

Application form

Please fill in this form in **BLOCK CAPITALS** and black ink, then send it to the address at the back of this form. We are unable to consider your application unless all the sections are fully completed. All persons aged over 18 must fill in their details as the second applicant even if they do not earn an income, unless they are the applicants' child/children.

Listed below are the HomeBuy products available at the time of printing this form. Please indicate which one(s) you are interested in by ticking the relevant box(es).

Don't worry if you are not sure, we will contact you to advise further.

- | | | |
|--|--|--|
| <input type="checkbox"/> New Build HomeBuy
<small>(Part buy, part rent – previously shared ownership)</small> | <input type="checkbox"/> Intermediate Rent | |
| <input type="checkbox"/> Shared Ownership | <input type="checkbox"/> Rent to HomeBuy | <input type="checkbox"/> Extra Care Scheme |

Are you interested in a particular development or property? (If so please let us have the details)

What is the name of the developer/housing association? (if known) _____

Section 1 About you and your household

	FIRST APPLICANT	SECOND APPLICANT
Title (Mr/Mrs/Ms/other)		
Surname		
First name		
Middle name		
Previous Surname		
Date of Birth		
Address (if you have lived elsewhere in the last three years, please list all your previous addresses on a separate sheet.)		
Postcode		
How long have you lived there for? (please state)		
Home telephone number		
Mobile telephone number		
Work telephone number		
E-mail address		
Which local authority area do you live in?		
If working, which local authority area do you work in?		
Which local authority area/s do you want to live in?		

Section 1 About you and your household (continued)

	FIRST APPLICANT	SECOND APPLICANT
Are you employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you permanently employed? (If no, please advise when your contract is due to end)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on a fixed term contract	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a key worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Your National Insurance number		
Occupation/job title/grade (If you are not working please indicate; ie retired, early retirement on health grounds, etc. then go to the question 'Who else will be living with you?')		
Employer's name, address, postcode and telephone number (Please specify if self employed. If you are a teacher provide details of the school or if a nurse the name of the hospital, etc)		
Start date of employment		
How long have you worked in your current role?		
How long have you worked in your current profession?		

Who else will be living with you?

Number of people living in the household? please state _____

Please indicate the full name, relationship status and state whether in full time education or working, etc.

Name	Contributing to Rent/Mortgage	Relationship	Gender	Date of birth	Education/working	Annual salary
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No					

How would you describe the composition of your household?

Single Couple Couple with children Single with children Sharing Other

If other, please specify: _____

Are you expecting a baby? Yes No If yes, please state due date: _____

Do you have any pets? Yes No If yes, specify type and number: _____

Section 2 About your current housing and your housing needs

Are you? (tick all that apply)	FIRST APPLICANT	SECOND APPLICANT
A first time buyer	<input type="checkbox"/>	<input type="checkbox"/>
A council tenant	<input type="checkbox"/>	<input type="checkbox"/>
A Housing Association Tenant	<input type="checkbox"/>	<input type="checkbox"/>
Shared Owner (part buy, part rent)	<input type="checkbox"/>	<input type="checkbox"/>
Renting from your employer	<input type="checkbox"/>	<input type="checkbox"/>
Living with friends or family	<input type="checkbox"/>	<input type="checkbox"/>
Renting privately	<input type="checkbox"/>	<input type="checkbox"/>
Other	<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"/>
On a council waiting list	<input type="checkbox"/>	<input type="checkbox"/>
If on a council list, please specify the council:		
Waiting list reference number:		
If you are a council, housing association or a private tenant, please give the name, address and telephone number of your landlord and, if applicable, the name of your housing officer:		
Have you previously applied with Keyhomes East?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was your reference number?		

How many bedrooms does your current home have? One Two Three Four Other

What type of property is your current home? Studio Flat/Apartment House Bungalow Bedsit Maisonette Other

Have you ever owned a property in the UK or abroad? Yes No

How many bedrooms do you require? One Two Three Four Other

What type of property are you looking for? (Tick all that apply) Studio Apartment House Bungalow

Do you or anyone in your household have any specific housing requirement? Yes No

For example: Require a ground floor apartment due to restricted mobility. If yes, please specify what your needs are:

Please provide us with any other information you think is relevant to your application:

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)

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

Section 3 About your income and savings

	FIRST APPLICANT	SECOND APPLICANT
Do you have access to at least £1,500 to cover the costs associated with buying a property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total annual income before deductions (Exclude overtime and bonuses)		
Are you paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Monthly
Please provide details of any benefits received e.g. Working/Child Tax Credit, Pension or DLA		
Are your benefits paid:	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> 4 Weekly <input type="checkbox"/> Monthly
Regular gross monthly bonuses or overtime:		
Total savings		
How much deposit do you have available?		
If you rent your home, how much rent do you currently pay per month, before bills?		
Have you been in rent arrears in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding loans or other debts, including credit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the total monthly payment?		
How much is outstanding and what is/are the date(s) the final payment(s) is/are due?		
What are the repayments for? (for example: Car loan)		
Do you have any other regular monthly financial commitments? (For example: Child Maintenance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify how much you pay per month and the reason:		
Have you ever failed to keep up payments on any loan or form of credit agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a County Court Judgement registered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to a repossession order or been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 Equal opportunities

Please specify your preferred method of communication, if other than in writing with normal sized print.

Audio Large print Braille Other (please specify): _____

In order to ensure that all applicants are treated fairly, could you please provide the following information about the first and the second applicant. If you do not wish to provide the information, tick 'Question refused'

What is your nationality?	FIRST APPLICANT	SECOND APPLICANT
British or EU citizen	<input type="checkbox"/>	<input type="checkbox"/>
Other: Please specify		
If other, do you have indefinite leave to remain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, when does your work visa expire?		
What is your ethnic origin?		
White – British	<input type="checkbox"/>	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	<input type="checkbox"/>
White – Other (please specify)		
Black – British	<input type="checkbox"/>	<input type="checkbox"/>
Black – Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Black – African	<input type="checkbox"/>	<input type="checkbox"/>
Black – Other (please specify)		
Mixed – White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – Other (please specify)		
Asian – British	<input type="checkbox"/>	<input type="checkbox"/>
Asian – Indian	<input type="checkbox"/>	<input type="checkbox"/>
Asian – Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Asian – Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Asian – Other (please specify)		
Other – Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other – Traveller/Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic group (please specify)		
Question refused	<input type="checkbox"/>	<input type="checkbox"/>
What is your preferred language?		
English	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		
Question refused	<input type="checkbox"/>	<input type="checkbox"/>
What is your gender?		
Male	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		
Question refused	<input type="checkbox"/>	<input type="checkbox"/>

Section 4 Equal opportunities (continued)

What is your faith?	FIRST APPLICANT	SECOND APPLICANT
Baha'i	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Jain	<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"/>
No religion	<input type="checkbox"/>	<input type="checkbox"/>
Other religion	<input type="checkbox"/>	<input type="checkbox"/>
Question refused	<input type="checkbox"/>	<input type="checkbox"/>
What is your sexuality?		
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Question refused	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider yourself to have a disability?		
No disability	<input type="checkbox"/>	<input type="checkbox"/>
Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment (not corrected by spectacles/lenses)	<input type="checkbox"/>	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>	<input type="checkbox"/>
Severe facial disfiguration	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>
Hidden disability	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		
Question refused	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in receipt of Disability Living Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 Where did you hear about our products?

<input type="checkbox"/> KHE Website	<input type="checkbox"/> Rightmove Website	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Sign Board	<input type="checkbox"/> Open Day
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Employer	<input type="checkbox"/> Estate Agent	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Financial Advisor
<input type="checkbox"/> Advertising	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Homebuy Agent

Section 6 Declaration

	FIRST APPLICANT	SECOND APPLICANT
Are you related to a current or former committee member, board member or officer of a Registered Social Landlord (housing association)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the name of the person, position, relationship, and the name of the Registered Social Landlord		

Section 6 Declaration (continued)

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 some 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 maybe 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.

	FIRST APPLICANT
Signed	
Dated	

	SECOND APPLICANT
Signed	
Dated	

**Please check you have filled in all sections, otherwise the form will be returned to you.
Please provide copies of all documentation as originals cannot be returned.
Please send your completed form 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

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

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

সংসী মলকীঅভ প্রাবস্থা দ্বারম হিস নী সমস্ত বিঁচ মদে লসী সিহবসানী
অবক 01234 791082 তে টেলিফোন করে ।

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

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