



Keyhomes East



Office use only Ref No:

Application form

PLEASE READ THE ACCOMPANYING INFORMATION BEFORE COMPLETING THIS FORM

PERSONAL INFORMATION

Please fill in this form in **BLOCK CAPITALS** and black ink, then send it back to us.

Applicant 2 relates to a partner/friend. Include details of Applicant 2 even if they do not earn an income.

Have you previously applied for low cost home ownership with Keyhomes East? Yes No

If yes, what was your reference number?

Which programme are you applying for? (Please tick all that apply) Resales First Time Buyers Initiative

MyChoiceHomebuy Ownhome New Build HomeBuy Discounted rent
(equity loan) (equity loan) (part buy, part rent - previously shared ownership) (key workers only)

If you are interested in a particular development or property please state which one

If you know the name of the housing association building the development, please also state

Where did you hear about this service?

	Applicant 1	Applicant 2 <small>(relates to a partner/friend)</small>
Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (Ms/Mr/Mrs/Miss/Other)		
First names		
Surname		
Previous surname		
Date of birth		
Address		
	Post code	Post code
Email		Relationship to Applicant 1:
Home telephone number		
Mobile telephone number		
Work telephone number		
Which local authority area do you live in?		
Which local authority area do you work in?		
State the area you would be prepared to move into, in priority order.	1	
	2	
	3	
How many bedrooms do you require?	One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four+ <input type="checkbox"/>	
What type of property would you like?	Bungalow <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/>	
Please describe the composition of the family to be housed.	Single <input type="checkbox"/> Couple <input type="checkbox"/> Single with children <input type="checkbox"/> Couple with children <input type="checkbox"/> Sharing <input type="checkbox"/>	
Are you expecting a baby?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state date due <input type="text"/>	

Do these statements apply to you?

	Applicant 1	Applicant 2
I have access to/can raise at least £1500 to cover 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	<input type="checkbox"/>	<input type="checkbox"/>
I have never been subject to a repossession order or been declared bankrupt	<input type="checkbox"/>	<input type="checkbox"/>
I have not been behind with my rent in the past 12 months (we will require a statement or rent reference before you are allocated a property)	<input type="checkbox"/>	<input type="checkbox"/>
With the completed form I have sent copies of 3 recent wages slips or other proof of income	<input type="checkbox"/>	<input type="checkbox"/>
I am a current/previous home owner	<input type="checkbox"/>	<input type="checkbox"/>
I have supplied a copy of my mortgage statement and home valuation (if a homeowner)	<input type="checkbox"/>	<input type="checkbox"/>

If you cannot tick all the boxes please include on a separate sheet a summary of the circumstances involved.

EMPLOYMENT INFORMATION (ALL APPLICANTS MUST COMPLETE)

Employment details	Applicant 1	Applicant 2
Job title/Occupation		
Employer's name and address (if a teacher, this should be your school name and address)		
Postcode		
Employer's telephone number		
Place of work		
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?	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?		
How long have you worked in your current profession?		

TO BE COMPLETED BY KEY WORKERS ONLY (IF NOT KEY WORKER PLEASE GO TO PAGE 4)

If your occupation is listed below or falls under one of the categories, please complete the section below.
Please note that Applicant 2 does not need to be a Key Worker. We will contact your employer to confirm these details.

Key worker employers	Applicant 1 (full job title)	Applicant 2 (full job title)
NHS	<input type="text"/>	<input type="text"/>
	Clinical <input type="checkbox"/>	Clinical <input type="checkbox"/>
	Non-clinical <input type="checkbox"/>	Non-clinical <input type="checkbox"/>
	Which Trust	Which Trust
Police	<input type="text"/>	<input type="text"/>
	Collar no. <input type="text"/>	Collar no. <input type="text"/>

Key worker employers	Applicant 1 (full job title)	Applicant 2 (full job title)
Education	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Which Local Authority	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Which Local Authority
Do you have Qualified Teacher Status?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Main subject taught	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
Classification of school	Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Sixth Form College <input type="checkbox"/> Further Education College <input type="checkbox"/> Special School <input type="checkbox"/> Nursery <input type="checkbox"/>	Primary School <input type="checkbox"/> Secondary School <input type="checkbox"/> Sixth Form College <input type="checkbox"/> Further Education College <input type="checkbox"/> Special School <input type="checkbox"/> Nursery <input type="checkbox"/>
Is your school government funded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have or are you working towards an FE teaching qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Probation Service	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Prison	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Local Authority	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Firefighters	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Social Workers	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Do you have the recognised social worker degree/diploma Yes <input type="checkbox"/> No <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupational Therapists/ Educational Psychologists/ Nursery Nurses	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Are you qualified? Yes <input type="checkbox"/> No <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Yes <input type="checkbox"/> No <input type="checkbox"/>
MOD	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Regular service personnel <input type="checkbox"/> Other <input type="checkbox"/>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> Regular service personnel <input type="checkbox"/> Other <input type="checkbox"/>

FINANCIAL INFORMATION

	Applicant 1	Applicant 2		
Total gross annual income before deductions (excluding overtime and bonuses)				
Are you paid	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Regular gross monthly bonuses or overtime				
Please provide details of any other benefits received e.g. Working/Child Tax Credit, Pension or DLA				
Are your benefits paid	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>		
Total savings for both applicants	£			
Equity from house sale if applicable	£	£		
If you rent your home, how much rent do you currently pay per month, before bills?	£			
Give details of all loans including hire purchases, store card payments, student loans, car loans and credit card payments outstanding. Please continue on separate sheet as necessary.				
Name of creditor	Purpose of loan	Total amount outstanding	Date when final payment due	Monthly payments
Total £				

PLEASE COMPLETE THIS FORM IF YOU ARE A CURRENT OR PREVIOUS HOME OWNER

	Applicant 1	Applicant 2
Have you ever owned a property in the UK or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many bedrooms does your property have?		

OPTION A IF YOU OWN A PROPERTY IN THE UK OR ABROAD

1. What is the property address?	
2. Please enclose an independent estate agent valuation for the property. (no more than 6 months old)	
Valuation figure £	
Valuation enclosed Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Please enclose a copy of your last mortgage statement (no more than 12 months old). Current mortgage details:	
Name of provider:	
Amount of loan outstanding:	
Current monthly payments:	
Mortgage Statement enclosed Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. How much is the estimated equity?

£ How much of this equity will you receive? £

5. Previous Equity Loans:

Have you previously received a government Equity Loan? Yes No

If yes, how much? What is the percentage?

6. Shared Ownership properties:

Is your property owned under the shared ownership scheme (part buy, part rent) Yes No

If yes, what percentage do you own?

Which Housing Association?

OPTION B IF YOU HAVE SOLD A PROPERTY IN THE UK OR ABROAD

1. What was the address of the property sold?

2. When was the property sold?

3. How much did you receive from the sale of the property?

4. If the property was sold in the last 6 months please enclose a copy of the solicitors/conveyancers statement.

Yes No

CURRENT STATUS

		Applicant 1		Applicant 2	
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 you do not have indefinite leave to remain, when does your work visa expire? <input type="text"/>					
Who else will be living with you in your new property? Please include full name and relationship status. Please state whether they are in full-time education or working.					
Name	Relationship	Full-time education/working	Gender	DOB	Contributing to Rent/Mortgage
					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"/>
Are you (tick all that apply):		Applicant 1	Applicant 2	Applicant 1	Applicant 2
A shared owner (part buy/part rent)		<input type="checkbox"/>	<input type="checkbox"/>	How many bedrooms does you current home have?	<input type="text"/>
A council tenant		<input type="checkbox"/>	<input type="checkbox"/>	Is it a flat or a house?	<input type="text"/>
A housing association tenant		<input type="checkbox"/>	<input type="checkbox"/>	If you are a private tenant, council or housing association tenant, please give the name, address and telephone number of your landlord or housing officer in the box(es) below:	
Renting from your employer		<input type="checkbox"/>	<input type="checkbox"/>	Applicant 1	Applicant 2
Living with family or friends		<input type="checkbox"/>	<input type="checkbox"/>		
Renting privately		<input type="checkbox"/>	<input type="checkbox"/>		
On a council housing waiting list		<input type="checkbox"/>	<input type="checkbox"/>		
A current home owner		<input type="checkbox"/>	<input type="checkbox"/>		
A previous home owner		<input type="checkbox"/>	<input type="checkbox"/>		
Temporary accommodation provided by local authority		<input type="checkbox"/>	<input type="checkbox"/>		
Other		<input type="checkbox"/>	<input type="checkbox"/>		
Please state _____					
If you are on a council waiting list please say where and give your reference number.					
			Applicant 1	Applicant 2	
Local authority		_____		_____	
Reference number		_____		_____	
If you are on any other local authority waiting lists, please provide details on a separate sheet.					

DETAILS OF PRESENT CIRCUMSTANCES

Tick any boxes relevant to your household situation (You must provide documents to support this, e.g. letters/statements/certificates from your doctor, council, landlord, police etc.) Please also supply further details on a separate sheet if necessary.

First Applicant	Second Applicant
<input type="checkbox"/> Poor health	<input type="checkbox"/> Poor health
<input type="checkbox"/> Poor condition of property	<input type="checkbox"/> Poor condition of property
<input type="checkbox"/> Harassment or neighbourhood dispute	<input type="checkbox"/> Harassment or neighbourhood dispute
<input type="checkbox"/> Threatened with homelessness	<input type="checkbox"/> Threatened with homelessness
<input type="checkbox"/> Job relocation from or to another part of the country	<input type="checkbox"/> Job relocation from or to another part of the country
<input type="checkbox"/> Relationship breakdown	<input type="checkbox"/> Relationship breakdown
<input type="checkbox"/> Overcrowding in present home	<input type="checkbox"/> Overcrowding in present home

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 may be disclosed for purposes of crime prevention and detection.

How would you describe your ethnic origin?

	Applicant 1	Applicant 2		Applicant 1	Applicant 2		Applicant 1	Applicant 2
White			Asian			Gypsies and travellers		
British	<input type="checkbox"/>	<input type="checkbox"/>	Asian British	<input type="checkbox"/>	<input type="checkbox"/>	Roma	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other white background	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>	New/other	<input type="checkbox"/>	<input type="checkbox"/>
Mixed			Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Travelling show people	<input type="checkbox"/>	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Question refused	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	Black					
Other mixed background	<input type="checkbox"/>	<input type="checkbox"/>	Black British	<input type="checkbox"/>	<input type="checkbox"/>			
			Caribbean	<input type="checkbox"/>	<input type="checkbox"/>			
			African	<input type="checkbox"/>	<input type="checkbox"/>			
			Other black background	<input type="checkbox"/>	<input type="checkbox"/>			

How would you describe your faith?

	Applicant 1	Applicant 2		Applicant 1	Applicant 2	Please state your country of origin	
Baha'i	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Orientation:			Applicant 1	<input type="text"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	Applicant 2	<input type="text"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Gay	<input type="checkbox"/>	<input type="checkbox"/>		
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	<input type="checkbox"/>		
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	<input type="checkbox"/>		
Jain	<input type="checkbox"/>	<input type="checkbox"/>	Question refused	<input type="checkbox"/>	<input type="checkbox"/>		
Jewish	<input type="checkbox"/>	<input type="checkbox"/>					
Sikh	<input type="checkbox"/>	<input type="checkbox"/>					
Zoroastrian	<input type="checkbox"/>	<input type="checkbox"/>					
Other	<input type="checkbox"/>	<input type="checkbox"/>					

Do you consider you or any member of your household to be disabled? Yes No

(If yes, state why):

Are you or any of your household registered disabled? Yes No

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

Please supply details:

Is either applicant related to a current or former Committee/Board member or officer of a housing association?

Yes No If yes, please tell us their name and which housing association

Any other comments:

.....

.....

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IMPORTANT INFORMATION: PLEASE READ. PLEASE ENSURE THAT YOU SIGN AND DATE THIS FORM BEFORE RETURNING IT

Keyhomes East 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 information for 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 for 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, other HomeBuy agents and partner housing associations, reserve the right to take up any references related to the 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 and so may use the information you have provided on this form to prevent and detect fraud. Under the section 29 (3) of the Data Protection 1998 the information may be disclosed for the 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. 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 housing association or local authority and/or seek possession of any leasehold tenancy granted. (Translation service available if required)

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 any of the housing associations offering homes.

I authorise Keyhomes East to pass information to other HomeBuy agents, partner housing associations, local authorities and other partnering organisations, credit references agencies and to estate agents who may be able to assist in locating properties for applicants.

I authorise HomeBuy agents or partner housing associations to contact me by telephone, text, email or by post.

Signed (Applicant 1)

Date

Signed (Applicant 2)

Date

For a large print, audio or braille version, please telephone 01234 791080

শেয়ার্ড ওনারশীপের (যৌথ মালিকানার) আবেদনের জন্য ফর্ম
এটা বুঝতে সাহায্যের জন্য অনুগ্রহ করে 01234 791081 নম্বরে টেলিফোন করুন

सांझी मलकीअत पुावषहा दावम इस न समझह विंच मसद लही मिववसानी
बवर् 01234 791082 उे टैलीफोन वरे ।

के لیے درخواست کا فارم شیئرڈ اونرشپ یعنی مشترکہ ملکیت
اس کو سمجھنے میں مدد کے لیے براؤزر فون کریں۔ ٹیلی فون نمبر 01234 791083

Modulo di domanda per il possesso parziale di una proprietà
Per aiuto a capire questo documento, Telefona 01234 791084

For help to understand this please ring tel 01234 791089

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

Keyhomes East is part of Bedfordshire Pilgrims Housing Association (BPHA) which is registered as a Charitable Industrial and Provident Society (26751 R) and also with the Housing Corporation (LH 3887).

FMSDI 17.5.1 ISSUE 1

CHECKLIST

<input type="checkbox"/>	I have signed the form
<input type="checkbox"/>	I have enclosed proof of income
<input type="checkbox"/>	I have completed all relevant sections of the form
<input type="checkbox"/>	2nd applicant has completed form (if applicable)
<input type="checkbox"/>	I have completed the current or previous home owner section and enclosed copies of documentation

Please return to:

Keyhomes East

c/o BPHA, Pilgrims House,
Horne Lane, Bedford, MK40 1NY

Tel: 0845 456 6757

Email: info@keyhomes-east.org.uk

www.keyhomes-east.org.uk

**PLEASE PROVIDE
COPIES OF ALL
DOCUMENTATION
AS ORIGINALS
CANNOT BE
RETURNED**