

The Association will consider all applications regardless of the applicant's race, colour, gender, sexual orientation, religion, disability, political views, marital status or appearance. This is subject to applicants meeting the qualifying criteria for the scheme applied for. Everything you write on this form will be kept confidential within the Association.

Please complete this form carefully in ink. If you have any difficulties in completing this form, please contact our office for assistance. Please (tick) correct boxes.

Please return to:

## ABOUT YOU

### 1st Applicant

Name: Mr Mrs Miss Ms

Surname:

First name(s):

Date of birth:

National Insurance number:

Present address:

Postcode:

Telephone number(s):

Home:

Work:

Mobile:

Email:

### 2nd Applicant

Name: Mr Mrs Miss Ms

Surname:

First name(s):

Date of birth:

National Insurance number:

Present address:

Postcode:

Telephone number(s):

Home:

Work:

Mobile:

Email:

## EMPLOYMENT

Please provide your own details. If this is a joint purchase, please include details for others involved in the purchase.

### 1st Applicant

Occupation:

Employer's name and address:

Gross annual income:

Monthly net income (after tax):

Years:

Months:

Please provide the last three months payslips

### 2nd Applicant

Occupation:

Employer's name and address:

Gross annual income:

Monthly net income (after tax):

Years:

Months:

Please provide the last three months payslips

## SAVINGS AND INVESTMENTS

### 1st Applicant

Please indicate the amount of:

Savings: £

Investments: £

Please provide proof with this application.  
(e.g. ISAs, shares)

### 2nd Applicant

Please indicate the amount of:

Savings: £

Investments: £

Please provide proof with this application.  
(e.g. ISAs, shares)

## YOUR FAMILY AND HOUSEHOLD

Please complete for those people who will be living in your household (including children).

Family size:

Adults:

Children:

Surname	First name(s)	Male or Female	Date of birth	Relationship to you (partner, child, other)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## FINANCIAL COMMITMENTS

(eg. loans, credit cards, store credit cards, maintenance payments)

### 1st Applicant

Nature of financial commitments	Amount outstanding	Repayments p.w (per week)/p.m (per month)
_____	£ _____	_____
_____	£ _____	_____
_____	£ _____	_____

### 2nd Applicant

Nature of financial commitments	Amount outstanding	Repayments p.w (per week)/p.m (per month)
_____	£ _____	_____
_____	£ _____	_____
_____	£ _____	_____

Have you or any joint purchaser ever:

- |   |     |    |
|---|-----|----|
| (i) had a county court judgement for debt recorded against you?                           | YES | NO |
| (ii) been bankrupt?   | YES | NO |
| (iii) failed to meet your payments under a previous mortgage or fallen into rent arrears? | YES | NO |
| (iv) made an arrangement with your creditors?   | YES | NO |

Please give details if you have answered 'YES' to any of these questions:

## BENEFIT/OTHER INCOME DETAILS

If you are in receipt of benefits or other income, please provide details:

### 1st Applicant

Benefits received (please specify below)

_____	£	.	p.w.
_____	£	.	p.w.
_____	£	.	p.w.
_____	£	.	p.w.
State pension	£	.	p.w.
Occupational pension received	£	.	p.w.
Other state benefits	£	.	p.w.
Other weekly income	£	.	p.w.

### 2nd Applicant

Benefits received (please specify below)

_____	£	.	p.w.
_____	£	.	p.w.
_____	£	.	p.w.
_____	£	.	p.w.
State pension	£	.	p.w.
Occupational pension received	£	.	p.w.
Other state benefits	£	.	p.w.
Other weekly income	£	.	p.w.

## PRESENT HOME

What type of housing do you live in now?

Flat/Maisonette

House

Bungalow

Other (please state):

How many bedrooms are there?

1

2

3

4

5

Other (please state):

- |    |   |     |    |
|----|---|-----|----|
| 1. | Is this tied to your employment?                                      | YES | NO |
| 2. | Do you live with family or friends?                                   | YES | NO |
| 3. | Are you a Sanctuary Homes resident at present?                        | YES | NO |
| 4. | Do you own your present home?<br>(if 'NO', please move to question 5) | YES | NO |

If 'YES', how much is it worth (approximately)?

£:

And what is the outstanding mortgage?

£:

Full mortgage lender's address:

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Mortgage account number:

Address this mortgage relates to: (if different from page 1)

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How long have you lived at your current address?

Years:

Months:

If less than three years, please list all your previous addresses for the last three years:

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5. Do you rent your present home? YES NO

If 'YES', please provide your landlord's name and full address:

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How much is your rent? (excluding service charges)  
(We may require evidence confirming that the rent has been paid satisfactorily)

Do you pay service charges?

£

per month

YES NO

If 'YES', how much is your service charge?

£

per month

## PRESENT HOME (CONTINUED)

6. Do you own any other residential property in the UK or abroad? YES NO

If 'YES', please give details:

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Is this property in joint names? YES NO

7. If you are applying following a relationship breakdown, how has any money from property sales been split?

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Why have you applied for shared ownership housing?

8. Please write down any extra information which you feel may be relevant to your application.  
(Please continue on a separate sheet if necessary)

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## ABOUT THE HOME YOU WANT TO BUY

Please give details of the areas in which you wish to purchase or the specific address of the property if known.

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What type of housing are you applying for? Flat/Maisonette House Bungalow

Other (please state):

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Please indicate the number of bedrooms you will need: 1 2 3 4 5

Do you require a home adapted or built with wheelchair access? YES NO

Do you have any pets? (Please note, not all developments allow pets) YES NO

If 'YES', please give details:

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## ABOUT YOUR HEALTH

This information is treated as private and confidential. Please give details of any disability or medical conditions you and / or any household-member has. This information will ensure that we take appropriate steps to respond to your application in a fair and equal manner, and will assist us in finding a suitable home for you.

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## DETAILS ABOUT YOUR PURCHASE

Please give details known about:

- The full purchase price of the property £ .
- The share you wish to purchase
- The amount of your mortgage £ .
- The initial mortgage interest rate
- The cash deposit you will be making on the property £ .

Please give name and contact number of your lender/financial advisor if applicable:

## DETAILS ABOUT YOUR LEGAL REPRESENTATION

Firm's name and contact:

Address:

  

Telephone number:

Email:

## RELATIONSHIP TO STAFF OR COMMITTEE/BOARDS

Sanctuary Homes is not normally permitted to grant benefits to its employees and Committee/Boards Members or other close relatives as prescribed by Schedule 1 of the Housing Act 1996. To assist us in complying with this requirement would you please provide the following information.

Are you or your partner related to anyone who is, or has been in the last 12 months,  
a member of Sanctuary committees or staff?

YES NO

If 'YES', please give details:

  

## HOUSING ACT 1985

It is your right to check any information you have given on this form, or in any other way, when you applied to Sanctuary. If you want to check any information contact your local Sanctuary office.

## SHARED OWNERSHIP - BUDGET PLANNER

Please complete this to assist in your Shared Ownership assessment

Name:	Address of proposed home: (the subject of Name: this application): _____
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### INCOME

Net monthly income (including benefits received)	£
Maintenance payments received (e.g. child maintenance from ex-partner)	£
Total net monthly income	£

### EXPENDITURE Budget Planner relates to proposed home/costs.

Contents insurance	£
Maintenance payments (e.g. child maintenance)	£
Car loan	£
Personal loans	£
Credit/store cards	£
Fuel/public transport costs	£
Car insurance	£
Pets - food/insurance costs	£
Nursery/childcare costs	£
Total monthly expenditure	£
Utilities	£
Council Tax	£
Water rates	£
Other	£
Other	£

### FOR OFFICE USE ONLY

Family living costs: (see family costs table)	£	<b>Housing Costs</b>	
15% of net total income as contingency	£	Mortgage costs	£
<b>Total expenditure</b>	£	Rent costs	£
<b>Total Income less Total expenditure</b> (equals excess income to meet housing costs)	£	<b>Total housing costs</b>	£
		100% purchase price	£
		% purchased	£

## EQUAL OPPORTUNITIES

As with all other details, this information is treated as private and confidential. If you prefer not to answer this question it will not affect your application for Shared Ownership housing. We want to make sure everyone who asks us for housing is treated fairly and equally, whatever their race, colour or ethnic origin. To help us do this and for that reason only, please answer the following: I would describe my ethnic origin as (please tick one).

1st Applicant

2nd Applicant

White British

Irish

Other

Mixed White & Black Caribbean

White & Black African

White & Asian

Other

Asian or Asian British Indian

Pakistani

Bangladeshi

Other

Black or Black British Caribbean

African

Other

Chinese or other ethnic group Chinese

Other

Refused

## DECLARATION

To the best of my (our) knowledge, the answers given above are true and correct. I (we) know that any information given, which is found later to be untrue, will prejudice the application. I (we) hereby authorise Sanctuary Housing Association to seek employment, bank / building society, landlord tenancy checks and other references as required.

Applicant's Signature:

Joint Applicant's Signature (if applicable):

Date:

## DATA PROTECTION ACT 2018 AND THE GENERAL DATA PROTECTION REGULATION

It is your right to access any information you have given on this form, or in any other way, when you applied to Sanctuary. You can take action to rectify, block, erase or destroy inaccurate information. If you want to access or change inaccurate information contact your local Sanctuary office. It is your right to prevent the processing of the information you have given on this form if this is likely to cause damage or distress or if it is used for direct marketing. It is your right to require a data controller to ensure that no decision which significantly affects you is based solely on the processing by automated means. It is your right to take action for compensation if you suffer damage by any contravention of the Act by the data controller. You have the right to make a request to the commissioner for an assessment to be made as to whether any provision of the Act has been breached.