



## Application Form

Please fill in this form in BLOCK CAPITALS and black ink and send it back to us at the following address:

**Ownplace**  
c/o Brennan Ayre O'Neill  
12 High Street  
Bromborough  
Wirral  
CH62 7HA

**Tel: 0151 343 1170**  
**Fax: 0151 343 1753**  
**Email: enquiries@ownplace.org**

Our aim is to help people who cannot afford to buy their own home. When assessing your application, we will look at things like:

- If you are a first time buyer
- Your income
- If we sell a home to you, will you be leaving a council or housing association home for someone else to rent?
- Your present housing circumstances and any special factors e.g. medical circumstances
- If you have recently moved to an area to take up employment
- Your date of application
- Your occupation (e.g. key worker)

**We calculate your financial ability to purchase the property based on the information that you provide. We will only consider mortgage offers if the rate charged is less than or equal to 2% above the Bank of England base rate. Your mortgage repayment should be no more than 45% of your disposable income.**

We cannot consider your application unless all sections are fully completed and we receive all necessary supporting documentation.

You must include:

- Proof of Identity (copy of your passport, driving licence or birth certificate)
- Evidence of Income (copies of last 3 months payslips or 6 weeks if paid weekly)
- Evidence of Savings (copy of your most recent statement)

***For official use only:***

Date completed application received by Brennan Ayre O'Neill:

**Which property do you wish to purchase?**

**AM I ELIGIBLE?**

Please tick the boxes which apply to you.	First Applicant	Second Applicant	Not Applicable
I am over 18 years of age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a First Time Buyer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have savings to meet the purchase costs associated with buying a home (e.g. legal fees, removals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have no adverse credit history that will prevent me getting a mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If self employed, I can provide at least 2 years accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This property will become my primary home and I do not own another property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have never been bankrupt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have not been behind with my rent in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not in breach of my current tenancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not currently receiving Housing Benefit*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not currently receiving Disability Allowance*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you do not meet all of the criteria above, please describe your circumstances in the box below. \* If you are receiving benefits, this does not automatically exclude you from the Own Place scheme.

ABOUT YOU	First Applicant	Second Applicant
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (Mr/Mrs/Ms/Other):		
First name:		
Last name:		
Previous last name:		
Date of birth (dd/mm/yyyy):		
Address including postcode:  <i>If you have lived elsewhere in the last 3 years, please list all of your previous addresses on a separate sheet</i>		
How long have you lived there?		
Home telephone number:		
Mobile telephone number:		
Email address:		
Have you previously owned a property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who else will be living with you in your new home?				
Name	Relationship to you	In full time education or working?	Male or Female	Date of Birth (dd/mm/yyyy)

EMPLOYMENT DETAILS	First Applicant	Second Applicant
Job title/Occupation/Grade:		
Employer's name & address:  If you are a teacher, this should be your school's name & address.		
Employer's telephone number:		
Are you employed on a permanent basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on a fixed term contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contract start date (dd/mm/yyyy)	/      /	/      /
Contract end date (dd/mm/yyyy)	/      /	/      /
How long have you worked in your current job?		

<b>YOUR FINANCES</b>	<b>First Applicant</b>	<b>Second Applicant</b>
What is your total annual income before deductions? (Gross, excluding overtime & bonuses)	£	£
What is your monthly take home pay after deductions?	£	£
What are you total savings?	£	£
If you have any other income, please give details:  (Include any benefits and weekly amounts; give details)		
Do you have any outstanding loans or other regular payments? (e.g. CSA payments, car or student loans)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the total outstanding amount.	£	£
How much are the monthly repayments & what date is the final payment?	£ Final payment date:  £ Final payment date:  £ Final payment date:	£ Final payment date:  £ Final payment date:  £ Final payment date:
If the payments are £200 per month or more, what is the loan for?		
What is your total outstanding balance on credit cards?	£	£
What are the total monthly repayments?	£	£
Monthly mobile phone bill:	£	£
Total of any other monthly financial commitments	£	£

<b>NATIONALITY STATUS</b>	<b>First Applicant</b>	<b>Second Applicant</b>
Are you a British or EU/EEA 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
If no, when does your leave to remain end?		

## EQUAL OPPORTUNITIES

We believe it is important that everyone in need has an equal opportunity to live in the homes we provide. It is against the law to discriminate against anyone because of their gender, race, age, sexual orientation or disability.

We need to keep records to make sure that we do not break the law by mistake. If you do not wish to answer this particular question, it will not harm your application.

How would you describe your ethnic origin?

		First Applicant	Second Applicant
White	British	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	White & black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	White & black African	<input type="checkbox"/>	<input type="checkbox"/>
	White Asian	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
Chinese or Other	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
<i>Question declined</i>		<input type="checkbox"/>	<input type="checkbox"/>

## YOUR HEALTH

	First Applicant	Second Applicant
Do you consider yourself or somebody who will be living with you to be disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give details below:


Are you or is a member of your household registered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

Are you or is a member of your household a wheelchair user?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

Special permission is needed for us to offer a home to anybody who is related to employees or Board Members of Riverside Housing Group Ltd or any subsidiaries. If this applies to you please provide details.	
--	--

### ADDITIONAL INFORMATION

Please use this section to provide any other information that you feel may help to support your application:

Where did you hear about Own Place?

**Please now check you have filled in all appropriate sections of this form, otherwise the form will be returned to you. Your application will not be complete and we cannot assess it fully until you have also provided the documents below.**

### DECLARATION

It is a criminal offence to knowingly 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 knowingly, appropriate legal action maybe taken by the RSL or local authority and/or possession of any leasehold tenancy granted will be sought.

By signing this form, I/we give consent to the files of a credit reference agency being searched to verify the information I have given.

I/we understand that as a Council, Housing Association or other public sector tenant, I/we will be required to give up my/our rented home on the day of completion if I/we buy a home through the Own Place scheme.

Any information provided as part of the application or purchasing process will be treated in confidence and in accordance with current Data Protection legislation. We may pass your information on to other RSL's or the Housing Corporation for monitoring purposes, who will also abide by Data Protection legislation.

<b>Signed – First Applicant</b>	<b>Date</b>
<b>Signed – Second Applicant</b>	<b>Date</b>

Where do I send my application form?

Ownplace  
c/o Brennan Ayre O'Neill  
12 High Street  
Bromborough  
Wirral  
CH62 7HA

Tel: 0151 343 1170  
Fax: 0151 343 1753  
Email: enquiries@ownplace.org

*(For Official Use Only)*

Date application received:            /    /

Date application approved:           /    /

Approved     Not Approved

Maximum property price    £ \_\_\_\_\_

Property address selected: \_\_\_\_\_

Household Income (Gross): \_\_\_\_\_

Signed:

Date:

