make a false declaration or withhold information reasonably required in connection with your application. I/We have read the above and confirm that I/We have provided accurate and up-to-date information relating to my/our application for home ownership. I/We understand that if it is found that false information has been given to obtain housing either knowingly or recklessly, appropriate legal action may be taken and Severnside may seek possession of any leasehold tenancy granted.

I/We understand that as a housing association tenant I/We will be required to give up our rented home on the day of completion if I buy or rent a home through any of the schemes that Severnside is offering.

I/We authorise Severnside to pass information to local authorities, credit reference agencies and to Estate Agents who may be able to assist in locating properties for applicants.

I/We authorise my Landlord to supply a rent reference to Severnside in support of this application.

I/We authorise my employer to disclose to Severnside any information relevant to this application.

	FIRST APPLICANT	SECOND APPLICANT
Signed		
Dated		

Please check you have completed all sections, otherwise the form may be returned to you. Please return your completed form to:

**Shared Ownership Application, Severnside Housing,
 Brassey Road, Old Potts Way, Shrewsbury SY3 7FA**