



Application Form

You will need to complete this application form to apply for the affordable housing schemes provided by Housing Associations and Developers across Bedfordshire, Berkshire, Bristol, Bath, Somerset & Mendip, Buckinghamshire, Cambridgeshire, Cornwall (including the Isles of Scilly), Devon, Dorset, East Sussex, Essex, Gloucestershire, Hampshire & Isle of Wight, Hertfordshire, Kent, Norfolk, Oxfordshire, Suffolk, Surrey, West Sussex, and Wiltshire. Please give details of the members of your family who would be living with you in the new home. We cannot consider your application unless all the relevant sections are completed.

For the Help to Buy Equity Loan Scheme you do not need to fill in an application form. Apply through the Equity Loan Portal on our website.

Application ref.

Client ref. 1

Client ref. 2

Approved by

Date approved

Shared Ownership - schemes of interest

Please tell us which Shared Ownership schemes you are interested in (select all options that apply)

- Shared Ownership New Build
- Shared Ownership Resale
- Extra Care or Older Persons Shared Ownership
- Home Ownership for People with Long Term Disabilities
- Rent to Buy

Eligibility statements

Is your application:	Single <input type="checkbox"/>	Joint <input type="checkbox"/>
If joint, please indicate relationship between first and joint applicant:		

	First applicant	Second applicant
Is your gross (before tax) household income less than £80,000 per annum?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If currently renting, are you in rent arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

About you

	First applicant	Second applicant
Title		
Surname		
First name		
Middle name(s)		
Date of birth		
Address line 1		
Address line 2		
Address line 3		
Town		
County		
<small>(If applicant 2 address is the same as applicant 1, please indicate with 'Same as applicant 1')</small>		
Postcode		
Preferred telephone number		
Alternative telephone number		
Email address		
What is your current employment status?	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Full Time Employed <small>(Over 30 hrs/week)</small> <input type="checkbox"/> Part Time Employed <small>(Under 30 hrs/week)</small> <input type="checkbox"/> Self Employed <input type="checkbox"/> Long Term Sickness <input type="checkbox"/> Student Other <small>(Please provide detail)</small> _____	<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Full Time Employed <small>(Over 30 hrs/week)</small> <input type="checkbox"/> Part Time Employed <small>(Under 30 hrs/week)</small> <input type="checkbox"/> Self Employed <input type="checkbox"/> Long Term Sickness <input type="checkbox"/> Student Other <small>(Please provide detail)</small> _____
Are you a serving member of the armed forces (MoD)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you a surviving partner of the armed forces?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been bereaved within the last 24 months? <small>(If yes to previous question)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an ex-regular service personnel, honourably discharged within the last 24 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your Household

How would you describe your household make up?	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Couple with Children <input type="checkbox"/> Single with Children <input type="checkbox"/> Sharing
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Who else will be living in your home?

Name	Relationship	Date of Birth	Education/Working	Annual Gross Salary (£)

Your current housing situation

Please describe your current situation - are you: (select as many as apply)		
	First applicant	Second applicant
A first-time buyer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
On the council housing waiting list	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A current homeowner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A current shared owner	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A council or housing association tenant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Living with friends/family	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A private renter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Armed Forces accomodation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (Please Specify)		

Current homeowners - For current homeowner or shared owner only

	First applicant	Second applicant
Do you or anyone purchasing alongside you own a property (are listed on the title deeds) in the UK or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details (Property address)		
Are you in the process of selling your property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What stage is the sale process at?	<input type="checkbox"/> No action taken yet <input type="checkbox"/> On the market <input type="checkbox"/> Offer accepted <input type="checkbox"/> Solicitors instructed <input type="checkbox"/> Contracts Exchanged	<input type="checkbox"/> No action taken yet <input type="checkbox"/> On the market <input type="checkbox"/> Offer accepted <input type="checkbox"/> Solicitors instructed <input type="checkbox"/> Contracts Exchanged
What date do you expect to complete the sale of the property (if not known, please state)		

Your housing requirements

What type of property are you looking for? (Please select all that apply)	<input type="checkbox"/> Apartment/flat <input type="checkbox"/> House <input type="checkbox"/> Bungalow <input type="checkbox"/> Sheltered Housing <input type="checkbox"/> Extra Care Housing
What is the minimum number of bedrooms that you require?	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five
Where would you like to live?	
Do you or anyone in your family have any specific housing requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' please explain (e.g. require a ground floor due to mobility reasons)	

Income

Shared Ownership is for those who have a total household income of £80,000 a year or less outside London, or £90,000 a year or less in London. It's for people who can't afford to buy a home on the open market, but who can afford to buy and maintain a Shared Ownership home.

The information you provide helps us to assess your eligibility for Shared Ownership. If you are considered eligible then the Shared Ownership landlord, and any mortgage lender who will help fund the purchase, will undertake more detailed additional checks on your income and expenditure.

Additional costs of buying a home could include mortgage, legal, administration, and valuation fees. It's important to make sure that you have enough savings to cover these as well as your deposit. We advise that an applicant will need a **minimum** of £2,500 available.

	First applicant	Second applicant
Income		
What is your total gross annual income from employment excluding overtime and bonuses	£	£
How much overtime, bonuses and commission do you normally earn in a year? If none, please enter '0'	£	£
What is your gross annual income from pension, investment, or other non-benefit sources? If none, please enter '0'	£	£
Benefits		
Working tax credits per year If none, please enter '0'	£	£
Child benefit per year: If none, please enter '0'	£	£
Child tax credits per year: If none, please enter '0'	£	£
Disability allowance per year: If none, please enter '0'	£	£
Guaranteed maintenance per year: If none, please enter '0'	£	£
Housing benefit per year: If none, please enter '0'	£	£
Universal Credit per year: If none, please enter '0'	£	£
Any other income (please detail) If none, please enter '0'	£	£
Savings		
How much do you have in savings? If none, please enter '0'	£	£
How much of your savings will be used for the deposit? If none, please enter '0'.	£	£

Equal Opportunities

Confidential information

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

Audio Large print Braille Other _____

In order to ensure that all applicants are treated fairly, could you please provide the following information, if you do not wish to provide the information, please tick prefer not to say.

Ethnic group			Age			Gender Identity		
	1st	2nd		1st	2nd		1st	2nd
Asian/Asian British			18-24	<input type="checkbox"/>	<input type="checkbox"/>	Female	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	25-29	<input type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	30-34	<input type="checkbox"/>	<input type="checkbox"/>	Non-binary	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	35-39	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	40-44	<input type="checkbox"/>	<input type="checkbox"/>	Other/Prefer to self describe	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	<input type="checkbox"/>	45-49	<input type="checkbox"/>	<input type="checkbox"/>	Applicant 1:		
Black/African/Caribbean/Black British			50-54	<input type="checkbox"/>	<input type="checkbox"/>	Applicant 2:		
African	<input type="checkbox"/>	<input type="checkbox"/>	55-59	<input type="checkbox"/>	<input type="checkbox"/>	Is your gender identity the same as the sex assigned to you at birth?		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	60-64	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>
Other black background	<input type="checkbox"/>	<input type="checkbox"/>	65+	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Mixed/Multiple ethnic group			Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	Religion					
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>	<input type="checkbox"/>	Which of the following options best describes your sexual orientation?		
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Asexual	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed/Multiple ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	Christian	<input type="checkbox"/>	<input type="checkbox"/>	Bi/Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
White			Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Gay/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	<input type="checkbox"/>	Jain	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	<input type="checkbox"/>	Questioning/unsure	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Other white background	<input type="checkbox"/>	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	<input type="checkbox"/>	Other/Prefer to self describe (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic groups			No religion/belief	<input type="checkbox"/>	<input type="checkbox"/>	Applicant 1:		
Arab	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	Applicant 2:		
Any other ethnic group (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Other/Prefer to self describe (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Preferred Language		
Applicant 1:			Applicant 1:			English	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 2:			Applicant 2:			Other (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>				Applicant 1:		
						Applicant 2:		

Equal Opportunities

Disability Information

The Equality Act 2010 defines disability as 'a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day to day activities'. Do you consider yourself to have a disability or impairment that has (or would have without treatment) a substantial and long-term adverse effect on your ability to carry out one or more day to day activities?

First applicant: Yes No Prefer not to say

Second applicant: Yes No Prefer not to say

If you chose the answer 'Yes', please indicate the nature of your disability. If you have multiple disabilities, please select multiple boxes, or self describe:

	First applicant	Second applicant
Cognitive condition	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Long-term health condition (e.g. diabetes, Multiple Sclerosis, heart condition, epilepsy, chronic pain)	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health condition	<input type="checkbox"/>	<input type="checkbox"/>
Mobility/Manual Dexterity	<input type="checkbox"/>	<input type="checkbox"/>
Neurodiverse condition (e.g. dyslexia, dyscalculia, dyspraxia, Autism, ADHD, Tourette's)	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Other - please provide details below	<input type="checkbox"/>	<input type="checkbox"/>
Applicant 1:		
Applicant 2:		
Please advise if you require any reasonable adjustments for the application process:		
Applicant 1:		
Applicant 2:		

Other Information

Please provide any other information relevant to your submission or any supporting information you wish to include:

Confirmations and Declaration

Confirmations

If you do not complete the checklist, your application is liable to be rejected.

A reference to “the applicant” is a reference to the First Applicant (and Second Applicant unless specified otherwise).

Confirmation Statements	First applicant	Second applicant
1. The Applicant has read the 'Declaration' (below) in full.	<input type="checkbox"/>	<input type="checkbox"/>
2. The Applicant understands that as a tenant, they will be required to give up their rented home on the day of completion if they buy or rent a home through this Help to Buy application.	<input type="checkbox"/>	<input type="checkbox"/>
3. The Applicant authorises the Help to Buy Agent to pass information submitted as part of its application to those organisations detailed in the 'Declaration' for the purposes identified in that section, including but not limited to, for the purposes of processing this application, credit reference agencies, statistical surveys.	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

The applicant acknowledges that:

The Help to Buy Agent will only process the personal data of the applicant(s), or other named individuals, for the following purposes. The Help to Buy Agent will hold your information in accordance with the Data Protection Act 2018.

- Firstly, for the purposes of processing your application for housing;
- Secondly, the Help to Buy Agent may also share this information for the same purpose with Homes England, and other Help to Buy agents, Shared Ownership Providers or with other organisations that handle public funds.
- Thirdly, the information may be used for anonymised statistical surveys and analysis – please request a copy of the cookies policy for more information. The Help to Buy agent may pass your information in confidence to the Ministry of Housing, Communities and Local Government (MHCLG) and other third-party providers.

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. The Help to Buy Agent and Shared Ownership Provider, reserve the right to take up any references relating to applicants as the Help to Buy Agent or Shared Ownership Provider considers necessary and may also search the files of any credit reference agency which will keep a record of any such request.

The Help to Buy Agent must protect public funds it handles and so may use the information you have provided on this form to prevent and detect fraud. Under Schedule 2 of the Data Protection Act 2018 the information may be disclosed for purposes of crime prevention and to detect fraud. 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.

We require third parties to respect the security of your data and to treat it in accordance with the law. For more information on how we manage your personal data, please refer to Homes England's privacy notice here:

<https://www.gov.uk/government/publications/help-to-buy-privacy-notice>

It is a criminal offence to knowingly or recklessly make a false declaration or withhold information reasonably required in connection with your application.

The applicant has read the above and confirms that they have provided accurate and up to date information relating to their application for homeownership.

The applicant understands 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 the Shared Ownership Provider and/or Local Authority may seek possession of any leasehold tenancy granted. (Translation service available if required)

I confirm and declare that all statements and information provided in this application form are true and accurate

Signed (first applicant):	Date:
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Signed (joint applicant):	Date:
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Any further questions?

Please get in touch with our Customer Service Team, Monday - Friday, 9.00pm - 6.00pm, who will be able to help you with any further enquiries

0800 456 1188

info@helptobuyagent3.org.uk