



# 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?

Date of discharge \_\_\_\_\_

Yes

No

Yes

No

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

Yes

No

Yes

No

If yes, have these been satisfied?

Date of satisfaction \_\_\_\_\_

Yes

No

Yes

No

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: <b>(tick all that apply):</b> Council Tenant Housing Association Tenant Shared Owner <i>Registered Provider</i> _____ Renting from Employer Privately Renting Living with friends/family Council Waiting List Current Home Owner Previous Home Owner Temporary (Local Authority) 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"/>
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 <b>(tick all that apply):</b> Poor Health Partner of deceased service personnel Poor condition of property Harassment or neighbourhood dispute Threatened with homelessness Relationship breakdown Extreme financial difficulty Overcrowding in present home Job relocation None of the above 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"/>

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

Who else will be living with you	
<b>Resident 1</b> – 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"/>
<b>Resident 2</b> – 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"/>
<b>Resident 3</b> – 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	
<b>Resident 4</b> – 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"/>
<b>Resident 5</b> – 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"/>
<b>Resident 6</b> – 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 <b>bpha</b> or Help to Buy East & South East ?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state refno: _____
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		<input type="checkbox"/>		<input type="checkbox"/>
MOD Police		<input type="checkbox"/>		<input type="checkbox"/>
Regular Service Personnel		<input type="checkbox"/>		<input type="checkbox"/>
Uniformed Defence Fire Service		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)		<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				£	£

<b>Total joint savings</b>	
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"/>
What is your country of origin?  UK National EU National Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
How would you describe your ethnic origin?  White British White Irish White Other Mixed White & Black Caribbean Mixed White & Black African Mixed White & Asian Mixed Other Asian/Asian Brit. Indian Asian/Asian Brit. Pakistani Asian/Asian Brit. Bangladeshi Asian/Asian Brit. Other Black/Black Brit. Caribbean Black/Black Brit. African Black/Black Brit. Other Chinese Gypsy/Romany/Irish Traveller Other ethnic group Question Refused	<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"/> <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 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"/>
How would you describe your sexuality?  Heterosexual Homosexual/Lesbian Bisexual Question Refused	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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>		
<p>Are you related to a current or former committee/board member or employee of <b>bpha</b>, a <b>bpha</b> 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><b>Where did you hear about us?</b> (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 General Data Protection Regulation 2016/679 and Data Protection Act 2018

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.**

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  
Bedford Heights  
Manton Lane  
Bedford  
MK41 7BJ

Tel: 03333 214044  
Fax: 01234 221229  
[www.helptobuyese.org.uk](http://www.helptobuyese.org.uk)

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

মাংগী মল্লকীঅত্র পূর্বঘটা দ্বারম হিস ন সমস্ত বিঁচ মদত লসী মিহরঘানী  
বরবে 01234 791082 তে টেলিফোন বর ।

কে لیے درخواست کا فارم شیئرڈ اونرشپ یعنی مشترکہ ملکیت  
اس کو سمجھنے میں مدد کے لیے براؤزر فون کریں۔ ٹیلی فون نمبر 01234 791083

Modulo di domanda per il possesso parziale di una proprieta' Per aiuto a capire questo documento,  
Telefona 01234 791084. For help to understand this please call 01234 791089.