

PROPERTY APPLICATION FORM

housing&care21

1. What type of property are you interested in?

(Tick boxes applicable)

Name of the court for which you are applying:

 Bungalow Apartment One bedroom Two bedrooms Studio (rented only) Outright Purchase Shared Ownership

2. Name(s) of applicant(s)

Applicant 1
Title:
Surname:
First name:
Middle name:
Phone No(s):
Email:
Date of Birth:
NI Number:

Applicant 1
Title:
Surname:
First name:
Middle name:
Phone No(s):
Email:
Date of Birth:
NI Number:

Present address:

Other persons intending to live in the property:

Contact details (if not applicant):

Which local authority do you live in:

If working, which local authority do you work in:

3. Power of Attorney

Do you have person(s) acting on your behalf as Power of Attorney?

If so please give details and contact number. A copy of the Power of Attorney needs to be attached to this application.

Name
Address:

Phone No(s):
Email:

4. Employment

Are you currently employed?

Permanent

Contracted

Contract end date if applicable:

Occupation (title/grade):

When did you start working for your current employer?

Employers name

Address:

Phone No(s):

Email:

Are you a key worker?

Please state which; Education, Fire Service, Health, Local Authority, Police, Prison Service, Probation Service, MOD (RAF, Army, Navy, Royal Marines) and rank.

Including employee type, Regular service, Clinical staff, MOD Police, Ex Regular personnel, Uniformed staff in Defence Fire Service

Are you a surviving partner of a member of the Armed Forces?

yes

no

Other:

5. Personal Information

Have you ever had a home repossessed?

yes

no

Have you ever had any CCJs?

yes

no

Have you ever been declared bankrupt or entered into an IVA?

yes

no

If yes have they been satisfied?

yes

no

If yes has it been discharged?

yes

no

6. Your present housing

Which one of the following best describes your current home?

You own or part own

Rented

A property that comes with your job

Other:

What type of property do you live in?

Terraced house

Bungalow

No. of bedrooms

Semi detached house

Flat

Detached house

Other:

7. Pets

Do you intend bringing your pet(s) with you? (See Note 4)

yes

no

Type of pet(s)

8. Reasons for applying

Please tick the box or boxes which best describe your reasons for applying (See Note 1)

<input type="checkbox"/> Need a smaller property/easier to manage	<input type="checkbox"/> Affordability of other retirement housing
<input type="checkbox"/> Planning for the future	<input type="checkbox"/> Any type of harassment
<input type="checkbox"/> Relationship breakdown	<input type="checkbox"/> Safety and Security
<input type="checkbox"/> Maintenance and upkeep of existing property	<input type="checkbox"/> Tenancy has ended/due to end
<input type="checkbox"/> Broaden social horizons	<input type="checkbox"/> For health reasons
<input type="checkbox"/> Need a retirement property	<input type="checkbox"/> Homeless or at risk of being homeless
<input type="checkbox"/> Relocation	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Move closer to family	
<input type="checkbox"/> Sold my property	

Other reasons (including any disputes with neighbours):

9. Special considerations

Does either applicant have any physical disabilities or other health considerations which make it difficult for you to manage in your present home? (use additional sheet if necessary). (See Note 2)

<p>Applicant</p> <p>Mobility problems:</p> <p>Other frailty problems:</p> <p>Care packages presently received:</p>	<p>Joint applicant</p> <p>Mobility problems:</p> <p>Other frailty problems:</p> <p>Care packages presently received:</p>
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Do you have any relatives living within the local authority area of choice?
If so, please give details (See Note 3)

10. Current housing

Do you or anyone else living in the property own a property in the UK or abroad?

yes no

Are you a:

- Council or Housing Association tenant
- Current home owner
- First time buyer
- Living with friends or family
- On a council waiting list
- Renting privately

If yes, please provide details. Is it a shared ownership property part owned by a Housing Association?

Other:

Are you in the process of selling your property

yes no

SALES ONLY – Sections 11-15 to be completed by Sales Property Applicants only

11. Buying your property

If you do not own your present property, how will you finance the purchase of a property from Housing & Care 21? You will need to provide evidence at the time of reservation (new sales only)

Savings

Bank or building society mortgage

Family support

Others – please state:

If a property is offered, would there be any reason for delay in purchase?

Please note that your home is at risk if you do not keep up repayments on a mortgage or other loan secured on it. Continual non payments of rent will also place your home at risk.

12. Income, pensions and benefits

Please provide details of your individual monthly income (not a combined total sum for both applicants).

(Required for all new sales, shared equity and shared ownership resales)

Applicant 1

Basic monthly take home pay including pension (NET): £ _____

Monthly total from benefits (e.g. Universal credit, disability): £ _____

Monthly total from other sources: £ _____

Total per month £ _____

Applicant 2

Basic monthly take home pay including pension (NET): £ _____

Monthly total from benefits (e.g. Universal credit, disability): £ _____

Monthly total from other sources: £ _____

Total per month £ _____

If you own or are buying your own home, how much would it sell for: £ _____

How much do you owe on your mortgage? £ _____

Do you own a second home?

yes no

What is the total amount of savings you and any joint applicant have in either a bank, building society or investments?

Do not include the value of your existing property.

Savings

Total amount of savings: £ _____

Do you have access to at least £2500 to cover the cost of moving and legal fees?

yes no

Do you have any outstanding loans?

yes no

If yes, what is the monthly payment

Do you have any outstanding credit cards?

yes no

If yes, what is the outstanding balance

Are you receiving benefits?

Working tax credit

Disability living allowance

Guaranteed maintenance Income

Housing benefit

Attendance allowance

Council tax benefit

Other

Do you need help or advice on claiming benefit?

yes no

13. Shared equity/ownership leases

Where the purchase involves a shared equity/ownership, the purchaser should be aware that they are purchasing an interest in the property that is less than 100%.

An affordable proportional monthly rent will be charged on the outstanding share less than 75%.

14. Your solicitor (if known)

Company name:

Address:

Phone No:

Contact name:

15. Your building society or bank

Company name:

Address:

Phone No:

Contact name:

RENTAL ONLY – Section 16 to be completed by Rental Property Applicants only

16. Accommodation

Name of the court you are interested in:

If the Court has a long waiting list would you be happy to be offered other suitable vacancies?

yes no

Are you an existing Housing & Care 21 resident?

yes no

Are you seeking accommodation within the next 6 months?

yes no

If yes, what is your rent account number

Please give the following details of your household

Title	Surname	First name(s)	Sex M/F	Date of birth	Relationship to Applicant(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not lived in your current home for the past 5 years, provide details of addresses to cover the 5 year period (Attach an additional sheet if necessary).

Address:

Phone No:

Landlord name:

Address:

Phone No:

Landlord name:

Address:

Phone No:

Landlord name:

Address:

Phone No:

Landlord name:

If currently renting please provide details of your current landlord
(may be contacted for a reference in support of your application)

Address:

Phone No:

Landlord name:

Do you owe rent arrears to a current or former landlord, or mortgage arrears?

yes no

If yes, please give details

Have you or anyone in your household been evicted from a property or been subject to possession proceedings within the last 2 years?

yes no

If yes, please give details

Have you or anyone in your household forfeited a probationary/introductory/starter tenancy in the last 2 years?

yes no

If yes, please give details

Have you or anyone in your household been served with an Anti-social Behaviour Order (ASBO) or Acceptable Behaviour Contract (ABC) in the last 2 years?

yes no

If yes, please give details

Have you or anyone in your household received a Notice to Quit or Notice of Seeking Possession in the last 2 years?

yes no

If yes, please give details

Do you have any convictions for a criminal offence other than a spent conviction under the Rehabilitation of Offenders Act 1974?

yes no

If yes, please give details of the offence, date of conviction and sentence

Do you have a probation worker?

yes no

If yes, please give details

Do you need any other help to manage a tenancy or to live independently?

yes no

Are you a previous resident of Housing & Care 21?

yes no

If yes, please give details

17. Equal opportunities

Applicant 1

Do you consider yourself to be disabled?

Yes No Prefer not to say

What is your gender?

M F Prefer not to say

Do you regard yourself as transgender?

Yes No Prefer not to say

If yes, please specify the gender you identify with

M Prefer not to say

What is your sexuality?

Heterosexual Homosexual Lesbian Bisexual Prefer not to say

What is your religion?

Buddhist Jewish No religion
 Christian Muslim Prefer not to say
 Hindu Sikh

Other:

How do you describe your ethnic origin?

White – British Asian or Asian British – Bangladeshi
 White – Irish Asian or Asian British – Other
 White – Other Black or Black British – African
 Mixed – White & Black Caribbean Black or Black British – Other
 Mixed – White & Black African Chinese or other ethnic group Chinese
 Mixed – White & Asian Other ethnic group – Gypsy, Romany, Traveller
 Mixed – Other Prefer not to answer

Other:

Applicant 2

Do you consider yourself to be disabled?

Yes No Prefer not to say

What is your gender?

M F Prefer not to say

Do you regard yourself as transgender?

Yes No Prefer not to say

If yes, please specify the gender you identify with

M F Prefer not to say

What is your sexuality?

Heterosexual Homosexual Lesbian Bisexual Prefer not to say

What is your religion?

Buddhist Jewish No religion
 Christian Muslim Prefer not to say
 Hindu Sikh

Other:

How do you describe your ethnic origin?

White – British Asian or Asian British – Bangladeshi
 White – Irish Asian or Asian British – Other
 White – Other Black or Black British – African
 Mixed – White & Black Caribbean Black or Black British – Other
 Mixed – White & Black African Chinese or other ethnic group Chinese
 Mixed – White & Asian Other ethnic group – Gypsy, Romany, Traveller
 Mixed – Other Prefer not to answer
 Asian or Asian British – Indian
 Asian or Asian British – Pakistani

Other:

18. How did you find out about us

How did you find out about Housing & Care 21 or the court?

<input type="checkbox"/> Local knowledge	<input type="checkbox"/> Local shop advert	<input type="checkbox"/> Elderly accommodation council website
<input type="checkbox"/> Friends/relatives	<input type="checkbox"/> Poster	<input type="checkbox"/> Promotional material
<input type="checkbox"/> Sign board	<input type="checkbox"/> Rightmove	<input type="text" value="Other:"/>
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Mailing	
<input type="checkbox"/> Website	<input type="checkbox"/> Google advert	
<input type="checkbox"/> Local estate agent	<input type="checkbox"/> Local authority	

19. Statement

I/We understand that the completion of this form does not guarantee the offer of a property, nor does it commit me/us to the purchase of a property.

I/We hereby declare that the information that I/we have provided in the form accurately reflects my/our current circumstances.

Signature(s) _____ Date:

Applicant:

The Association is prevented by law from granting a benefit to Board or committee members, members and staff of the Association or their close relatives except under certain limited circumstances.

If you are related to any member or officer of the Association please provide details:

Joint applicant:

Note 1 (Section 7) — Information regarding your current housing allows us to assess your need for specialist retirement housing, i.e. level access.

Note 2 (Section 8) — An overview of your current medical condition and any care received will help us assess your need for specialist housing, suitability for the property being applied for and whether Housing & Care 21 or the external care provider are able to meet your medical needs.

Note 3 (Section 8) — Allocation of a new sale and some re-sales require the applicant to already live in or have immediate family currently living within the Local Authority area.

Note 4 (Section 9) — Information is required about any potential pets you may wish to bring so we can discuss their suitability for the new property and advise you of the current Pet Policy.

Data protection

The information supplied on this application form will be used to process your application for Shared Ownership/Leasehold purchase with Housing & Care 21 and to correspond with you. We recognise that your personal information includes sensitive data and we promise to keep your details safe and secure.

We may need to share your information with third parties (previous/current Landlords, the Local Authority and External Care Provider (if applicable) for the Scheme you are applying for), to help us

assess your housing needs and to help us identify the most suitable accommodation that may be available.

I/We consent to Housing & Care 21 sharing the information on this application form, with the named third parties, for the purpose specified above:

Applicant 1

Applicant 2

We may seek references from the named individuals provided by you, in order to support your application.

I/We consent to Housing & Care 21 sharing the information on this application form, with named third parties, for the purpose specified above:

Applicant 1

Applicant 2

Where requested by you, we will support you to input your information into forms or onto the websites of regional Help to Buy agents regarding your application for Shared Ownership for Older People, where you need us to physically enter the information for you where you do not have access to a computer or you have informed us that you need our help to input the information.

I/We consent to Housing & Care 21 sharing the information on this application form, with the named third parties, for the purpose specified above:

Applicant 1

Applicant 2

Where information you supply is of a sensitive nature, such as medical details or information concerning your personal circumstances, it is necessary to give explicit consent for us to be able to process the data. Please indicate your consent by ticking the following box.

I/We consent to Housing & Care 21 processing the information on this application form for the purpose specified above:

Applicant 1

Applicant 2

All information provided will be processed in accordance with the Data Protection Act 1998 and the EU General Data Protection Regulations when they come into force on 25 May 2018.

Signature(s) _____ Date:

Applicant:

Your information will be retained only so long as it is legitimately required by us for the purpose of processing of your application and will be dealt with in a proper and lawful way. We will destroy any information which you ask us to, at any time. We will also promptly destroy any information that is no longer necessary to be kept for the purpose of processing your application. For new sales we shall contact you when all sales have completed to ask if you wish to remain on the resale waiting list or for your details to be destroyed. For Resales we shall contact you periodically to ask if you wish to stay on the waiting list.

I/We consent to Housing & Care 21 processing my/our information, contained in this application form, for the intended purpose specified above:

Applicant 1

Applicant 2

If at any stage you notice your data is incorrect and want it rectified, if you want it deleted, or if you wish to withdraw your consent to us using or sharing your data please contact our Data Protection Officer at:

dataprotection@housingandcare21.co.uk

or write to her at Housing & Care 21, Tricorn House, 10th Floor, 51-53 Hagley Road, Birmingham B16 8TP.

You have the right to complain about any matter relating to our service, including how we use your personal data. In the first instance please contact our Customer Services team on **0303 192 4509** or email: **hc21complaintsuggestionline@housingandcare21.co.uk**. If you are still not happy with the way your complaint, in relation to how we use your personal data, has been dealt with, you may complain to the UK Information Commissioner's Office (ICO) at **<https://ico.org.uk>**. Our ICO registration number is Z9137407.

You can find our full Privacy Notice on our website at **<https://www.housingandcare21.co.uk/>**

Joint applicant:

Additional information

housing&care21

Please return to:

The Property Sales Team

Tricorn House | 51-53 Hagley Road | Birmingham | B16 8TP

0370 192 4000

housingandcare21.co.uk



housingcare21



@HousingCare21

Housing & Care 21 is a leading national provider of retirement housing and care services for older people of modest means.

Regulated by the Social Housing Regulator Reg. No. L0055
Community Benefit Society FCA Reg. No. 16791R