

Development		Plot Number	
Purchaser name (s)	Lead Applicant 1. Applicant 2. Applicant 3.		
If Not the lead applicant, please complete:	Relationship to Lead applicant: Is a Mortgage required: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you contributing to Mtg: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Income used toward mortgage application:		

Eligibility	
Scheme	<input type="checkbox"/> Shared Ownership <input type="checkbox"/> Older Persons Shared Ownership <input type="checkbox"/> Outright Sale <input type="checkbox"/> Rent to Buy
Reasons for applying	<input type="checkbox"/> First Time Buyer <input type="checkbox"/> Relationship breakdown <input type="checkbox"/> Unable to purchase without assistance <input type="checkbox"/> Over 55 and living in unsuitable accommodation <input type="checkbox"/> Other: _____
Is your gross household income less than £80,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been a Homeowner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a property to sell?	<input type="checkbox"/> Yes <input type="checkbox"/> No

First name: Middle name(s): Surname:	
Applicants address: Applicant lived here less than three years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB: Age:	
Home telephone: Mobile telephone: Email address:	
National Insurance Number:	

Orientation	
Marital status: *list? Gender: Is gender identity the same as sex assigned at birth: Sexual orientation: Religion:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Equal Opportunity	
Disability: Registered disabled: Do you require a wheelchair:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ethnicity: Preferred language: Other language:	
--	--

Preferred method of communication:	
Other method of communication:	

Are you a British citizen:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If above is No, please advise: Do you have indefinite leave?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you a member of the armed forces:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surviving partner of a member of the armed forces:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bereaved within the last 24 months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Honourably discharged in the last two years:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Living arrangements: *see list	<div style="border: 1px solid black; padding: 5px;"> Full-time (30 hours +) 2 <input type="radio"/> Part-time (less than 30 hours) 3 <input type="radio"/> In government training into work 4 <input type="radio"/> Jobseeker 5 <input type="radio"/> Retired 6 <input type="radio"/> Not seeking work 7 <input type="radio"/> Full-time student 8 <input type="radio"/> Unable to work due to long-term sickness or disability </div>		
Are you a Local authority tenant? (If yes, please complete the tenant section)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you in rent arrears:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have a history of rent arrears:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Rent arrears details:	-----		

<p>Employment statue: *see list</p> <p>Job title:</p> <p>Employer details:</p> <p>Length of service:</p> <p>Other employment:</p> <p>Current savings household savings: (£)</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Full-time (30 hours +)</p> <p>2 <input type="radio"/> Part-time (less than 30 hours)</p> <p>3 <input type="radio"/> In government training into work</p> <p>4 <input type="radio"/> Jobseeker</p> <p>5 <input type="radio"/> Retired</p> <p>6 <input type="radio"/> Not seeking work</p> <p>7 <input type="radio"/> Full-time student</p> <p>8 <input type="radio"/> Unable to work due to long-term sickness or disability</p> </div>
---	--

<p>Local authority you live in:</p> <p>Local authority you work in:</p>	
---	--

<p>Other occupants</p> <p>Number of adults:</p> <p>Number of Children:</p> <p>Pets: (please provide a description)</p>	
--	--

Tenant	
<p>Are you currently a private registered, housing association or local authority tenant?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(if yes, please complete the following questions)</p>
<p>What is the property type? *list</p>	<p><input type="radio"/> Flat or maisonette</p> <p><input type="radio"/> Bedsit</p> <p><input type="radio"/> House</p> <p><input type="radio"/> Bungalow</p> <p><input type="radio"/> Other</p>
<p>How many bedrooms do you have?</p>	

Current tenure:

- Social Rent
- Affordable Rent
- London Affordable Rent
- Other
- Don't know

