

# HomeBuy

# Application Form

## FOR OFFICE USE ONLY

<b>Applicant surname:</b>		Notes: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>Date of application:</b>		
<b>Area:</b>	<input type="checkbox"/> North Yorkshire <input type="checkbox"/> West Yorkshire <input type="checkbox"/> East Yorkshire/Humber	
<b>Eligibility Group:</b>		
<b>Status:</b>	<input type="checkbox"/> Approved: <input type="checkbox"/> Rejected: <input type="checkbox"/> Pending:	

# HOMEBUY APPLICATION FORM

Please complete all parts of this HomeBuy application form using **BLOCK CAPITALS** and **black ink**. We can only consider your application if all of the sections are fully completed.

If you need help filling in this form or have any questions you would like to ask please call my4walls on 0113 243 6893.

## Send your completed application to:

my4walls  
44 Call Lane  
Leeds  
LS1 6DT

## SCHEME INFORMATION

### ONLY APPLICANT 1 TO COMPLETE

Please select which HomeBuy you would like to apply for, only one scheme may be selected:

- Equity Loan  
 Shared Ownership  
 Rent to Buy  
 Match Deposit  
 Other, state below:

Have you seen a property that is of interest to you?

- Yes       No

If yes, which builder and development is it?

Builder:

  
  

Development:

  

Which area do you want to live in?

# PERSONAL INFORMATION

Is your application a single or joint application?

Single

Joint

	APPLICANT 1	APPLICANT 2
<b>Title:</b>		
<b>First name:</b>		
<b>Surname:</b>		
<b>Gender:</b>		
<b>Date of birth:</b>		
<b>National Insurance No:</b>		
<b>Address:</b>	_____ _____ _____	_____ _____ _____
<b>Postcode:</b>		
<b>Have you lived at your current address for longer than 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you have lived at your current address for less than 12 months please tell us your previous address:</b>	_____ _____ _____	_____ _____ _____
<b>Postcode:</b>		
<b>Home Phone:</b>		
<b>Mobile Phone:</b>		
<b>Daytime Phone:</b>		
<b>Email Address:</b>		
<b>Would you like us to contact you by email?'</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

All communication regarding this Application will be with the first Applicant. Please be aware that if we contact you by post information could be delayed.

# ELIGIBILITY

	APPLICANT 1	APPLICANT 2
Do you have access to, or can you raise, approximately £2,500 to cover the cost of buying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
'If you do not have access to £2,500 how do you intend to pay for the cost of buying a property?	<input type="checkbox"/> Borrow the costs from family or friends <input type="checkbox"/> I will add the costs onto my mortgage <input type="checkbox"/> I cannot pay for the cost of moving	<input type="checkbox"/> Borrow the costs from family or friends <input type="checkbox"/> I will add the costs onto my mortgage <input type="checkbox"/> I cannot pay for the cost of moving
I have a household income of £60,000 or less (please include benefits if applicable):	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
I have a household income of more than £12,500 (please include benefits if applicable):	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
I am employed OR self employed (and have at least 3 years accounts) OR I am retired OR I do not work but my partner is employed or self employed:	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
I do not currently own a home and I do not have my name on any mortgage:	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
Are you in priority need and are you being referred by your local authority?	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
I have insufficient funds to buy a property on the open market which meets my housing requirements:	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False

# ABOUT YOU

	APPLICANT 1	APPLICANT 2
I have always kept up payments on loans or any other form of credit agreement:	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
I have never had a County Court Judgement registered against me and I have not had any defaults in the last 18 months:	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
I have never been bankrupt:	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
I have never entered into an individual voluntary credit agreement:	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False

	APPLICANT 1	APPLICANT 2
<b>If true, please give the date when you entered into the agreement and when the IVA was cleared. (If the IVA has not been cleared leave the 'cleared date' blank):</b>	Agreement Entered: _____  Agreement Cleared: _____	Agreement Entered: _____  Agreement Cleared: _____
<b>I have never been declined credit on the basis of an adverse credit report:</b>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
<b>I have not been behind on my rent in the past 12 months (please provide an up to date rent statement if applicable, or reference):</b>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
<b>I am not currently on housing benefit:</b>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
<b>I am not currently receiving Disability Living Allowance:</b>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
<b>I am not in breach of my current Tenancy Agreement. Please choose 'True' if this question is not applicable to you:</b>	<input type="checkbox"/> True <input type="checkbox"/> False	<input type="checkbox"/> True <input type="checkbox"/> False
<b>If you have entered 'False' to any of the statements above we may advise you that you seek financial advise. Please continue with your application but be aware that you may have difficulty in obtaining a mortgage.</b>		
<b>What is your employment status?</b>	<input type="checkbox"/> Permanently employed <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed on a non-permanent basis <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Permanently employed <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed on a non-permanent basis <input type="checkbox"/> Retired <input type="checkbox"/> Other
<b>If you have selected 'Other' please tell us what your status is</b>		
<b>How long have you been in your current job?</b>		
<b>Employer's name:</b>		
<b>Employer's address:</b>	_____ _____ _____ _____	_____ _____ _____ _____
<b>Employer's contact number:</b>		

# GENERAL INFORMATION

ONLY APPLICANT 1 TO COMPLETE

Which town/city do you want to live in?	
Would you be interested in receiving information on property or schemes in other towns or areas? If so please state up to 3:	1. _____ 2. _____ 3. _____
What property type are you looking for?	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Bungalow
Will you be living alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will you be living with?	<input type="checkbox"/> My husband, wife or partner <input type="checkbox"/> Children under 18 or in full time education <input type="checkbox"/> Children over the age of 18 <input type="checkbox"/> Dependent adult
Is your husband, wife or partner a joint applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your husband, wife or partner lives with you and is not a joint applicant please tell us why they are not?	
If your husband, wife or partner lives with you and is not a joint applicant please tell us their employment status and their annual salary (if any):	
How many children will live with you, either part time or full time?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Is your adult child a joint applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many adult children will live with you?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
How many dependent adults will live with you?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
How many bedrooms do you need? (You should only be looking for a property with one more bedroom than you need)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

# INCOME AND SAVINGS

	APPLICANT 1	APPLICANT 2
Basic Employment Income (enter the annual, gross value):		
Overtime, bonuses and commission (enter the annual, gross value):		
<b>Other monthly income:</b>		
Working tax credits:	£ per month	£ per month
Child tax credits:	£ per month	£ per month
Child benefit :	£ per month	£ per month
Disability allowance:	£ per month	£ per month
Guaranteed maintenance income:	£ per month	£ per month
Other income:	£ per month	£ per month
<b>Payments and Loans:</b>		
Total outstanding credit card balances:		
Total monthly credit card payments:	£ per month	£ per month
Total monthly loan/HP payments:	£ per month	£ per month
<b>Deposit/savings:</b>		
Available Deposit:	£	£
Total savings:	£	£

# CURRENT STATUS

	APPLICANT 1	APPLICANT 2
Are you a British or EU Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a first time buyer living with family or friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you renting privately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current home owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in priority need and are you being referred by your local authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	APPLICANT 1	APPLICANT 2
Are you applying for HomeBuy because your relationship has broken down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for HomeBuy because you are losing your home through a clearance scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Tenant of a Housing Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please tell us the name, address and telephone number of your Landlord or Housing Officer:</b>		
<b>Name:</b>		
<b>Address:</b>	_____ _____ _____	_____ _____ _____
<b>Contact number:</b>		
Are you a Tenant of a Local Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please tell us the name, address and telephone number of your Landlord or Housing Officer:</b>		
<b>Name:</b>		
<b>Address:</b>	_____ _____ _____	_____ _____ _____
<b>Contact number:</b>		
Are you on a Local Authority or a Housing Association waiting list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please tell us which priority level or band you are on:</b>	Level: _____ Band: _____	Level: _____ Band: _____
<b>Please tell us the name of the housing association or local authority:</b>	_____ _____	_____ _____

# EQUAL OPPORTUNITIES

	APPLICANT 1	APPLICANT 2
<b>How would you describe your ethnic origin?</b>	<input type="checkbox"/> White British <input type="checkbox"/> Black British <input type="checkbox"/> Asian British <input type="checkbox"/> Chinese British <input type="checkbox"/> White Irish <input type="checkbox"/> Black Irish <input type="checkbox"/> Asian Irish <input type="checkbox"/> Chinese Irish <input type="checkbox"/> White European <input type="checkbox"/> Black European <input type="checkbox"/> Asian European <input type="checkbox"/> Chinese European <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Pakistani <input type="checkbox"/> White & Indian <input type="checkbox"/> White & Chinese <input type="checkbox"/> Gypsy / Roma <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="text"/>	<input type="checkbox"/> White British <input type="checkbox"/> Black British <input type="checkbox"/> Asian British <input type="checkbox"/> Chinese British <input type="checkbox"/> White Irish <input type="checkbox"/> Black Irish <input type="checkbox"/> Asian Irish <input type="checkbox"/> Chinese Irish <input type="checkbox"/> White European <input type="checkbox"/> Black European <input type="checkbox"/> Asian European <input type="checkbox"/> Chinese European <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Pakistani <input type="checkbox"/> White & Indian <input type="checkbox"/> White & Chinese <input type="checkbox"/> Gypsy / Roma <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group <input type="text"/>
<b>Please state your country of origin:</b>	<input type="text"/>	<input type="text"/>
<b>How would you describe your religion?</b>	<input type="text"/>	<input type="text"/>
<b>How would you describe your sexual orientation?</b>	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say

	APPLICANT 1	APPLICANT 2
<b>Are you, or any member of your household, registered disabled?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you related to a current or former committee/Board Member or employee of Yorkshire Housing, subsidiaries or other Housing Association?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered yes to the above question, please tell us their name and which Housing Association below:</b>		
<b>Title:</b>		
<b>First name:</b>		
<b>Surname:</b>		
<b>Housing Association:</b>		
<b>Where did you hear about this service?</b>	<input type="checkbox"/> Internet <input type="checkbox"/> Posters <input type="checkbox"/> Flyers <input type="checkbox"/> Leaflet <input type="checkbox"/> Magazines <input type="checkbox"/> Newspapers <input type="checkbox"/> Direct mail <input type="checkbox"/> my4walls office <input type="checkbox"/> Other Housing Associations <input type="checkbox"/> Local Authority <input type="checkbox"/> Employer <input type="checkbox"/> Site sign board <input type="checkbox"/> Radio <input type="checkbox"/> Word of mouth <input type="checkbox"/> Estate agents <input type="checkbox"/> Private Developer / Builder <input type="checkbox"/> Other, state below: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Internet <input type="checkbox"/> Posters <input type="checkbox"/> Flyers <input type="checkbox"/> Leaflet <input type="checkbox"/> Magazines <input type="checkbox"/> Newspapers <input type="checkbox"/> Direct mail <input type="checkbox"/> my4walls office <input type="checkbox"/> Other Housing Associations <input type="checkbox"/> Local Authority <input type="checkbox"/> Employer <input type="checkbox"/> Site sign board <input type="checkbox"/> Radio <input type="checkbox"/> Word of mouth <input type="checkbox"/> Estate agents <input type="checkbox"/> Private Developer / Builder <input type="checkbox"/> Other, state below: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

# ANY ADDITIONAL INFORMATION / NOTES

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## TERMS & CONDITIONS

My 4 Walls will only process your personal data for the purpose of 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 Providers (RP's), reserve the right to take up any references relating to applicants as we consider it necessary and may also search the files of any credit reference agency which will keep a record of any such request.

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 or are providers of housing. The information may be used for statistical surveys, which means we may pass this information in confidence to local authorities, Office of the Deputy Prime Minister and agencies working on our and their behalf.

### 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 RP or local authority and/or seek possession of any leasehold tenancy granted.

I understand that as a Council, RP or other public sector tenant, I must give up my rented home on the day of completion if I buy or rent through any of the RP's offering homes.

I authorise My 4 Walls to pass information to Local Authorities, Partner RP's, credit reference agencies and to Estate Agents who may be able to assist in locating properties for applicants.

By signing this application form I agree to the above terms and conditions

<b>Applicant 1 signature:</b>		<b>Date:</b>	
<b>Applicant 2 signature:</b>		<b>Date:</b>	

**Please return your completed  
application to:**

my4walls

44 Call Lane

Leeds

LS1 6DT

**T:** 0113 243 6893

**E:** enquiries@my4walls.co.uk

**W:** www.my4walls.co.uk

**Please contact my4walls if you would like this  
document translating**

English

যদি আপনি এই ডকুমেন্ট অনুবাদ আকারে পেতে চান  
তাহলে দয়া করে আপনার স্থানীয় অফিসে যোগাযোগ করুন

Bengali

Veillez contacter votre bureau local si vous souhaitez  
avoir une traduction de ce document

French

如果您需要本文件的翻译件，请联系您所在地区的办公室

Mandarin

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਤਰਜਮਾ ਕਰਵਾਉਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ  
ਆਪਣੇ ਨੇੜੇ ਦੇ ਦਫਤਰ ਨਾਲ ਗੱਲ ਕਰੋ।

Punjabi

Prosimy o skontaktowanie się ze swoim lokalnym  
biurem, jeśli chcieliby Państwo otrzymać tłumaczenie  
tego dokumentu.

Polish

اگر آپ کو اس دستاویز کا ترجمہ درکار ہو تو برائے مہربانی  
اپنے مقامی آفس سے رابطہ کریں۔

Urdu

**Please contact my4walls if you would  
like this document in large print**