

PROPERTY APPLICATION FORM



SECTION 1: SHARED OWNERSHIP

Property:

Please confirm what your relationship is with Solihull

SECTION 1: ABOUT YOU

First Applicant

Second Applicant

Title	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Middle Names	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Previous name (if applicable)	<input type="text"/>	<input type="text"/>
Any other name known by	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
Marital Status	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Relationship to first applicant		<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Current full address with postcode	<input type="text"/>	<input type="text"/>
How long at this address	<input type="text"/>	<input type="text"/>
Previous addresses if less than 3 years	<input type="text"/> <small>If lived at for less than 3 years, please also provide previous addresses with dates. ie 01/12 to 05/15</small>	<input type="text"/> <small>If lived at for less than 3 years, please also provide previous addresses with dates. ie 01/12 to 05/15</small>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Which Borough/Local Authority do you live in	<input type="text"/>	<input type="text"/>
Which Borough/Local Authority do you work in	<input type="text"/>	<input type="text"/>

SECTION 3: RESIDENCY

	First Applicant	Second Applicant
Are you a British or European Union/ European Economic Area citizen?	UK <input type="checkbox"/> EU <input type="checkbox"/> Neither <input type="checkbox"/>	UK <input type="checkbox"/> EU <input type="checkbox"/> Neither <input type="checkbox"/>
If not, do you have Indefinite Leave to Remain in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, when does your Leave to Remain in the UK end?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

SECTION 4: WHAT IS YOUR CURRENT ACCOMMODATION?

	First Applicant	Second Applicant
Council tenant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Housing Association tenant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Temporary accommodation provided by your local authority	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to any of the above, what is the name, full address and telephone number of the council or Housing Association you are renting through?	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Renting privately	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A current homeowner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are a current homeowner, how much equity do you have in your current home?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
A previous homeowner, when did you sell	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Renting from your employer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Living with family and friends	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 5: EMPLOYMENT DETAILS

	First Applicant	Second Applicant
Job title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Employer's name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Employer's Head Office full address & postcode	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
How long have you worked in your current role?	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are you permanently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed on a contract?	Fixed <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> Not applicable <input type="checkbox"/> If you tick this box please go to section 6 </div>	Fixed <input type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> Not applicable <input type="checkbox"/> If you tick this box please go to section 6 </div>
Contract start date	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Contract end date	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Are you current, ex-serving, or partner of MoD personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed by a Local Authority or Housing Association	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 6: CREDIT CHECK

	First Applicant	Second Applicant
Have you ever failed to keep up on a loan or any form of credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any unsatisfied county court judgements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you entered into an individual voluntary credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been behind in paying your rent over the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed to keep up on a loan or any form of credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are you still in rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been declared bankrupt within the last 6 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, then please provide the date?	<input type="text"/>	<input type="text"/>

SECTION 7: FINANCE

Income

	First Applicant	Second Applicant
What is your total annual salary before deduction (to include London weighting, excluding overtime and bonuses)?	<input type="text"/>	<input type="text"/>
If applicable, please state how much you earn in overtime, bonuses and commissions annually	<input type="text"/>	<input type="text"/>
If applicable, please state a monthly figure for any other source of income you may have	<input type="text"/>	<input type="text"/>
If applicable, please state a monthly figure for your income from working tax credits	<input type="text"/>	<input type="text"/>
If applicable, please state a monthly figure for your income from disability allowance	<input type="text"/>	<input type="text"/>
If applicable, please state a monthly figure for your guaranteed income from maintenance payments	<input type="text"/>	<input type="text"/>
What are your total savings?	<input type="text"/>	<input type="text"/>
How much are you able to contribute towards a deposit?	<input type="text"/>	<input type="text"/>
Are you self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, can you provide two years of audited accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Expenditure

Do you have any loans or hire purchases?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please answer the questions below	<input type="text"/>	<input type="text"/>
How much is the outstanding amount?	<input type="text"/>	<input type="text"/>
How much are the monthly repayments?	<input type="text"/>	<input type="text"/>
What is the loan for?	<input type="text"/>	<input type="text"/>
What date is the final payment?	<input type="text"/>	<input type="text"/>
If applicable, what is the total balance on your credit cards?	<input type="text"/>	<input type="text"/>
How much do you pay monthly in rent, mortgage or board?	<input type="text"/>	<input type="text"/>

SECTION 8: WHO ELSE WILL BE LIVING WITH YOU?

	Person 1	Person 2	Person 3	Person 4
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their relationship to you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment status	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Will they be contributing to your mortgage payments?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is their annual salary?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 9: EQUALITY QUESTIONS

What is your ethnic group?

First Applicant		Second Applicant		First Applicant		Second Applicant	
White		White		Black/Black British		Black/Black British	
English/Welsh/Scottish/ Northern Irish/British	<input type="checkbox"/>	English/Welsh/Scottish/ Northern Irish/British	<input type="checkbox"/>	African	<input type="checkbox"/>	African	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
White other	<input type="checkbox"/>	White other	<input type="checkbox"/>	Other Ethnic Group	<input type="text"/>	Other Ethnic Group	<input type="text"/>
Mixed/Multiple Ethnic Groups		Mixed/Multiple Ethnic Groups		Arab	<input type="checkbox"/>	Arab	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	What is your religion?	<input type="text"/>	What is your religion?	<input type="text"/>
Asian/Asian British		Asian/Asian British		No religion	<input type="checkbox"/>	No religion	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Christianity	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	Judaism	<input type="checkbox"/>
				Islam	<input type="checkbox"/>	Islam	<input type="checkbox"/>
				Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

Disabilities

First Applicant		Second Applicant		First Applicant		Second Applicant	
Do you consider you or any member of your household to be disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you consider you or any member of your household to be disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you or a member of your household a wheelchair user?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you or a member of your household a wheelchair user?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or a member of your household registered disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you or a member of your household registered disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What is your sexuality?	<input type="text"/>	What is your sexuality?	<input type="text"/>

SECTION 10: HOW DID YOU HEAR ABOUT THE PROPERTY?

Current Housing Association tenant	<input type="checkbox"/>	Leaflet/Flyer	<input type="checkbox"/>
SCH website	<input type="checkbox"/>	Site signage	<input type="checkbox"/>
Other website/property portal	<input type="checkbox"/>	Local Authority	<input type="checkbox"/>
Email	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>
Press	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>

Please note: Terms and conditions apply. All of the homes advertised on our website are subject to availability, eligibility and successful credit check.

IMPORTANT INFORMATION: PLEASE READ

Data Processing Notice and Consent

SCH is a data controller for the purposes of the Data Protection Act 2018 and the General Data Protection Regulation (“GDPR”).

SCH and/or the sales agents appointed will collect, store and process your personal data in order to carry out our obligations to you arising under this agreement and any subsequent agreement entered into in connection with the purchase of a property sold by SCH, and to provide you with the information, products and services that you request from us. Sensitive personal data such as racial or ethnic origin, offences (including alleged offences) and physical and mental disabilities are required under the Equal Opportunities Monitoring Statute.

We will process your personal data in accordance with our Privacy Policy.

Do you have a preferred contact method for marketing communications?

Email Phone call SMS message Post

Should you wish to withdraw your consent at any time, you can do so by emailing kotoole@solihullcommunityhousing.org.uk

Credit checking

SCH and/or the sales agent appointed may contact credit reference agencies to authenticate and verify your identity and credit status: these agencies will also keep a record of any such request. The scope and extent of the gathering of information from third parties depends on what type of service you are requesting from us. By signing this, you consent to your personal data being used for these purposes and any information collected from credit reference agencies to be stored on your account gathered.

References

SCH and/or the sales agent appointed will take up any references relating to your application from your landlord and/or employer.

Sharing your data

We may be required to share some of your personal information with other organisations that handle public funds: this is for verification details, and to prevent and detect fraud and/or crime. We will limit the information shared to what is necessary for the performance of this duty.

SCH and the sales agent appointed may use the information you give to us to provide you, or permit selected third parties to provide you, with information about goods or services we feel may interest you. This may include information from financial advisers, solicitors and surveyors. The information may be used for surveys. We may disclose information to government departments, research organisations or agencies working on our, and on their own behalf, who may contact you.

By ticking the box below, you consent to SCH and/or the sales agent appointed disclosing your personal information to selected third parties.

Opt in to be contacted by third parties

Declaration

I/we understand that:

- It is a criminal offence to knowingly or recklessly make a false declaration or withhold information in connection with this application.
- If it is found that false information has been given to obtain housing either knowingly or recklessly, appropriate legal action may be taken by the Housing Association, Local Authority or Developer selling the property or their housing association, local authority or developer client of any leasehold tenancy granted.
- As a local authority, housing association or other public sector tenant. I/we will be required to give up my rented home on the day of completion if I buy or rent through any low cost home ownership product.
- If I/we own or have an interest in a property now or previously, I/we will be required to sell before exchange of contracts or taking up a lease.
- If any of the information provided changes I will inform SCH before the sale completes.
- I/we have included an up-to-date rent statement and/or reference.
- 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.

	Print	Sign
First Applicant	<input type="text"/>	<input type="text"/>
Second Applicant	<input type="text"/>	<input type="text"/>

Please check you have filled in all sections, otherwise the form will be returned to you.

