

APPLICATION FORM

Please fill in this form in **BLOCK CAPITAL LETTERS** and in black ink, then send it back to us at the address on the bottom of the reverse side of this form. We cannot consider your application unless all sections of this application are fully completed. The sections for the second applicant should be completed if there is any second household member who is over the age of 18, regardless of their employment status or relationship to the first applicant.

Where did you hear about this scheme?

If through newspaper, please state which one below

Direct Mail

Employer

Internet

Exhibitions

Local Authority/Housing Associations

Payslips

Posters/Flyers

Radio

Seminars

Television

	First applicant	Second applicant
Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (Ms/Mr/Mrs/Other)		
First name		
Surname		
Date of Birth		
Address <small>If you have lived elsewhere in the last 3 years, please list all your previous addresses on a separate sheet</small>		
Postcode		
Which borough do you live in?		
Which borough do you work in?		
Home telephone number		
Mobile telephone number		
Work telephone number		
Email address		
What is your nationality		
Job title / Occupation		
Employer's name and address <small>(If self employed give details and state if you can provide 3 yrs of account)</small>		
Are you permanently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you been in your current role?		
Total annual income before tax and other deductions		
Regular overtime / bonus		
Total savings		
Do you have any outstanding debts? <small>(including loans / credit cards etc)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what are your monthly payments and when will it be paid off?		
Please specify what the debt is for		
Are you registered on a council housing waiting list?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what is your registration number?		Which borough are you registered with?
Second applicant only: What is your relationship to the first applicant?		
Does any household member have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does any household member use a wheelchair?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you interested in a particular scheme or property?		

Do these statements apply to you?	First applicant please tick	Second applicant please tick
I have access to/can raise at least £3500 to cover the cost of buying	<input type="checkbox"/>	<input type="checkbox"/>
I have never defaulted/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 against me	<input type="checkbox"/>	<input type="checkbox"/>

Who else will be living with you? <small>Please include full names and relationship to first applicant. If they are between 16-21 please state whether they are in full time education or in work.</small>	Name	Relationship to first applicant	Full time education or working	Age

Current Status (tick one only)	First Applicant	Second Applicant
Local authority tenant	<input type="checkbox"/>	<input type="checkbox"/>
Housing association/RSL tenant Private tenant	<input type="checkbox"/>	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	<input type="checkbox"/>
Tied home/renting with job	<input type="checkbox"/>	<input type="checkbox"/>
Living with family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Temporary accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

What type of home do you currently live in?	Studio <input type="checkbox"/> Flat <input type="checkbox"/> House <input type="checkbox"/> Number of bedrooms <input type="checkbox"/>	Studio <input type="checkbox"/> Flat <input type="checkbox"/> House <input type="checkbox"/> Number of bedrooms <input type="checkbox"/>
Which local authority area would you like to live in?		
How many bedrooms do you need?	One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/>	One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/>

Equal Opportunities It is against the laws 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 and mental disabilities are required under the Equal Opportunities Monitoring Statute. Under section 29(3) of the Data Protection Act 1998 the information may be disclosed for purposes of crime prevention and detection.

How would you describe your ethnic origin? please tick (1 and 2 refers to the first and second applicant)				
White	British 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Irish 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Mixed	White & Black Caribbean 1 <input type="checkbox"/> 2 <input type="checkbox"/>	White & Black African 1 <input type="checkbox"/> 2 <input type="checkbox"/>	White & Asian 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Asian or Asian British	Indian 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Pakistani 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Bangladeshi 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Black or Black British	Caribbean 1 <input type="checkbox"/> 2 <input type="checkbox"/>	African 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>	
Chinese or other ethnic group	Chinese 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>		
Question refused	Yes 1 <input type="checkbox"/>	2 <input type="checkbox"/>		

Please ensure that you sign and date this form before returning it

AHL & partner registered social landlords will only process your personal data for the purpose of processing your application for housing and will hold your information in accordance with the Data Protection Act 1998.

All information which 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 and partner Registered Social Landlords (RSLs), 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 such request.

We & partner may also share this information for the same purposes with organisations that handle public funds. The information may be used for statistical surveys, which means we may pass this information in confidence to local authorities, Office of the Deputy Prime Minister and agencies working on our and their behalf.

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 home ownership. 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 and Assettrust, RSL or local authority may seek possession of any leasehold tenancy granted.

I understand that as a council housing association or other public sector tenant, I will be required to give up my rented home on the day of completion if I buy or rent a home through Assettrust.

I authorise Assettrust to pass information to Zone Agents, partner RSLs, credit reference agencies and to Estate Agents who may be able to assist applicants.

Signed (First Applicant) _____ Date _____

Signed (Second Applicant) _____ Date _____

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

Please complete this form and return it to:
Assettrust Housing Ltd. 2/10 Harbour Yard, Chelsea Harbour, London, SW10 0XD

For further information on Assettrust and shared ownership developments
visit: www.assettrushousing.com or telephone: **0845 373 2424**
Assettrust Housing Ltd. 2/10 Harbour Yard, Chelsea Harbour, London SW10 0XD