Affordable home ownership application form

If you are interested in applying for one of our new Shared Ownership or Rent to Buy properties, please complete this application form and email it to nchasales@ncha.org.uk.

The information requested will be used to confirm your eligibility. If you would prefer to complete the application form over the phone, please call and a member of our team will be happy to assist you.

Fields marked with an asterisk (*) are mandatory. If these fields are not completed, your application will not be accepted or processed.

Get in touch with our Sales team on:

0345 650 1204
nchasales@ncha.org.uk
www.ncha.org.uk

ncha

Please advise which Affordable Homeownership option you are applying for - select all that apply	Shared Ownership New Build ☐ Rent to Homebuy ☐ Rent to Buy ☐
* Is your application Single or Joint?	Single ☐ Joint ☐
* Is your gross (before tax) household income less than £80,000 per annum?	Yes ☐ No ☐

Where would you like to live?

* Property address / development name	
Number of bedrooms	
What type of property are you looking for? *For example: house or flat*	
What area would you like to live?	
If you are elible for shared ownership, offers will be based on your affordability and the available shares for the scheme which are indicated on the sales advert.	
Percentage share you would like to purchase	
Share value (if unknown leave blank)	

Personal details

	* Applicant one	Applicant two
* Title - Mr, Mrs, Ms, Miss		
* First name(s)		
* Surname		
Previous name(s) (if applicable)		
* Date of birth		
* National insurance no		
* Current address		
* Postcode		
* Number of years at the address		
Previous address if under three years		
Postcode		
Number of years at the address		
* Which local authority do you currently live in?		
* Which local authority area do you currently work in?		
* Contact telephone no		
* Email address		
* Do you own a property in the UK or overseas	Yes ☐ No ☐	Yes ☐ No ☐

If yes, you must sell your property either before or at the same time as your shared ownership purchase.

Your household

* When you move into your new home, how many people will be living in your household? (Please include the number of adults and children.)	

Please provide details of people who will be living in your home (excluding Applicant two if applicable) Your form will be returned if incomplete.

Name	Relationship	DOB	Gender	Dependent Y/N	Income

Do you have any pets?	
If yes, please state what type of pet	

Your current home

Are you?	Applicant one	Applicant two
Renting privately	☐	☐
Renting from your employer	☐	☐
Living with family or friends	☐	☐
A council tenant or housing association tenant	☐	☐
A current homeowner in the UK or overseas	☐	☐
A current shared owner	☐	☐
A first time buyer	☐	☐
Living in armed forces accommodation	☐	☐
On the council's housing waitlist	☐	☐
Other - please specify		

Please select any of the following that relate to your current living circumstances

	Applicant one	Applicant two
Poor health	☐	☐
Partner of a deceased service personnel	☐	☐
Poor condition of current property	☐	☐
Harassment or neighbour dispute	☐	☐
Threatened with homelessness	☐	☐
Relationship breakdown	☐	☐
Extreme financial difficulty	☐	☐
Overcrowding in present home	☐	☐
Job relocation from or to another part of the country	☐	☐
None of the above, please specify		

Employment details

	* Applicant one	Applicant two
* Job title / occupation		
* Are you employed or self-employed?		
If you are self-employed, can you provide two years of audited accounts? Yes ☐ No ☐		
* Contract type i.e. full-time, part-time, fixed term contract		
* Employer's name		
*Employer's address		
* Employer's postcode		
* What is your total gross annual income (before tax) from employment excluding overtime and bonuses?		
* How much do you normally earn in overtime, bonuses, or commission each year? (Enter 0 if none.)		
* What is your gross annual income from pension, investment or other non-benefit sources?		

Your benefits

	Applicant one £ per year	**Applicant two** £ per year
Working tax credits		
Child benefit		
Child tax credits		
Disability living allowance		
Guaranteed maintenance		
Housing benefit		
Universal credit		
State pension		
Private pension		
Any other income - please specify		

* Are you a serving member of the armed forces (MoD) Yes ☐ No ☐

* Are you a surviving partner of a member of the armed forces? Yes ☐ No ☐

* Are you an ex regular service personnel, honourably discharged within the last 24 months? Yes ☐ No ☐

* Do you have indefinite leave to remain in the UK? Yes ☐ No ☐

If no, when does your leave to remain in the UK end?

Financial commitments

Not applicable for new build shared ownership homes, please move onto Financial details.

	Applicant one Per month	**Applicant two** Per month
Rental payments (inc any service charge)		
Mortgage payments		
Loan and / or car finance payments		
Total outstanding credit card balance		
Other monthly commitments		

Financial details

	*** Applicant one**	**Applicant two**
* How much do you have in savings?		
* How much of your savings will be used for the deposit?		
Are you receiving any gifted fund?	Yes ☐ No ☐	Yes ☐ No ☐

If yes, please advise the amount being gifted, the relationship of the person gifting the funds to you and their contact details.

If you know your estimated mortgage value and payments please provide details below:

We generally require you to have a minimum deposit of 5% of the price of the share you are purchasing. We will consider lower or no deposits only in exceptional circumstances.

* Have you ever failed to keep up repayments on a loan or any form of credit agreement? Yes ☐ No ☐

* Have you had a home repossessed within the last six years? Yes ☐ No ☐

* Do you have any County Court Judgements (CCJs) Yes ☐ No ☐

* Have you ever entered an IVA Individual Voluntary Credit Agreement)? Yes ☐ No ☐

* Have you ever entered into a DRO (Debt Relief Order)? Yes ☐ No ☐

* Have you been declared bankrupt within the last six years? Yes ☐ No ☐

If yes, to any of the above please provide details below or on a separate sheet and attach to this application.

Equality and diversity

Please specify your preferred method of communication if it differs from written correspondence in standard-sized print.

Please advise if you require any reasonable adjustments for the application process.

	Applicant one	Applicant two
Are you a British or EU/EEA Citizen?	Yes ☐ No ☐	Yes ☐ No ☐
Which of the following options best describes your ethnicity?		
White British	☐	☐
White Irish	☐	☐
White other	☐	☐
Mixed White and Black Caribbean	☐	☐
Mixed White and Black African	☐	☐
Mixed White and Asian	☐	☐
Mixed other	☐	☐
Asian or Asian British Bangladeshi	☐	☐
Asian or Asian British other	☐	☐
Asian or Asian British Indian	☐	☐
Asian or Asian British Pakistani	☐	☐
Asian or Asian British Chinese	☐	☐
Black or Black British Caribbean	☐	☐
Black or Black British African	☐	☐
Black or Black British other	☐	☐
Chinese or other Ethnic Group Chinese	☐	☐
Chinese or Other Ethnic Group Other	☐	☐
Gypsy	☐	☐
Roma	☐	☐
Irish Traveller	☐	☐
Other Ethnic Group Arab	☐	☐
Other, please specify		
Prefer not to say	☐	☐

Equality and diversity continued...

What is your preferred language?		
What is your age?	**18-29** ☐ **30-45** ☐ **46-59** ☐ **60+** ☐	**18-29** ☐ **30-45** ☐ **46-59** ☐ **60+** ☐
What is your sex?		
Female	☐	☐
Male	☐	☐
Prefer not to say	☐	☐

	Applicant one	**Applicant two**
Which of the following options best describes your sexual orientation?		
Heterosexual or straight	☐	☐
Gay or lesbian	☐	☐
Bisexual	☐	☐
Other	☐	☐
Prefer not to say	☐	☐

Which of the following options best describes your religion or belief?		
No religion	☐	☐
Christian	☐	☐
Buddhist	☐	☐
Hindu	☐	☐
Jewish	☐	☐
Muslim	☐	☐
Sikh	☐	☐
Any other religion	☐	☐
Prefer not to say	☐	☐

Equality and diversity continued...

	Applicant one	Applicant two
* The Equality Act 2010 defines disability as "a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day to day activities". Do you consider yourself to have a disability or impairment that has (or would have without treatment) a substantial and long-term adverse effect on your ability to carry out one or more day to day activities?	Yes ☐ No ☐	Yes ☐ No ☐

If yes, please select all that apply:

	Applicant one	Applicant two
Sight impaired	☐	☐
Hearing impaired	☐	☐
Mobility impaired	☐	☐
Difficulty in manual handling	☐	☐
Requires time to process information	☐	☐
May require translation	☐	☐
Support by social services/volunteers	☐	☐
Wheelchair user	☐	☐
Long term illness	☐	☐
Learning impairment	☐	☐
Mental / emotional vulnerability	☐	☐
Frail or elderly	☐	☐
Dementia	☐	☐
Other disability / impairment	☐	☐
Prefer not to say	☐	☐

Declaration of interest

* Is either applicant related to a current or former committee / board member or employee of NCHA? Yes ☐ No ☐

If yes, please provide the employees details below;

Full name	Job title	Relationship

	* Applicant one	Applicant two
* Signature		
Date		

Need assistance?

Get in touch with our Sales team on:

0345 650 1204

nchasales@ncha.org.uk

www.ncha.org.uk