

## APPLICATION FORM

Please fill in this form in BLOCK CAPITAL LETTERS and black ink, then send it back to us at: Genesishomes, Capital House, 25 Chapel Street, London NW1 5DT. We cannot consider your application unless all sections of this application are fully completed.

The sections for the second applicant should be completed if there is any second household member who is over the age of 18, regardless of their employment status or relationship to the first applicant.

If you require assistance to complete this form, please contact [Genesishomes](mailto:Genesishomes) on **033 3000 4000**

### CONTACT DETAILS

	FIRST APPLICANT	SECOND APPLICANT
Title ( Ms, Mr, Mrs, Other )		
First name		
Surname		
Date of birth		
Address (If you have lived elsewhere in the last 3 years, please list all your previous addresses <b>on a separate sheet</b> )		
Postcode		
Home telephone number		
Mobile telephone number		
Work telephone number		
Email address		
If you are registered with a Local Authority please specify which one		
If you are registered with a HomeBuy agent please specify which one		
Housing Options Reference Number		

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#### FOR OFFICE USE ONLY

Application processed
  Application accepted
  Application denied
  Applicant informed

## ELIGIBILITY DETAILS

Many people think shared ownership is just for key workers. Think again. Contrary to popular belief, many first time buyers are eligible to buy through shared ownership, no matter what they do. In order that we can assess your eligibility please complete this section.

	FIRST APPLICANT	SECOND APPLICANT
Which borough do you live in?		
Which borough do you work in?		
Are you a British or EU/EAA citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, is your passport stamped with "indefinite leave to remain"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your nationality?		

## EMPLOYMENT

Job title/Occupation		
Employer's name		
Employer's address		
Employer's postcode		
(If self employed give details and state if you can provide 3 years of accounts)		
Employment status (please specify)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Date you started in your current job?		
Total annual income (before tax and other deductions)		
Regular overtime/bonus		
Total savings		
Do you have any outstanding debts? (including loans/credit cards etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are your monthly payments and when will it be paid off?		
Job sector (please choose from the list and write in the box below)	Agriculture, farming, forestry, armed forces, business services, construction, defence, education, electricity, gas and water supply, emergency services, engineering , financial services, banking, insurance, food and drink, government, local government, health and social work, hotels and restaurants, information technology, legal services, manufacturing, media, marketing, PR, publishing, property services, retail, transport and logistics, travel and leisure services, other	

DO THESE STATEMENTS APPLY TO YOU?	FIRST APPLICANT	SECOND APPLICANT
I have access to/can raise at least £3500 to cover the cost of buying (cost of the mortgage valuation or survey report, mortgage arrangement fee, solicitor's fees and a deposit)	<input type="checkbox"/>	<input type="checkbox"/>
I have never defaulted/failed to keep up payments on any loan or form of credit agreement	<input type="checkbox"/>	<input type="checkbox"/>
I have never had a county court judgement against me (CCJ)	<input type="checkbox"/>	<input type="checkbox"/>
I do not have any interest in another property via a loan, or have my name on any property deeds	<input type="checkbox"/>	<input type="checkbox"/>
I do not currently own a property or have a mortgage in the UK or abroad	<input type="checkbox"/>	<input type="checkbox"/>
If you cannot tick all the boxes, please include a summary of the circumstances involved on a separate sheet		

CURRENT STATUS (TICK ONE ONLY)	FIRST APPLICANT	SECOND APPLICANT
Local authority tenant	<input type="checkbox"/>	<input type="checkbox"/>
Housing association/RSL tenant	<input type="checkbox"/>	<input type="checkbox"/>
Private tenant	<input type="checkbox"/>	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	<input type="checkbox"/>
Part buy/ part rent leaseholder	<input type="checkbox"/>	<input type="checkbox"/>
Tied home/renting with job	<input type="checkbox"/>	<input type="checkbox"/>
Living with family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Temporary accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**Second applicant only:** What is your relationship to the first applicant?

How many people will be living with you?

Please include the full names and relationships of all the people who will be living with you. If they are between 16-21 please state whether they are in full time education or working.

Name	Relationship to first applicant	Full time education or working	Date of birth

What type of home do you currently live in?	<input type="checkbox"/> Studio <input type="checkbox"/> Flat <input type="checkbox"/> House <input type="checkbox"/> No. of Bedrooms
Which local authority area would you like to live in? (please number the choices, 1,2,3)	1.
	2.
	3.
How many bedrooms do you need?	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four
Would you consider buying a studio flat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require wheelchair access and a disabled friendly apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in a particular scheme or property (please specify)	

## EQUAL OPPORTUNITIES

Genesishomes is committed to developing positive policies to promote equal opportunities. To assist us in monitoring the effectiveness of this commitment, we would like you to complete this section of the application form. The information you provide is confidential and will be treated as such. If you do not wish to provide this information, please tick this box.

	FIRST APPLICANT	SECOND APPLICANT
Gender ( please tick )	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Please select one ethnic origin that best applies to you	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Chinese <input type="checkbox"/> Chinese Other ethnic group (please state) <input type="checkbox"/> <input type="checkbox"/> Prefer not to say	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other Mixed <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Chinese <input type="checkbox"/> Chinese Other ethnic group (please state) <input type="checkbox"/> <input type="checkbox"/> Prefer not to say
Please select the religion that best applies to you	<input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism <input type="checkbox"/> No Religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism <input type="checkbox"/> No Religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please state)
Please select one sexual orientation that best applies to you	<input type="checkbox"/> Lesbian/Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Lesbian/Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Does any household member have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say
If you answered "yes", please tick any relevant boxes which most accurately describes the disability.'	<input type="checkbox"/> Hearing impairment <input type="checkbox"/> Visual impairment <input type="checkbox"/> Physical impairment <input type="checkbox"/> Speech impairment <input type="checkbox"/> Learning difficulties <input type="checkbox"/> Mental illness <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please state)	
Does any household member use a wheelchair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say

Genesishomes will only use 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 relation to this application.

All information will be treated in the strictest confidence. We, and partner Registered Social Landlords (RSLs), reserve the right to take up any references relating to applicants as we consider necessary and may also search the files of any credit reference agency which will keep a record of any such request.

**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 RSL or local authority may seek possession of any leasehold tenancy granted. (Translation service available if required).

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 RSLs offering intermediate housing.

I authorise Genesishomes to pass information to HomeBuy Agents, partner RSLs, credit reference agencies and estate agents who may be able to assist in locating properties for applicants.

I/we certify that I am/we are not employed by any subsidiary of Genesis Housing Group Limited, and have not been employed by any subsidiary of Genesis Housing Group Limited in the last 12 months and that I am/we are not related to an employee or ex-employee or board member of any subsidiary of Genesis Housing Group Limited.

I/we understand that a false declaration which leads to a breach of Schedule I of the Housing Act 1996 may lead to any purchase or sale contract being declared null and void and that I/we may be liable for contingent costs.

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

**Genesishomes,  
Capital House, 25 Chapel Street,  
London NW1 5DT**

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 funds. The information may be used for statistical surveys, which means we may pass this information in confidence to local authorities and agencies working on our and their behalf.

## Please ensure that you sign and date this form before returning it

### SIGNED (FIRST APPLICANT)

[Signature area]

Date

[Date area]

### SIGNED (SECOND APPLICANT)

[Signature area]

Date

[Date area]

### Finally, where did you hear about this scheme?

[Text area]

### How would you like to be contacted (tick all that apply)

Telephone  Email  Post

Genesishomes is a trading name of Genesis Housing Group Limited. Registered office: Capital House, 25 Chapel Street, London NW1 5DT Registered No. 03802456

Genesishomes relates to all companies within Genesis Housing Group Limited and therefore homes sold under Genesishomes may be so sold by other companies within Genesis Housing Group Limited.

