



SITESALES

PROPERTY GROUP

SITE SALES

Application form for Affordable Housing

Section 01

General details

	First Applicant	Second Applicant
First name (s)		
Last name		
Previous name (if applicable)		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/>
	Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Ms <input type="checkbox"/> Miss <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/> Separated <input type="checkbox"/>	Single <input type="checkbox"/> Separated <input type="checkbox"/>
	Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/>	Civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/>
	Married <input type="checkbox"/> Widowed <input type="checkbox"/>	Married <input type="checkbox"/> Widowed <input type="checkbox"/>
	Co-habiting <input type="checkbox"/>	Co-habiting <input type="checkbox"/>
Date of birth	DD/MM/YYYY	DD/MM/YYYY
Relationship to the First Applicant		Spouse <input type="checkbox"/> Civil partnership <input type="checkbox"/>
		Partner <input type="checkbox"/> Sibling <input type="checkbox"/>
		Friend <input type="checkbox"/> Other <input type="checkbox"/>
National Insurance number		
Address (current)		
	Post code:	
How long have you lived there?	Years: Months:	Years: Months:
Address (previous address if under 3 years)		
	Post code:	
How long have you lived there?	Years: Months:	Years: Months:
Address (previous address if under 3 years)		
	Post code:	
Home telephone number		
Work telephone number		
Mobile telephone number		
Email address		
Preferred method of contact	Email <input type="checkbox"/> Home number <input type="checkbox"/> Work number <input type="checkbox"/> Mobile number <input type="checkbox"/>	Email <input type="checkbox"/> Home number <input type="checkbox"/> Work number <input type="checkbox"/> Mobile number <input type="checkbox"/>
Do you own a property in the UK or Overseas	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you, any other applicant or anyone living with you have any unspent criminal convictions? If so please specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What borough do you currently live in?		
What borough do you currently work in?		

Development you are interested in: _____

Section 02

Where would you like to live?*

Area (there are no restrictions on the number of areas you can tick)					
North London (all)	<input type="checkbox"/>	South East London (all)	<input type="checkbox"/>	West London (all)	<input type="checkbox"/>
Barnet	<input type="checkbox"/>	Bexley	<input type="checkbox"/>	Brent	<input type="checkbox"/>
Camden	<input type="checkbox"/>	Bromley	<input type="checkbox"/>	Ealing	<input type="checkbox"/>
City of Westminster	<input type="checkbox"/>	Greenwich	<input type="checkbox"/>	Hammersmith & Fulham	<input type="checkbox"/>
Enfield	<input type="checkbox"/>	Lewisham	<input type="checkbox"/>	Harrow	<input type="checkbox"/>
Haringey	<input type="checkbox"/>	Southwark	<input type="checkbox"/>	Hillingdon	<input type="checkbox"/>
Islington	<input type="checkbox"/>			Hounslow	<input type="checkbox"/>
				Kensington & Chelsea	<input type="checkbox"/>
East London (all)	<input type="checkbox"/>	South West London (all)	<input type="checkbox"/>	London (any borough)	<input type="checkbox"/>
Barking & Dagenham	<input type="checkbox"/>	Croydon	<input type="checkbox"/>	Out of London	<input type="checkbox"/>
City	<input type="checkbox"/>	Lambeth	<input type="checkbox"/>		
Hackney	<input type="checkbox"/>	Merton	<input type="checkbox"/>		
Havering	<input type="checkbox"/>	Kingston Upon Thames	<input type="checkbox"/>		
Newham	<input type="checkbox"/>	Richmond Upon Thames	<input type="checkbox"/>		
Redbridge	<input type="checkbox"/>	Sutton	<input type="checkbox"/>		
Tower Hamlets	<input type="checkbox"/>	Wandsworth	<input type="checkbox"/>		
Waltham Forest	<input type="checkbox"/>				
How many bedrooms do you require**					
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
4	<input type="checkbox"/>	5	<input type="checkbox"/>		

*Please note Newham NewShare Scheme is only available in Newham.

**Please note you may not always be allocated one more bedroom than you are deemed to require once being accepted to the scheme subject to Local Authority Criteria. Applicable on selected developments.

Section 03

Other occupants

Resident 1					
Full Name			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB DD/MM/YYYY
What is their relationship to you?	Spouse <input type="checkbox"/>	Partner <input type="checkbox"/>	Child† <input type="checkbox"/>	Sibling <input type="checkbox"/>	
	Friend <input type="checkbox"/>	Parent <input type="checkbox"/>	Carer <input type="checkbox"/>	Other <input type="checkbox"/>	
	If other, please state				
Employment status (Only complete if occupant is over 18)	Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/>				
Will they be contributing to mortgage payments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will they be contributing to rent payments	Yes <input type="checkbox"/> No <input type="checkbox"/>		
What is their annual salary?	£	What are their total savings?	£		
Do they own a property in UK or overseas	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, is this a foster child?	Yes <input type="checkbox"/> No <input type="checkbox"/>		



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Section 03

Other occupants continued...

Resident 2								
Full Name				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB	DD/MM/YYYY	
What is their relationship to you?	Spouse	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Child†	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
	Friend	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Carer	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Please state other							
Employment status (Only complete if occupant is over 18)	Working <input type="checkbox"/>			Unemployed <input type="checkbox"/>		Student <input type="checkbox"/>		
Will they be contributing to mortgage payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will they be contributing to rent payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
What is their annual salary?	£		What are their total savings?	£				
Do they own a property in UK or overseas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	†If yes, is this a foster child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Resident 3								
Full Name				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB	DD/MM/YYYY	
What is their relationship to you?	Spouse	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Child†	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
	Friend	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Carer	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Please state other							
Employment status (Only complete if occupant is over 18)	Working <input type="checkbox"/>			Unemployed <input type="checkbox"/>		Student <input type="checkbox"/>		
Will they be contributing to mortgage payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will they be contributing to rent payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
What is their annual salary?	£		What are their total savings?	£				
Do they own a property in UK or overseas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	†If yes, is this a foster child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Resident 4								
Full Name				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB	DD/MM/YYYY	
What is their relationship to you?	Spouse	<input type="checkbox"/>	Partner	<input type="checkbox"/>	Child†	<input type="checkbox"/>	Sibling	<input type="checkbox"/>
	Friend	<input type="checkbox"/>	Parent	<input type="checkbox"/>	Carer	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Please state other							
Employment status (Only complete if occupant is over 18)	Working <input type="checkbox"/>			Unemployed <input type="checkbox"/>		Student <input type="checkbox"/>		
Will they be contributing to mortgage payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will they be contributing to rent payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
What is their annual salary?	£		What are their total savings?	£				
Do they own a property in UK or overseas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	†If yes, is this a foster child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			



Section 04

Employment details

	First Applicant	Second Applicant
Job title / Occupation		
Is your employer part of the Ministry of Defence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employers name, address and postcode		
Contract type		
Are you employed? Part time <input type="checkbox"/> Full time <input type="checkbox"/>	If Part time, how many hours per week < 20hrs <input type="checkbox"/> < 30hrs <input type="checkbox"/> > 30hrs <input type="checkbox"/>	If Part time, how many hours per week < 20hrs <input type="checkbox"/> < 30hrs <input type="checkbox"/> > 30hrs <input type="checkbox"/>
Are you permanently employed? Please state length of current employment	Yes <input type="checkbox"/> No <input type="checkbox"/> < 1yr <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> > 5yr <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> < 1yr <input type="checkbox"/> 2-5 yrs <input type="checkbox"/> > 5yr <input type="checkbox"/>
Are you employed on a fixed term contract? Contract start & end date	Yes <input type="checkbox"/> No <input type="checkbox"/> Start End	Yes <input type="checkbox"/> No <input type="checkbox"/> Start End
Are you employed on a temporary contract? Contract start & end date	Yes <input type="checkbox"/> No <input type="checkbox"/> Start End	Yes <input type="checkbox"/> No <input type="checkbox"/> Start End
Are you self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, can you provide 2 years of audited accounts Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, can you provide 2 years of audited accounts Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 05

Finance

	First Applicant	Second Applicant
Do you have access to savings and are you able to raise at least £4000 to cover the cost of buying between both applicants?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed to keep up repayments on a loan or any form of credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any unsatisfied County Court Judgements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever entered into an IVA? (Individual Voluntary Credit Agreement)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been in rent arrears in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, are you still in rent arrears? Y <input type="checkbox"/> N <input type="checkbox"/>	If Yes, are you still in rent arrears? Y <input type="checkbox"/> N <input type="checkbox"/>
Have you been declared bankrupt within the last 6 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes when:	If yes when:
Income		
What is your total annual salary before deductions? (This should include London weighting, but exclude overtime, bonuses and commissions)	£	£
If applicable, please state how much you earn in overtime, bonuses and commissions annually	£	£
If applicable, please state an annual figure for any other source of income you may have	£	£
Total savings	£	£
How much are you able to contribute towards a deposit?	£	£
If applicable, please state an annual figure for your income from:		
Working tax credits	£	£
Child tax credits	£	£
Child benefits	£	£
Disability allowance	£	£
Maintenance payments	£	£



Section 05

Finance continued...

Expenditure	First Applicant	Second Applicant
Do you have any loans, credit cards or hire purchases agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Agreement 1	Please Specify	Please Specify
If yes, how much are the monthly repayments?	£	£
What date are the final payments?	DD/MM/YYYY	DD/MM/YYYY
If applicable, what is the total outstanding balance?	£	£
Agreement 2	Please Specify	Please Specify
If yes, how much are the monthly repayments?	£	£
What date are the final payments?	DD/MM/YYYY	DD/MM/YYYY
If applicable, what is the total outstanding balance?	£	£
Agreement 3	Please Specify	Please Specify
If yes, how much are the monthly repayments?	£	£
What date are the final payments?	DD/MM/YYYY	DD/MM/YYYY
If applicable, what is the total outstanding balance?	£	£
Agreement 4	Please Specify	Please Specify
If yes, how much are the monthly repayments?	£	£
What date are the final payments?	DD/MM/YYYY	DD/MM/YYYY
If applicable, what is the total outstanding balance?	£	£

APPLICANTS MUST COMPLETE A FULL FINANCIAL ASSESSMENT BEFORE AN APPLICATION CAN BE ACCEPTED.

Section 06

Residency

	First Applicant	Second Applicant
Are you a British or European Union / European Economic Area citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have Indefinite Leave to Remain in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, when does your Leave to Remain in the UK end?	DD/MM/YYYY	DD/MM/YYYY

Section 07

Your accommodation

Are you ?	First Applicant	Second Applicant
Renting privately	<input type="checkbox"/>	<input type="checkbox"/>
Renting from your employer	<input type="checkbox"/>	<input type="checkbox"/>
A council tenant or Housing Association tenant	<input type="checkbox"/>	<input type="checkbox"/>
Living in temporary accommodation provided by your council	<input type="checkbox"/>	<input type="checkbox"/>
Living with family and friends	<input type="checkbox"/>	<input type="checkbox"/>
A current homeowner in the UK or overseas	<input type="checkbox"/>	<input type="checkbox"/>
If renting via a housing association or council, please state the name, address and telephone number	Name: Address: Postcode: Telephone:	Name: Address: Postcode: Telephone:
Are you on a council housing waiting list?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state which council waiting list(s) you are on?		
What is your council waiting list reference number?		
What is your council banding priority for housing?		

Section 08

Declaration of interest

Is either applicant related to a current or former committee / board member or employee of the housing association you are intending to purchase from?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If so, please tell us their name and which housing association	Name:			
	Housing Association:			
What is the applicants relationship to that person?	Spouse <input type="checkbox"/>	Partner <input type="checkbox"/>	Child <input type="checkbox"/>	Sibling <input type="checkbox"/>
	Friend <input type="checkbox"/>	Parent <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>

Section 09

Enquiry Source

Online	Site Sales Property Group <input type="checkbox"/> Please specify which website	
	Search engine <input type="checkbox"/> Please specify (ie Google)	
	Social Network <input type="checkbox"/> Please specify (ie Twitter)	
	Council / Housing Association Website <input type="checkbox"/>	
	Email <input type="checkbox"/>	
	Other <input type="checkbox"/>	
	If Local Authority / Housing Association please specify which one	
Print	Newspaper / magazine advert <input type="checkbox"/>	
	Please specify which	
	Poster <input type="checkbox"/>	Signage <input type="checkbox"/>
	Other <input type="checkbox"/>	
	Please specify where	



IMPORTANT INFORMATION: PLEASE READ

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

Site Sales Property Group will collect, store and process your personal data in accordance with current Data Protection legislation. The information on this form will be shared with the approved and appointed financial assessor, to allow them to conduct required checks and assessments.

We may share this information with other organisations that handle public funds or government departments; this is for verification of details and to prevent and detect fraud and/or crime. We only share information with third parties where there is a legal obligation to provide it or we have your consent to use the information for other purposes.

Please note, your home may be at risk if you do not keep up repayments on your mortgage or any other loan secured upon it.

Declaration

I/we understand and declare that:

The information I/We have provided in this application form is true, complete and without omission. I/We understand that providing false or misleading information may result in withdrawal of the application or reservation for a property without refund of any fees paid.*

I/We understand that if I/We own a home or have an interest in a property, I/We will be required to sell before exchange of contracts or taking up a lease.*

If any of the information provided changes I/We will inform Site Sales Property Group immediately.*

I/We consent to SiteSales Property Group contacting Myself/Us by SMS*/phone call*/E-mail*/Mail*. The process requires you have a full financial assessment with the appointed financial advisor and the registered Housing Provider.

I/We consent to SiteSales Property Group providing my/our details to the Appointed Independent Financial Advisors to carry out financial assessments on behalf of the Registered Housing Provider.*

* Delete as appropriate

First applicant

Signature

Date

Second applicant

Signature

Date

Contact details:

Site Sales Property Group
Unit 5 Loughton Business Centre
Langston Road
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Essex
IG10 3FL

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