

Shared Ownership application form



chelmer
housing
partnership

Please complete all sections carefully and clearly in ink.
If you require any help completing this form please call: 01245 613000

Section one: Lead applicant details

Title: _____ National Insurance No: _____
Surname: _____ First Names: _____
Address: _____
Tel Home: _____ Postcode: _____
Mobile: _____ Email: _____

Section two: Joint applicant details (if applicable)

Title: _____ National Insurance No: _____
Surname: _____ First Names: _____
Address: _____
Tel Home: _____ Postcode: _____
Mobile: _____ Email: _____

Section three: Your family and household details

Please give details of the people who would live with you if you were offered accommodation.

Surname	First Name	Sex M/F	Date of Birth	Relationship to you
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or is any of the people who live with you expecting a baby?

Yes No

If yes, when? _____

Shared Ownership application form

page 2

Section four: Income details

Please give all employment details about yourself and everyone who will be living with you.

Name & occupation	Employers name address & telephone	Annual gross salary	Employment start date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section five: Other income

Please give details about other income either you or anyone who will be living with you has e.g. benefits/pension/maintenance payments.

Name	Type of income	Weekly amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section six: Savings or other assets

Please give details of any savings or other assets.

Applicant Name	Type of savings or other assets	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Shared Ownership

application form

page 3

Section seven: Financial commitments

Please give details about any regular payments e.g. loans, hire purchases, credit cards, that you or anyone who will be living with you has to make.

Applicant Name	Financial commitments	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section eight: Rent and mortgage arrears

Do you or the joint applicant have any outstanding arrears on either a current or previous property?

Yes No

Are they (please tick): Mortgage arrears **or** Rent arrears

To whom do you owe these arrears?

Have you ever been bankrupt or insolvent, or had any judgement made against you for debt?

Yes No

If yes, please give details:

Section nine: Medical information

Do you or any of the people who will live with you suffer from an illness or disability?

Yes No

If yes, give the name of the person and details of illness or disability:

Shared Ownership application form

page 4

Section ten: Your present accommodation

Owner occupier (please tick relevant box)

Yes

No

Rented accommodation (please tick relevant box)

Yes

No

Other (please specify): _____

If you are a tenant please give the landlords name and address:

If you are an owner occupier please give reasons why you are applying for shared ownership accommodation:

Are you registered on a council waiting list?

Yes

No

Are you registered on a housing association waiting list?

Yes

No

If yes, give details of council/housing association and date registered:

Have you ever rented or bought a property from CHP?

Yes

No

If yes, please give details:

Have you ever been an owner occupier in the past?

If yes, please give details:

Section eleven: Your preferred housing

What type of property do you want? (please tick relevant boxes)

House

Bungalow

Apartment/flat

How many bedrooms do you require? _____

In which area do you want to live? _____

Have you seen a CHP property you are interested in buying? If so, please give details ie. location. scheme name.

Shared Ownership

application form

page 5

Section twelve: Your main reasons for applying

What are your reasons for wanting to move? (please tick all that apply)

- Moving to provide support for family members
- Moving because you are overcrowded
- Moving because of problems (intimidation, harassment, etc)
- Moving where house prices are higher
- Moving because current home is in poor condition
- Moving because current home is not suitable for your medical needs
- Moving because unable to buy a property on the open market
- Other (please specify):

Section thirteen: Supporting information

Please write down any other information that you think is important to your application attaching copies of any relevant documents ie. doctors letters, notice to quit, etc.

Section fourteen: Relationship to staff or committee

Are you an employee or member of CHP or a relative of one?

Yes No

If yes, give details:

Shared Ownership application form

page 6

Section fifteen: Where did you hear about CHP?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Signboard | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Council |
| <input type="checkbox"/> CHP Leaflet | <input type="checkbox"/> CHP Newsletter | <input type="checkbox"/> CHP Website |
| <input type="checkbox"/> Advert, if yes, which publication? _____ | | |
| <input type="checkbox"/> Other (please give details): _____ | | |

Section sixteen: Declaration

Please read the declaration below and sign the form where indicated.

- I understand that the information provided on this form will be used by CHP for the purpose of processing my housing application for shared ownership and treated in the strictest of confidence in accordance with the terms of the Data Protection Act 1998.
- I understand that as part of CHP's statutory duties to protect public funds and prevent and detect fraud information relating to this application may be disclosed for the purpose of crime prevention and detection in accordance with the terms of the Data Protection Act 1998.
- I understand that CHP reserves the right to take up references relating to this application including, where appropriate, employment, loan, landlord and financial checks.
- I understand that if I am a council or housing association tenant that I will have to give up my existing accommodation on the day of completion
- I understand that my home will be at risk if I do not keep up my mortgage and/or rent payments.
- I am a British or EU citizen or have indefinite leave to remain in the UK.
- I certify that the details given on this application are true and complete to the best of my knowledge.

Applicant 1: _____

Applicant 2: _____

Signed: _____

Signed: _____

Date: _____

Date: _____

monitoring form



chelmer
housing
partnership

Please help us to ensure the effectiveness of our equality and diversity policy by looking at the following list of ethnic groups and ticking the box that best applies to you or your household. All information supplied will be kept in the strictest confidence and used only for monitoring purposes.

White:

- British
Irish
Other

Black or Black British:

- Carribbean
African
Other Black background

Mixed:

- White & black Caribbean
White & black African
White & Asian
Other mixed background

Asian or Asian British:

- Indian
Pakistan
Bangladeshi
Other Asian background

Chinese or other ethnic group:

- Chinese
Other ethnic group

Prefer not to answer

Please contact us if you would like a copy of this form in
large print, Braille, on CD or in another language.
01245 613000.



chelmer
housing
partnership

Please return this completed form to:

**Chelmer Housing Partnership
Prospect House
West Hanningfield Road
Great Baddow
Chelmsford
Essex
CM2 8HN**

Tel: 01245 613000

Fax: 01245 613001

Minicom: 01245 613188

Email: enquiries@chelmerhp.org.uk

website: www.chelmerhp.org.uk

Please contact us if you would like a copy of this form in large print, Braille, on CD or in another language.
01245 613000.