



# APPLICATION FORM FOR SHARED OWNERSHIP

FOR OFFICE USE ONLY
Application Reference

- We cannot consider your application unless all sections of this application are fully completed.
- All persons over the age of 18 must fill in their details as the “SECOND APPLICANT” even if they do not earn an income.

If applying for a particular development please state which one: \_\_\_\_\_

	FIRST APPLICANT	SECOND APPLICANT
<b>Gender</b> (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Title</b> (Mr/Mrs/Ms/Other)		
<b>First name</b>		
<b>Last name</b>		
<b>Previous last name</b> (if applicable)		
<b>Date of birth</b>		
<b>Address</b>		
<b>Postcode</b>		
<b>How long have you lived there?</b>		
<b>What is your current family status?</b>	Single <input type="checkbox"/> Family <input type="checkbox"/> Single with children <input type="checkbox"/> Friends <input type="checkbox"/> Couple <input type="checkbox"/> Other <input type="checkbox"/> Couple with children <input type="checkbox"/>	Single <input type="checkbox"/> Family <input type="checkbox"/> Single with children <input type="checkbox"/> Friends <input type="checkbox"/> Couple <input type="checkbox"/> Other <input type="checkbox"/> Couple with children <input type="checkbox"/>

## ALL APPLICANTS MUST COMPLETE

	FIRST APPLICANT	SECOND APPLICANT
Home telephone number		
Mobile telephone number		
Daytime telephone number		
Email address		
Which Local Authority area do you live in?		
Which Local Authority area do you work in?		

<b>Second Applicant Only:</b> What is your relationship to the first applicant?	
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DO THESE STATEMENTS APPLY TO YOU?	FIRST APPLICANT	SECOND APPLICANT
I have access to sufficient funds / savings to cover the deposit and the cost of buying	<input type="checkbox"/>	<input type="checkbox"/>
I have never failed to keep up payments on any loan or form of credit agreement	<input type="checkbox"/>	<input type="checkbox"/>
I have never had a County Court Judgement registered against me or had any defaults in the past 18 months	<input type="checkbox"/>	<input type="checkbox"/>
I have not been behind with my rent in the past 12 months (please include an up to date rent statement if applicable, or reference)	<input type="checkbox"/>	<input type="checkbox"/>
Are you in receipt of any benefits? If yes, please specify which ones.  _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you cannot tick all the boxes above, please forward details of the circumstances involved, to Lea Valley Homes</b>	<input type="checkbox"/>	<input type="checkbox"/>
I am self employed and can provide at least two / three years agreed accounts	<input type="checkbox"/>	<input type="checkbox"/>

## ALL APPLICANTS MUST COMPLETE

EMPLOYMENT DETAILS	FIRST APPLICANT	SECOND APPLICANT
Job Title/Occupation		
Employer's name and address		
Your base location if different from employer's address		
Employer's telephone number		
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 yes please see eligibility information and specify terms of contract.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contract Start Date		
Contract End Date		
How long have you worked in your current role?		

INCOME / SAVINGS	FIRST APPLICANT	SECOND APPLICANT
Total annual income before deductions (excluding overtime & bonuses)		
Regular gross monthly bonuses & overtime		
Total savings between all applicants	<b>TOTAL £</b>	
Do you have any other regular income?	Working tax credit      Disability allowance £ _____      £ _____  Child tax credit      Guaranteed maintenance income £ _____      £ _____  Child benefit      Other income £ _____      £ _____	Working tax credit      Disability allowance £ _____      £ _____  Child tax credit      Guaranteed maintenance income £ _____      £ _____  Child benefit      Other income £ _____      £ _____
Do you have any other regular monthly financial commitments? i.e child maintenance	<b>Loan 1</b> Monthly Payment Amount      £ _____ Total Amount Outstanding      £ _____ Date of final payment      / /	<b>Loan 1</b> Monthly Payment Amount      £ _____ Total Amount Outstanding      £ _____ Date of final payment      / /
	<b>Loan 2</b> Monthly Payment Amount      £ _____ Total Amount Outstanding      £ _____ Date of final payment      / /	<b>Loan 2</b> Monthly Payment Amount      £ _____ Total Amount Outstanding      £ _____ Date of final payment      / /
	<b>Loan 3</b> Monthly Payment Amount      £ _____ Total Amount Outstanding      £ _____ Date of final payment      / /	<b>Loan 3</b> Monthly Payment Amount      £ _____ Total Amount Outstanding      £ _____ Date of final payment      / /
	<b>Other</b> Date of final payment £ _____ / /	<b>Other</b> Date of final payment £ _____ / /
If applicable, how much do you pay monthly in rent or mortgage?		

CURRENT STATUS	FIRST APPLICANT	SECOND APPLICANT
Are you a British or EU/EEA citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, is your passport stamped with "indefinite leave to remain"?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, when does your leave to remain/work visa end?		

**ARE YOU:**

A serving uniformed member of the British Armed Forces, or honourably discharged within the last 2 years / widowed surviving partners applying within 2 years of bereavement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If 'Yes' are you either:

Regular service personnel (including Navy, Army & Air Force)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinical staff (with the exception of doctors and dentists)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ministry of Defence Police Officers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Uniformed staff in the Defence Fire Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state your rank and serial number _____		

**ALSO ARE YOU:**

A first time buyer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently own a home in the UK or abroad	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A previous home owner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any pets? If yes, what are they?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are a private tenant, council or housing association tenant, please give the name, address & telephone number of your landlord or Housing Officer		

**Who else will be living with you?**

Please include full name & their relationship status. If they are 16 & over please indicate whether the person will be on the mortgage & contributing to mortgage payments.

Name	Relationship	Full time education or working?	Gender	Date of Birth	Contributing to mortgage payments	Contributing to rent payments
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EQUAL OPPORTUNITIES

It is against the law and our equal opportunities policy to discriminate against anyone because of their sex, colour, race, religion, disability or sexual orientation. In order to ensure that we do not discriminate, we need to keep records. If you do not answer this question it will not affect your application in any way. Sensitive personal data such as ethnic origin and physical or mental disabilities are required under the Equal Opportunities Monitoring Statute. Under section 29(3) of the Data Protection Act 1998 the information maybe disclosed for purposes of crime prevention and detection.

### How would you describe your ethnic origin?

	FIRST APPLICANT	SECOND APPLICANT		FIRST APPLICANT	SECOND APPLICANT		FIRST APPLICANT	SECOND APPLICANT
<b>White</b>			<b>Asian or Asian British</b>					
British	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Question refused	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Mixed</b>			<b>Black or Black British</b>			<b>Please state your country of origin</b>		
White & Black	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	FIRST APPLICANT _____		
Caribbean			African	<input type="checkbox"/>	<input type="checkbox"/>	SECOND APPLICANT _____		
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>			
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>						
Other	<input type="checkbox"/>	<input type="checkbox"/>						

### Which of the following best describes your religion or religious denomination?

Buddhism	<input type="checkbox"/>	<input type="checkbox"/>	Islam	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	<input type="checkbox"/>	Question refused	<input type="checkbox"/>	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify \_\_\_\_\_

### What is your sexuality?

Gay man	<input type="checkbox"/>	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	Question refused	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	Hetrosexual	<input type="checkbox"/>	<input type="checkbox"/>			

Do you consider you or any member of your household to be disabled? (If yes, state why) \_\_\_\_\_

FIRST APPLICANT                      SECOND APPLICANT

Yes  No                       Yes  No

Are you or a member of your household registered disabled? Yes  No                       Yes  No

Are you or a member of your household a wheelchair user? Yes  No                       Yes  No

### Is either applicant related to or has a close relationship with a current or former Committee/Board member or officer of a housing association? If yes, please tell us their name and which housing association

FIRST APPLICANT                      SECOND APPLICANT

\_\_\_\_\_ Yes  No                       Yes  No

\_\_\_\_\_

## INFORMATION

### Where did you hear about this service?

Direct Mail	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Sign Boards	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Exhibition	<input type="checkbox"/>	Newspaper/Magazine	<input type="checkbox"/>	Television	<input type="checkbox"/>	Other	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>	Family/Friends	<input type="checkbox"/>				

## IMPORTANT INFORMATION: PLEASE READ

PLEASE ENSURE THAT YOU SIGN AND DATE THIS FORM BEFORE RETURNING IT

Lea Valley Homes will only process the given personal data of all applicants for the purpose of processing your application for housing and will hold your information in accordance with the Data Protection Act 1998.

We may also share this information for the same purposes with other organisations that handle public funds. The information may be used for statistical surveys, which means we may pass this information in confidence to the Department of Communities and Local Government and agencies working on our and their behalf who may contact you.

All information you give us on this form (and information resulting from contact with your landlord and/or employer) may be shared with the same only in relation to this application.

All information will be treated in the strictest confidence. We, Help to Buy Agents and partner Registered Providers (RP's), reserve the right to take up any references relating to applicants as we consider it necessary and may also search the files of any credit reference agency which will keep a record of any such request.

We must protect the public funds we handle so may use the information you have provided on this form to prevent and detect fraud. Under section 29(3) of the Data Protection Act 1998 the information may be disclosed for purposes of crime prevention and detection. 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.

**Declaration:** 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 housing.

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 by the RP or local authority and/or seek possession of any leasehold tenancy granted. (Translation service available if required).

I/we understand that as a council, 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 a home through any of the RPs or private developers offering low cost homes.

I/we authorise Lea Valley Homes to pass information to Help to Buy Agents, partner housing providers (RPs/private developers), credit reference agencies and to Estate Agents who may be able to assist in locating properties for applicants.

I authorise Aldwyck, Help to Buy Agents or partner housing associations/private developers to contact me by telephone, text, e-mail or by post.

Signed (First Applicant)

Date

Signed (Second Applicant)

Date

To receive this form in an alternative version e.g. Braille, larger print, alternative language, please contact Lea Valley Homes on 01582 869420 or via e-mail to [sales@leavalleyhomes.co.uk](mailto:sales@leavalleyhomes.co.uk)

### Please return this form to:

Lea Valley Homes,  
6 Houghton Hall Business Park,  
Porz Avenue, Houghton Regis,  
Bedfordshire, LU5 5UZ



Lea Valley Homes, 6 Houghton Hall Business Park, Porz Avenue, Houghton Regis, Bedfordshire, LU5 5UZ.  
t: 01582 869420 f: 01582 869159 e: [sales@leavalleyhomes.co.uk](mailto:sales@leavalleyhomes.co.uk) w: [www.leavalleyhomes.co.uk](http://www.leavalleyhomes.co.uk)

