

Application form

Please fill in this form in BLOCK CAPITALS using black ink then send it to the address at the back of the 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"/> HomeBuy Shared Ownership | <input type="checkbox"/> Intermediate Rent | <input type="checkbox"/> Resales |
| <input type="checkbox"/> HomeBuy Equity Loan | <input type="checkbox"/> Rent to HomeBuy | <input type="checkbox"/> Discounted Rent |
| <input type="checkbox"/> Home Ownership for People with Long term Disabilities (HOLD) | <input type="checkbox"/> Developers' Equity Loan | |

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.) WM Housing Group

Section 1 About you and your household

	FIRST APPLICANT	SECOND APPLICANT
Title (Mr/Mrs/Ms/other)		
Surname		
First name		
Middle name		
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		
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 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 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; i.e. retired, early retirement on health grounds etc. then go to the question 'Who else will be living with you?')		
Employer's name, address, telephone number and email address (Please specify if self employed. If a teacher provide details of the school or if a nurse the name of the hospital, etc.)		
Start date of employment		
Have you been employed with this employer for 12 months or more? (If no provide details of previous employers on a separate sheet.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a home repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been declared bankrupt? If yes, have these been discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any County Court Judgements? (CCJs) If yes, have they been satisfied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Who else will be living with you?

Number of people living in the household? Please state: _____
Please include the full name, relationship status and state whether in full time education or working, etc.

NAME	RELATIONSHIP	GENDER	D.O.B.	EDUCATION/ WORKING	ANNUAL SALARY
1					
2					
3					
4					
5					

How would you describe the composition of your household?

Single Couple Couple with children Single with children Sharing

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

	FIRST APPLICANT	SECOND APPLICANT
Do you currently own a property in the UK or abroad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		

	FIRST APPLICANT	SECOND APPLICANT
Are you? (tick all that apply)		
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"/>
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 previous home owner	<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:		
Are you registered with a HomeBuy Agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify which one:		

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

What type of property is your current home? Studio Apartment House Bungalow

What is the minimum number of bedrooms you need? 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:

Section 3 About your income and savings

	FIRST APPLICANT	SECOND APPLICANT
Do you have access to at least £1500 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 but include pensions and benefits)		
Overtime, Bonuses & Commission		
Total savings		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the total monthly payment?		
Do you have any outstanding credit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how much is the outstanding balance? Please provide details of final payment dates		
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:		
Are you in receipt of any benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the type of benefit and how much you receive per month		
Working Tax Credits (£)		
Child Tax Credits (£)		
Child Benefit (£)		
Disability Living Allowance (£)		
Guaranteed Maintenance Income (£)		
Other (£)		

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".

	FIRST APPLICANT	SECOND APPLICANT
What is your nationality?		
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
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 – 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 & Asian	<input type="checkbox"/>	<input type="checkbox"/>
Mixed – Other (please specify):		
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 (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"/>
What is your faith?		
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Christian*	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
No religion	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):		
Question refused	<input type="checkbox"/>	<input type="checkbox"/>

*Including Church of England, Catholic, Protestant and all other Christian denominations

Section 4 Equal opportunities (continued)

	FIRST APPLICANT	SECOND APPLICANT
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 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 HomeBuy?

- | | | |
|--|---|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Estate agent | <input type="checkbox"/> Radio interview | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> HomeBuy Agent | <input type="checkbox"/> Orbit Homes website | <input type="checkbox"/> Sign board |
| <input type="checkbox"/> Financial advisor | <input type="checkbox"/> Orbit HomeBuy Agents website | <input type="checkbox"/> Road show/stand |
| <input type="checkbox"/> Local authority | <input type="checkbox"/> Other website | |
|
 | | |
| <input type="checkbox"/> Press advertisement
(please specify Publication) _____ | | |
| <input type="checkbox"/> Radio advertisement
(please specify Radio Station) _____ | | |
| <input type="checkbox"/> Newspaper article
(please specify Newspaper) _____ | | |
| <input type="checkbox"/> Other
(please specify) _____ | | |

Section 6 Declaration

	FIRST APPLICANT	SECOND APPLICANT
Are you related to a current or former committee member, board member or officer of a Registered Provider (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 Provider		

Orbit HomeBuy Agents will only process your personal data for the purpose of processing your application for housing and will hold your information in accordance with the Data Protection Act 1998. 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 relationship to this application.

All information will be treated in the strictest confidence. We, other HomeBuy Agents and partner Registered Social Providers, reserve the right to take up any references relating to 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 section 29(3) of the Data Protection Act 1998 the information may be disclosed for 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.

We may also share this information for the same purposes with other organisations that handle public fund. The information may be used for statistical surveys, which means we may pass this information in confidence to the Homes and Communities Agency and agencies working on our and their behalf.

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 for home ownership. 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 and the Registered Provider or local authority and/or seek possession of any leasehold tenancy granted. (Translation service available if required).

I/we understand that as a council, housing association or other public sector tenant, I/we will be required to give up my/our rented home on the day of completion if I/we buy or rent a home through this HomeBuy application.

I/we authorise Orbit HomeBuy Agents to pass information to other application agents, partner Registered Providers, local authorities, financial advisors, credit reference agencies and to estate agents who may be able to assist in locating properties for applicants.

I/we authorise my/our Landlord to supply a rent reference to Orbit HomeBuy Agents in support of this application.

I/we authorise my/our employer to disclose to Orbit HomeBuy Agents any information relevant to this application.

If you are enclosing supporting documentation, please send photocopies as originals cannot be returned.

	FIRST APPLICANT	SECOND APPLICANT
Signed		
Dated		

Please check you have filled in all sections, otherwise the form will be returned to you. Please return your completed form to:

**Freepost RRAG - KBGX - LRAE
Orbit HomeBuy Agents
PO Box 184
Cranleigh GU6 9AJ**



Telephone: 03458 50 20 50 Fax: 024 7643 8293
www.orbithomebuyagents.co.uk

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