



APPLICATION FOR AFFORDABLE HOME OWNERSHIP Discounted for sale

To enable us to consider your application further please complete this form in full and return to us, together with an up to date **Mortgage Promise** (Please ensure that you advise your lender that this is for a 'fixed price resale covenant property'). Please also provide the **last three payslips** for you and any joint applicant. Please ensure that all additional documents are securely attached to this form.

1. MAIN APPLICANT	JOINT APPLICANT – (if applicable)
Title:	Title:
Forename(s):	Forename(s):
Surname:	Surname:
Address:	Address:
Postcode:	Postcode:
E-mail	E-mail:
Home:	Home:
Mobile:	Mobile:
Date of Birth:	Date of Birth:

2. Details of other persons to be housed with you:

Surname	Forenames	Date of birth	Male or female	Relationship to you

3. Are you and your partner British or EU Citizens?

Main: Yes No

Joint: Yes No

If no, is your passport stamped with 'Indefinite Leave to Remain'?

Main: Yes No

Joint: Yes No

4. Have you or your partner previously been tenants of any Council or Housing Association?

Yes

No

If yes, please give details:

Address	Dates	Reason for leaving	Name of Housing Association

5. Are you on any local authority or housing association waiting list?

Yes

No

If yes, please give details:

.....

6. Please give details of previous addresses over the last five years:

MAIN APPLICANT					
From	To	Address	Owner/ Tenant	Name & address of Landlord (if tenant)	Reason for Leaving

JOINT APPLICANT (if different)					
From	To	Address	Owner/ Tenant	Name & address of Landlord (if tenant)	Reason for Leaving

7. MAIN APPLICANT	JOINT APPLICANT
Are you working? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you working? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and Address of Employer:	Name and Address of Employer:
Occupation:	Occupation:
Length of time employed.....	Length of time employed.....
Net Wage £..... per week/month	Net Wage £..... per week/month
Savings £.....	Savings £.....
Other income £..... Source: (eg pension, Incapacity Benefit)	Other income £..... Source: (eg pension, Incapacity Benefit)

8. Please tick the type of accommodation you currently live in:

House	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	B & B	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Rooms in Shared House	<input type="checkbox"/>	Mobile Home	<input type="checkbox"/>
Treatment Centre	<input type="checkbox"/>	No Fixed Abode	<input type="checkbox"/>	Other	<input type="checkbox"/>

If applicable, please state which floor you live on

9. When did you move into your current home? DD | MM | YYYY

10. Do you and your family have use of the following? (please tick)

	Yes	No	Share with non family members	
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the toilet inside? Yes <input type="checkbox"/> No <input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your family use a wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total no. of bedrooms in property			<input type="checkbox"/>	

11. If you are in rented accommodation, please give the name and address of your landlord:

NAME:	
ADDRESS:	

How much rent do you currently pay? (Not including any Housing Benefit)

£ per week/month/fortnight (please delete as necessary)

12. Are you a home owner? Yes No

13. In which area(s) would you like to live?

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.....

14. Please use this additional space to add any information in support of your application (please continue on a separate sheet if necessary):

15. Local Connection- Please tick each circumstance that applies to you;

- Currently live in the York area and have been resident for at least 6 out of the last 12 months; or
- Have lived within the York area for at least 3 years out of the last 5 years; or
- Are employed in the partnership area. Employment is defined as meaningful permanent full or part time. Not casual or seasonal.
- Have an essential need to live close to another person, to provide or receive care or support, who currently lives in the York area, and who has been resident for the last 5 years.
- has a close family member residing in the York area that has done so for the last 5 years. (mother, father, adult son, adult daughter, adult brother, adult sister):
- A current member of the armed forces due to leave armed forces accommodation? Or serving in the regular forces or serving in the reserve forces and suffering from a serious injury, illness or disability wholly or partly attributable to their service
- Bereaved spouse, partner or civil partner of armed forces personnel (whose death was wholly or partly attributable to their service)
- Discharged from armed forces in last 5 year (serving on the regular forces in the 5 years preceding application or has served in the reserve forces and suffering from a serious injury, illness or disability wholly or partly attributable to their service)

16.. Are you related to any councilor or employee of City York Council?

Yes No If yes, please give details:

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Declaration

I/We confirm that the details given in this application are true and accurate.

I/We will notify you of any changes to my/our circumstances.

I/We accept and understand that if I/we are unable to provide any information requested to support my/our application that it may be cancelled.

I/We accept it will be cancelled if I/We have withheld or given false information.

I/We hereby give consent to North Yorkshire Home Choice partner , participating & associated landlords to request, disclose and share information provided between themselves and with other organisations and statutory bodies in respect of this application and to protect public funds.

I/We understand that information will only be exchanged between organisations that are party to the 1998 Data Protection Act or a person appointed by myself/ourselves to deal with my/our application.

I/We accept and understand that any offer of property is subject to verification and can be withdrawn if there is evidence to invalidate my application

I/We agree to any information kept on my/our records can be used to tailor the service I/we receive to meet my/our needs.

Warning – it is a criminal offence to knowingly or recklessly make a false statement, or knowingly withhold information which we require to process your application. In respect of homelessness applications, it is also an offence if you fail to notify us of any changes in your circumstances which may affect your application prior to it being determined.

A person found guilty in a magistrate’s court is liable to a fine of up to £5000 on conviction.

Signed:

Signed:

Date:

DD	MM	YYYY
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Please return this to;
Housing Registrations Team
Housing Services
Housing & Communities
West Offices
Station Rise
York
YO1 6GA
Alternatively, it can be emailed to
housing.registrations@york.gov.uk