



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.

Joint Applications

Is this a joint application?

Yes No

What is Applicant 2's relationship to Applicant 1?

Are either Applicant 1 or Applicant 2 expecting a baby?

Yes No

If yes, what is the due date? _____

Eligibility Statements

Applicant 1

Applicant 2

Is the gross (before tax) household income less than £80,000 per annum?

Yes No Yes No

Have you had a home repossessed in the last six years?

Yes No Yes No

Have you been declared bankrupt in the last six years?

Yes No Yes No

If yes, has this been discharged?

Yes No Yes No

Date of discharge _____

Have you had any County Court Judgments in the last six years?

Yes No Yes No

If yes, have these been satisfied?

Yes No Yes No

Date of satisfaction _____

Have you failed to keep up loan payments or any form of credit agreement in the last six years?

Yes No Yes No

Are you a council or Housing Association tenant who has been in arrears within the last twelve months?

Yes No Yes No

Personal Details	Applicant 1	Applicant 2
Gender		
Title		
First Name		
Middle Name		
Surname		
Date of Birth (DD/MM/YY)		
Address Line 1		
Address Line 2		
Town		
County		
Postcode		
Date moved to this area (DD/MM/YY)		
I have a separate postal address	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state full address (including postcode)		
Mobile Telephone		
Home Telephone		
Work Telephone		
Email Address		

Present Housing Circumstances	Applicant 1	Applicant 2
Current Housing Situation: (tick all that apply): Council Tenant <input type="checkbox"/> Housing Association Tenant <input type="checkbox"/> Shared Owner <input type="checkbox"/> Registered Provider _____ Renting from Employer <input type="checkbox"/> Privately Renting <input type="checkbox"/> Living with friends/family <input type="checkbox"/> Council Waiting List <input type="checkbox"/> Current Home Owner <input type="checkbox"/> Previous Home Owner <input type="checkbox"/> Temporary (Local Authority) <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are you on a Council Waiting List?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state name of Council and your reference number.		
How many bedrooms does your current home have?		
What is your current property type?		
Present Circumstances (tick all that apply): Poor Health <input type="checkbox"/> Partner of deceased service personnel <input type="checkbox"/> Poor condition of property <input type="checkbox"/> Harassment or neighbourhood dispute <input type="checkbox"/> Threatened with homelessness <input type="checkbox"/> Relationship breakdown <input type="checkbox"/> Extreme financial difficulty <input type="checkbox"/> Overcrowding in present home <input type="checkbox"/> Job relocation <input type="checkbox"/> None of the above <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Do you keep a pet?	
	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify type _____

Who else will be living with you	
Resident 1 – First Name & Surname	
Date of Birth (DD/MM/YY)	
Relationship to main applicant/s	
Annual Income	
Employment Status	Full Time Education <input type="checkbox"/> Carer <input type="checkbox"/> Employed <input type="checkbox"/> Housewife/Husband <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> please specify _____
Home Owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident 2 – First Name & Surname	
Date of Birth (DD/MM/YY)	
Relationship to main applicant/s	
Annual Income	
Employment Status	Full Time Education <input type="checkbox"/> Carer <input type="checkbox"/> Employed <input type="checkbox"/> Housewife/Husband <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> please specify _____
Home Owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident 3 – First Name & Surname	
Date of Birth (DD/MM/YY)	
Relationship to main applicant/s	
Annual Income	
Full Time Education / Working?	Full Time Education <input type="checkbox"/> Carer <input type="checkbox"/> Employed <input type="checkbox"/> Housewife/Husband <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> please specify _____
Home Owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: Spouse of main applicant must complete the form fully as Applicant 2

Who else will be living with you	
Resident 4 – First Name & Surname	
Date of Birth (DD/MM/YY)	
Relationship to main applicant/s	
Annual Income	
Employment Status	Full Time Education <input type="checkbox"/> Carer <input type="checkbox"/> Employed <input type="checkbox"/> Housewife/Husband <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> please specify _____
Home Owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident 5 – First Name & Surname	
Date of Birth (DD/MM/YY)	
Relationship to main applicant/s	
Annual Income	
Employment Status	Full Time Education <input type="checkbox"/> Carer <input type="checkbox"/> Employed <input type="checkbox"/> Housewife/Husband <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> please specify _____
Home Owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Resident 6 – First Name & Surname	
Date of Birth (DD/MM/YY)	
Relationship to main applicant/s	
Annual Income	
Full Time Education / Working?	Full Time Education <input type="checkbox"/> Carer <input type="checkbox"/> Employed <input type="checkbox"/> Housewife/Husband <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> please specify _____
Home Owner?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: Spouse of main applicant must complete the form fully as Applicant 2

Current Home Owners	Applicant 1	Applicant 2
Are you on the deeds or mortgage of a property in the UK or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please specify the amount of equity you will receive		
Is it the same as your current address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please state full address (including postcode)		
Property type (e.g. house, flat, bungalow)		
How many bedrooms does the property have?		

Schemes	
Which Help to Buy options are you applying for? (tick all that apply):	Shared Ownership <input type="checkbox"/> Home Ownership for people with Long-Term Disabilities (HOLD) <input type="checkbox"/> Older Persons Shared Ownership (OPSO) <input type="checkbox"/> Rent to Buy <input type="checkbox"/> Discounted Sale <input type="checkbox"/> Shared Equity <input type="checkbox"/> Intermediate Rent <input type="checkbox"/> Help to Buy Equity Loan <input type="checkbox"/>
Have you previously applied for low cost home ownership with bpha or Help to Buy East & South East ?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state ref no: _____
If you are already registered with another Help to Buy agent, please state which one.	

Where would you like to live	
Local Authority	
Do you have a Local Connection? (i.e. live or work there)	

Employment Details	Applicant 1	Applicant 2
Current Employment Status: Full time employment Part time employment Not employed Self employed Retired Full time education Other (please specify) _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Job Title		
Job Commencement Date (DD/MM/YY)		
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"/>
Job end date (if fixed term)		
Company name of employer		
Address of company (including postcode)		

MOD employees only	Applicant 1		Applicant 2	
Are you an MOD employee or surviving partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you the surviving partner of MOD personnel who completed phase one basic training, served over 6 years and who died within the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Phase one basic training completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time served (in years)				
Type of employment: Clinical Staff MOD Police Regular Service Personnel Uniformed Defence Fire Service Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Phase one basic training completed, over 6 years served and honorably discharged within the last 2 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you got a discharge certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Income	Applicant 1	Applicant 2
Gross annual income (before tax)	£	£
Please provide details of any additional income e.g. pension, overtime, bonuses, benefits. Please list each benefit individually below:		
1. _____ Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/>	£	£
2. _____ Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/>	£	£
3. _____ Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/>	£	£
4. _____ Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/>	£	£
5. _____ Monthly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly <input type="checkbox"/>	£	£

Loans	Purpose of loan	Lender Name	Final payment date	Monthly payments	Total amount outstanding
1				£	£
2				£	£
3				£	£
4				£	£

Total joint savings	
Please include any equity expected from the sale of a current property	£

Equality & Diversity	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 no, do you have Indefinite Leave to Remain?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>What is your country of origin?</p> <p>UK National <input type="checkbox"/></p> <p>EU National <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>		
<p>How would you describe your ethnic origin?</p> <p>White British <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>White Other <input type="checkbox"/></p> <p>Mixed White & Black Caribbean <input type="checkbox"/></p> <p>Mixed White & Black African <input type="checkbox"/></p> <p>Mixed White & Asian <input type="checkbox"/></p> <p>Mixed Other <input type="checkbox"/></p> <p>Asian/Asian Brit. Indian <input type="checkbox"/></p> <p>Asian/Asian Brit. Pakistani <input type="checkbox"/></p> <p>Asian/Asian Brit. Bangladeshi <input type="checkbox"/></p> <p>Asian/Asian Brit. Other <input type="checkbox"/></p> <p>Black/Black Brit. Caribbean <input type="checkbox"/></p> <p>Black/Black Brit. African <input type="checkbox"/></p> <p>Black/Black Brit. Other <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Gypsy/Romany/Irish Traveller <input type="checkbox"/></p> <p>Other ethnic group <input type="checkbox"/></p> <p>Question Refused <input type="checkbox"/></p>		
Do you consider any members of your household to be disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>How would you describe your sexuality?</p> <p>Heterosexual <input type="checkbox"/></p> <p>Homosexual/Lesbian <input type="checkbox"/></p> <p>Bisexual <input type="checkbox"/></p> <p>Question Refused <input type="checkbox"/></p>		

Equality & Diversity (continued)	Applicant 1	Applicant 2
<p>How would you describe your religion or religious denomination?</p> <p>Christian <input type="checkbox"/></p> <p>Buddhist <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Hindu <input type="checkbox"/></p> <p>Jewish <input type="checkbox"/></p> <p>Sikh <input type="checkbox"/></p> <p>No religion <input type="checkbox"/></p> <p>Question Refused <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <hr/>		
<p>Are you related to a current or former committee/board member or employee of bpha, a bpha subsidiary or any other Housing Association?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please state their name, job title and the organisation they work for:</p>		
<p>Where did you hear about us? (Please supply details, e.g. which newspaper or radio station)</p>		
<p>Do you wish to receive details of affordable homes that may be of interest to you?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If you have any additional notes for this application form please enter them here.</p>		

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

Help to Buy – East & South 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 you share with Help to Buy – East & South East is treated in the strictest confidence. Help to Buy – East & South East in partnership with **bpha** and other Housing Associations, reserve the right to carry out reference checks and may also carry out credit checks with Credit Reference Agencies in relation to the applicants, if necessary. These requests will be recorded on your credit history with the Credit Reference Agency, and a copy will be retained on our files.

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 Act 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).

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

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 call 01234 791089.

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 Help to Buy – East & South East to pass information to other Help to Buy agents, 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 Help to Buy agents & partner housing associations to contact me by telephone, text, email or by post.

Signed (Applicant 1)

Dated _____

Signed (Applicant 2)

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:

Help to Buy – East & South East
c/o **bpha** Limited Tel: 03333 214044
Bedford Heights Fax: 01234 221229
Manton Lane www.helptobuyese.org.uk
Bedford
MK41 7BJ

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

মাংসী মল্লীঅত্র পূর্বঘটা द्वावम तिस न समस्त विंच मसत लसी सिववषाती
वरवे 01234 791082 उे टैलीटिन वर ।

के لیے درخواست का فارم शेयरड ऑनरशप یعنی مشترکہ ملکیت
اس کو سمجھنے میں مدد کے لیے براؤ کر م فون کریں۔ ٹیلی فون نمبر 01234 791083