



Application for a Shared Ownership Home

The information you provide in this form will enable us to check whether you're likely to qualify for the scheme.

It is not a guarantee that you will be able to buy a home.

Please make sure the answers you give are as accurate as possible.

We will be in touch with you within two weeks of receiving this form to tell you if you qualify.

This section contains your name and contact details

What is your title?

Mr Mrs Miss Ms Other _____

What is your first name and middle names?

What is your surname?

What do you like to be known as?

What is the full address of your present home?

How long have you lived at this address?

What is your evening phone number?

What is your daytime phone number?

If you have a mobile phone, please give the number

If you have an email address, please write it in here

This section contains the contact details of your Appointee, but if you don't have one, a friend or family member you trust. This person may help you at every stage through the home buying process.

What is your relationship to the applicant?

Appointee Friend Family Member

What is your title?

Mr Mrs Miss Ms Other _____

What is your first name and middle names?

What is your surname?

What do you like to be known as?

What is the full address of your present home?

How long have you lived at this address?

What is your evening phone number?

What is your daytime phone number?

If you have a mobile phone, please give the number

If you have an email address, please write it in here

This section contains your personal details

What is your marital status?

Where do you live now?

What is your date of birth?

What is your National Insurance Number?

How many children do you have?

<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated	<input type="radio"/> Divorced	<input type="radio"/> Widow(ed)
<input type="radio"/> In Parent(s) Home	<input type="radio"/> Tenant of Private Landlord			
<input type="radio"/> In a Care Home	<input type="radio"/> I own my own home	<input type="radio"/> Other		
Day _____ / Month _____ / Year _____				
_____ / _____ / _____ / _____ / _____				
<input type="radio"/> None	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 or more

This section contains details of your income

What is your current position?

What are your yearly earnings from work?

What is your yearly income from savings and investments?

How much do you receive each week from State Benefits?

Roughly how long have you been receiving State Benefits?

Please put a tick in the circle for any of the State Benefits or Allowances you currently receive

PLEASE SUPPLY COPIES OF LETTERS YOU HAVE RECEIVED FROM BENEFITS AGENCIES SHOWING THE AMOUNT YOU'RE BEING PAID.

If you have other income, how much will you receive in a year?

<input type="radio"/> Not working	<input type="radio"/> Employed	<input type="radio"/> Self-Employed
£ _____		
£ _____		
£ _____		

<input type="radio"/> Income Support / Minimum Income Guarantee <input type="radio"/> Disability Living Allowance (Care Component) <input type="radio"/> Disability Living Allowance (Mobility Component) <input type="radio"/> Severe Disablement Allowance <input type="radio"/> Disabled Person's Tax Credit <input type="radio"/> Incapacity Benefit <input type="radio"/> Housing Benefit <input type="radio"/> Council Tax Benefit <input type="radio"/> Working Tax Credit <input type="radio"/> Job Seekers Allowance <input type="radio"/> Other Benefits or Allowances		
£ _____		

This section contains details of your money

What is the total money you have in savings and investments?

£ _____

This section contains details of the home you would like to buy

What type of home would you like to buy?

How many bedrooms would you like?

In which town would you like to live?

Who will live with you - please tick as many as you like?

<input type="radio"/> House	<input type="radio"/> Flat		
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4 or more

<input type="radio"/> My Own	<input type="radio"/> Children	<input type="radio"/> Spouse/Partner	<input type="radio"/> Friend <input type="radio"/> Parent(s)

This section confirms the details contained on the whole form are accurate

I, the Appointee/friend/family member, confirm the information provided on this form is accurate.

YOU: Please sign in the box

APPOINTEE/FRIEND/FAMILY MEMBER: Please sign in the box

What is today's date?

Day _____ / Month _____ / Year _____

When this form is fully complete and signed, please return it to the address below

Shared Ownership Homes, 4 Wynberg Cottages, High Cross, Rotherfield, East Sussex, TN6 3PZ

If you have any problems completing this form, please email info@sharedownershiphomes.org or call 07862 216510.