

Shared ownership application form

PLEASE CONTACT US IF YOU NEED HELP TO COMPLETE THIS FORM

The information you give on this form will help us to assess if you qualify for a shared ownership property.

Shared ownership is a form of low cost home ownership that combines renting with buying. It is aimed at people who wish to own their home but are presently unable to buy outright. The purchaser owns a share of the home (either 25%, 50% or 75%) and then rents the remaining part from a housing association. The purchaser is also responsible for the full costs of contents insurance, legal fees, maintenance and repairs.

Once the form is completed, please return to sharedownership@wheatleyhomes-east.com or send to 8 New Mart Road, Edinburgh, EH14 1RL

Assessment

When allocating shared ownership properties, preference will be given to:

- First time buyers
- Those living in private rented housing
- Those living with family, friends or relatives
- Those lacking security of tenure in their current home
- Applicants registered on council or housing association/co-op waiting lists
- Current servicing and ex service personnel and their families.

Applicants applying for shared ownership will be considered if they meet one or more of the following criteria:

- Applicants should normally have a regular income
- Applicants who don't have a regular income, but have access to other funds, will be considered
- Applicants should meet our income criteria, earning a minimum of £21,000 per annum, and the maximum is £40,000 per annum.

What happens next?

Once we receive your completed form, we will assess and check all the information you have provided. You will be contacted if you are being considered.

Section 1 Application details

THIS FORM IS PRIVATE AND CONFIDENTIAL

Address of the property you are applying for:

Postcode

First applicant

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Surname			
First name(s)			
Date of birth (dd/mm/yy)			
Current address			Postcode
Telephone number			
Mobile number			
Email address			

Joint applicant

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Surname			
First name(s)			
Date of birth (dd/mm/yy)			
Current address			Postcode
Telephone number			
Mobile number			
Email address			

Are any of the people who are going to be living in the property on the Sex Offender Register?

Yes No

If yes, please give us the full name of the person(s) who have to be registered

Section 1 (continued)

Application details

Are you a current home owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us the current status of your property	
<input type="checkbox"/> On the market <input type="checkbox"/> Under offer	

Are you currently registered on a housing list? (please tick the appropriate box)

- Local council Housing association / Co-operative
 Edinburgh Common Housing List (Edindex)* Not on a waiting list

*What is your Edindex number?	
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Where do you currently stay? (please tick the appropriate box)

- Current council / housing association tenant
 Staying with family / friends
 Owner / occupier
 Current shared ownership / shared equity
 Property that comes with your job
 Private rent

If you rent your home, please give us your landlord's name and address:	
	Postcode
Have you rented from Wheatley Homes East previously?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a member of the armed forces or a veteran who has left the forces in the last year or widow / widower / other partner of service personnel killed in action in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 1 (continued)

Application details

Has anyone ever taken action against you or anyone on your application for anti-social behaviour? (This would include written warnings, court action, previous evictions and Anti-Social Behaviour Orders).

Yes No

If yes, please give the full name or person(s) against whom action was taken:

Do you own a pet?

Yes No

If yes, please give details

Please provide the details of all other persons you wish to share your home with:

First name(s) and surname	Date of birth (dd/mm/yy)	Gender	Relationship to tenant
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

How many bedrooms do you need?

Why are you seeking accommodation?

Section 2

Employment and financial details

First applicant			
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired			
Employer			
Job title			
Employer's address			
Telephone number			
Gross annual salary	£	Net monthly income	£
Any other income	£	Capital savings	£
Total monthly outgoings such as rent, council tax, loans store / credit cards / maintenance payments			£

Second applicant			
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired			
Employer			
Job title			
Employer's address			
Telephone number			
Gross annual salary	£	Net monthly income	£
Any other income	£	Capital savings	£
Total monthly outgoings such as rent, council tax, loans store / credit cards / maintenance payments			£

Section 2 (continued)

Employment and financial details

I agree to provide three recent payslips and current bank statements to support my application.

Applicant	
Signature	
Date (dd/mm/yy)	

Joint applicant	
Signature	
Date (dd/mm/yy)	

PLEASE PROVIDE THE ABOVE EVIDENCE WITH YOUR APPLICATION

Bank references

We reserve the right to take up bank references or other relevant references for any applicant being considered for shared ownership property. We may also carry out a credit check.

Section 3

Declaration

I/we give consent for Wheatley Homes East to store sensitive personal information in accordance with provisions of the Data Protection Act 1988.

I/we understand that my/our details including my/our employer and bank details may be passed to debt collection agents and/or sheriff officers if I/we have not paid rent or other outstanding debts/charges and/or left without paying or making arrangements to pay outstanding arrears.

I/we understand that I/we have a right to see information stored about me/us and that I/we can choose to have some of all of this information removed.

I/we understand that if my/our application is unsuccessful all of my/our details will be returned to you or destroyed in a secure environment and will not be held in paper form or electronically.

Applicant	
Signature	
Date (dd/mm/yy)	

Joint applicant	
Signature	
Date (dd/mm/yy)	

Additional information

Please use this space to tell us other information about your application

Section 3 (continued)

Declaration

I/we declare that the information supplied by me/us in this application is correct.

I/we understand that supplying false or misleading information or deliberately withholding relevant information may result in the cancellation of my/our application.

Applicant	
Signature	
Date (dd/mm/yy)	

Joint applicant	
Signature	
Date (dd/mm/yy)	

I/we hereby give permission for the organisation to approach my/our current employer and my/our bank for confirmation of income details.

Applicant	
Signature	
Date (dd/mm/yy)	

Joint applicant	
Signature	
Date (dd/mm/yy)	

The organisation may approach your present or former landlord(s) to enquire if your tenancy has been satisfactory conducted. Your permission is requested so that information about your tenancy may be disclosed to the organisation to comply with the Data Protection Act.

Applicant	
Signature	
Date (dd/mm/yy)	

Joint applicant	
Signature	
Date (dd/mm/yy)	

Relationship to staff or committee members

Special permission is needed for us to offer housing to employees, committee members or their close relatives.

Are you or anyone on your application employed by or related to a member of Wheatley Homes East's staff or committee member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is their name and how are you related?	

All information provided in connection with this application will be treated as confidential in accordance with our Confidentiality Policy. We also comply with the requirements of the Data Protection Act 1988.

We will accept nominations from all applicants. regardless of age, gender, race, colour, ethnic or national origin, religion, marital status, family circumstances, political or sexual orientation, medical condition or disability. We will comply with the requirements of the Race Relations Act 1976, the Sex Discrimination Act 1975 and the Disability Discriminations Act 1995.

Equal opportunities

Under the Equality Act 2010, we must not discriminate against anybody because of their religion and belief when we provide services. To make sure we offer the same services and opportunities to all customers, no matter what their ethnic or racial background, faith or religion, we have included the following questions as part of our equal opportunities monitoring form. You do not have to fill in this form. If you do we will keep your information confidential and use it to create statistics only. It will not affect your application. Any personal details you provide will only be used to maintain your application and will not be used for any other purpose.

1. Please tick one of the ethnic groups shown to tell us your ethnic background

White	
<input type="checkbox"/> Scottish <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Welsh <input type="checkbox"/> British <input type="checkbox"/> Polish <input type="checkbox"/> Other white background <input type="checkbox"/> Any mixed background	
Black, black Scottish or black British	
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Black Scottish/British <input type="checkbox"/> Other black background	
Asian, Asian Scottish or Asian British	
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background	
Other ethnic group	
<input type="checkbox"/> Arab <input type="checkbox"/> Gypsy or Traveller	
Multiple ethnic groups (do you consider yourself to be multi-racial):	
<input type="checkbox"/> More than one ethnic group <input type="checkbox"/> I do not know	
Does anyone in your household have a different ethnic background?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:

2. What is your nationality? Please specify:

3. Please tick one of the boxes below to tell us your religion or belief.

<input type="checkbox"/> I am not religious <input type="checkbox"/> Church of Scotland <input type="checkbox"/> Roman Catholic	
Other Christian faith (please complete)	
<input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Pagan <input type="checkbox"/> Jewish <input type="checkbox"/> Sikh	
Another religion (please complete)	

4. If you are an Asylum Seeker, been granted Refugee status or you are a migrant worker, please tell us by ticking the correct box below: (this information is for monitoring purposes only and will not prejudice your application for housing)

<input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee <input type="checkbox"/> Migrant worker

Equal opportunities (continued)

5. Domestic circumstances

How would you describe your household composition?

Single person Couple Single parent Couple with children

6. Disability

We and our partner organisations wish to monitor applications from disabled persons.

Under the terms of The Equalities Act 2010, disability is defined as: **a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on the individual's ability to carry out normal day-to-day activities.**

Do you or anyone in your household consider themselves to have a disability?

Name	What is the nature of your disability?	Do you claim benefits for your disability?
		<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