

Housing Choices Application

Confidential

If you require any help in completing this application form, please contact the office for assistance.

Type of Purchase:	Shared Ownership <input type="checkbox"/>	Resale <input type="checkbox"/>	Other <input type="checkbox"/>
Area Requested:			
Number of Bedrooms Required:			Ref: SOAPPLICATION:07/2005;CV6

1. Personal Details

	Applicant	Joint Applicant
Surname <small>Mr/Mrs/Miss/Ms</small>	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Present Address	<input type="text"/>	<input type="text"/>
Telephone No. Home Work	<input type="text"/>	<input type="text"/>
Dates of Birth	<input type="text"/>	<input type="text"/>
Relationship <small>(i.e. husband and wife)</small>	<input type="text"/>	<input type="text"/>

Please give details of everyone who will be living in your new home.

Forename	Date of Birth	Sex (M or F)	Occupation	Relationship

2. Present Accommodation

Local Authority Tenant	<input type="checkbox"/>	Name of Local Authority	TENANCY REFERENCE NUMBER
Housing Association / RSL Tenant	<input type="checkbox"/>	Name of Housing Association	TENANCY REFERENCE NUMBER
Private Tenant	<input type="checkbox"/>		TENANCY REFERENCE NUMBER
Owner Occupier	<input type="checkbox"/>		
Tied Home / Renting with Job	<input type="checkbox"/>		
Living with Family / Friends	<input type="checkbox"/>		
Temporary Accommodation	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
Are you on a housing waiting list?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please state whose	TENANCY REFERENCE NUMBER
What type of accommodation do you currently live in?	Bedsit <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> House <input type="checkbox"/> Maisonette <input type="checkbox"/>		
How many bedrooms are there in the property?	<input type="text"/>		

3. Employment Details

	Applicant	Joint Applicant
Name and Address of Employer	<input type="text"/>	<input type="text"/>
Position Held	<input type="text"/>	<input type="text"/>
Length of Employment	<input type="text"/>	<input type="text"/>

4. Income & Savings

Please indicate your income in the spaces below:	Applicant	Joint Applicant
Basic annual salary		
Monthly take home pay (After deduction of tax & NI)		
Regular monthly overtime / commission		
Monthly Child Benefit		
Monthly Childcare Tax Credit		
Monthly from other benefits / sources, (Please state)		
TOTAL PER MONTH		
(Additional) Monthly pensions		
TOTAL SAVINGS / CAPITAL You will require sufficient savings to cover the cost of deposit, legal fees, stamp duty etc.		
COMMITMENTS; Please give details of any of the following:-		
HP Agreements		
Bank Loans		
Credit Cards		
Others (specify)		

5. Self Employed

INDICATE IF SELF EMPLOYED	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>IF SO PLEASE ADVISE;</p> <p>THIS YEARS INCOME <input type="text"/></p> <p>LAST YEARS INCOME <input type="text"/></p> <p>PREVIOUS YEARS INCOME <input type="text"/></p>	
DO YOU HAVE CERTIFIED ACCOUNTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>

6. Data Protection information, declaration and signatures

Family Housing Association Ltd may use the data about you and members of your household that has been supplied to it to support an application for a Shared Ownership property managed by Family Housing Association in the following ways:-

1. To process an application for Shared Ownership property. Your information may be passed to the bank or building society to which the mortgage application in respect of the property is being made.
2. Disclose it to any third party where it believes that it has a legal obligation to do so.
3. Pass it to a credit reference agency to enable the credit reference agency to carry out a check of the likelihood of your being able to pay the rent due to Family Housing Association.

In the event that the application to Family Housing Association is accepted and a Shared Ownership Lease is granted the information about you may be:

1. Passed to maintenance contractors to enable them to carry out qualifying repairs to the property that you are living in.
2. Passed to an officer appointed by Family Housing Association on its behalf to manage the property that you are living in.
3. Passed to the police (in circumstances where Family Housing Association believes that it has a legal obligation to pass such information on to them).
4. Passed to the Social Services Department of a Local Authority where Family Housing Association believes that it has a legal obligation to pass such information to them or believes that it is in your best interest of other members of your household to pass such information to them.
5. Used to process a claim made by you for housing benefits or any other welfare benefit.
6. Be disclosed to any third party where Family Housing Association believes that it has a statutory obligation to disclose the information or believes that it is in your best interests or the best interests of other members of your household to disclose the information.

7. Ethnic Origin

From which of the following ethnic / racial groups do you feel that you and your family originate? Please (✓)

White	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Mixed	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Other	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Chinese or other ethnic group	Chinese	<input type="checkbox"/>	Other	<input type="checkbox"/>				
Question Refused		<input type="checkbox"/>						

8. Family Connections with Association or its agents

Please advise the Association if you are related to any members, employee or agent of the Association.

9. Additional Information

Is there any additional information you would wish for the Association to take into account in giving consideration to your application? (If yes, please give details, continue on the additional space provided overleaf).

10. Further Information

HAVE EITHER OF YOU EVER BEEN INSOLVENT, BANKRUPT OR MADE ARRANGEMENTS WITH YOUR DEBTORS OR BEEN INVOLVED IN ANY COURT PROCEEDINGS FOR DEBT?
If yes please provide further details

YOU MUST ANSWER THIS QUESTION

YES NO

HAVE YOU PREVIOUSLY, YOURSELF, OR WITH ANOTHER PERSON, OWNED A PROPERTY?
If yes, please give details which led to you moving from the property e.g. was it repossessed, marriage breakdown etc.

YES NO

DOES ANY MEMBER OF THE HOUSEHOLD HAVE A DISABILITY?

YES NO

DOES ANY MEMBER OF THE HOUSEHOLD USE A WHEELCHAIR?

YES NO

ARE YOU A FIRST TIME BUYER?

YES NO

WILL YOU QUALIFY FOR HOUSING BENEFIT?

YES NO

PLEASE USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION WHICH YOU FEEL MAY AFFECT YOUR APPLICATION:

How did you find out about the scheme?

Newspaper Direct Mail Local Authority Sign Board

Estate Agent Friend/Relative Website

Other, please state

11. Declaration & Authorisation

I/We authorise FHA to apply for references / verification or information provided to any of the persons or parties named.

Signature (1)

Signature (2)

Date:

Date:

PLEASE ENSURE EVIDENCE OF INCOME IN THE FORM OF WAGE SLIPS AND BENEFIT DETAILS ARE ATTACHED TO THIS FORM

FOR OFFICE USE ONLY

APPROVED BY:

AUTHORISED BY:

DATE:

