

# SHARED OWNERSHIP HOUSING

## Application Form



Development Name and Plot Number .....

| Applicant details         | Applicant | Joint applicant |
|---------------------------|-----------|-----------------|
| Title: Mr/Mrs/Ms/Miss     |           |                 |
| First names               |           |                 |
| Surname                   |           |                 |
| Date of Birth             |           |                 |
| Gender                    |           |                 |
| Address                   |           |                 |
|                           | Postcode: | Postcode:       |
| Tel No: Home/Mobile       |           |                 |
| Email Address             |           |                 |
| Relationship to applicant |           |                 |
| National Insurance Number |           |                 |
| Working Situation         |           |                 |

| Financial  | Applicant | Joint applicant |
|--|-----------|-----------------|
| Do you earn a total household gross salary of less than £80,000                                      |           |                 |
| What is your annual gross salary   |           |                 |
| Do you have any CCJ's or rent arrears  |           |                 |
| Total Savings (Deposit for home)   |           |                 |
| What benefits/pensions do you currently receive, please list these below with amounts paid per month |           |                 |
|  |           |                 |
|  |           |                 |
|  |           |                 |
|  |           |                 |
|  |           |                 |

## Relationships to staff

|   |     |    |
|---|-----|----|
| Are you, or anyone who will be housed with you, an employee of Citizen. | Yes | No |
| If Yes, please give details:  |     |    |

### Details of your present housing circumstances

Please tick one box for each applicant

| Details of your present housing circumstances        |  | Applicant | Joint applicant |
|--|--|-----------|-----------------|
| Please tick one box for each applicant               |  |           |                 |
| Own a current home you have sold subject to contract |  |           |                 |
| First Time Buyer                                     |  |           |                 |
| In Rented  |  |           |                 |
| Living with family and friends                       |  |           |                 |
| Other, Please specify                                |  |           |                 |
|  |  |           |                 |

**How long have you lived at your present address?**

| How long have you lived at your present address? | Applicant | Joint applicant |
|--|-----------|-----------------|
| Number of years                                  |           |                 |

### More information about your household

Please list everyone who will be living in the shared ownership property

[illegible]

**Emergency Contact Details:**

In this next section we will collect your emergency contact information.  
This could be a partner, relative or friend and Citizen will only use this information in cases of emergencies.  
The person you name must consent to Citizen storing their information for these purposes and be over the age of 18.

| Applicant details     | Applicant | Joint applicant |
|-----------------------|-----------|-----------------|
| Title: Mr/Mrs/Ms/Miss |           |                 |
| First names           |           |                 |
| Surname               |           |                 |
| Relationship to you   |           |                 |
| Address               |           |                 |
|                       | Postcode: | Postcode:       |
| Tel No: Home/Mobile   |           |                 |

**Household Needs**

Does anybody in the household have a physical or mental health condition (or other illness) expected to last 12 months or more?

Yes                      No                      Prefer not to say

| If yes how is this person affected by their condition or illness?    Indicate all that apply.  | Name(s) |
|--|---------|
| Vision, for example blindness or partial sight   |         |
| Hearing, for example deafness or partial hearing   |         |
| Mobility, for example walking short distances or climbing staircases   |         |
| Dexterity, for example lifting and carrying objects or using a keyboard  |         |
| Learning or understanding or concentrating   |         |
| Memory   |         |
| Mental health, for example depression or anxiety   |         |
| Stamina or breathing or fatigue  |         |
| Socially or behaviourally, for example associated with autism spectrum disorder (ASD) which includes Asperger’s or attention deficit hyperactivity disorder (ADHD) |         |
| Other  |         |
| Prefer not to say  |         |

| Do you consider yourself disabled?<br>Please tick yes or no and list any disabilities below. | Applicant |    | Joint applicant |    |
|--|-----------|----|-----------------|----|
|  | Yes       | No | Yes             | No |
| Physical impairment  |           |    |                 |    |
| Cognitive impairment   |           |    |                 |    |
| Visual impairment  |           |    |                 |    |
| Other  |           |    |                 |    |
| <b>If you have ticked 'other' please specify disability/ies</b>                              |           |    |                 |    |

### Equal opportunities

At Citizen we want to make sure that all our customers have equal and fair access to services. One of the ways we can do this is by monitoring who uses our services.

|  | Applicant | Joint applicant |
|--|-----------|-----------------|
| White : Scottish   |           |                 |
| White : Other British                                      |           |                 |
| White : Irish  |           |                 |
| White : Other  |           |                 |
| Black, Black Scottish, Black British: African              |           |                 |
| Black, Black Scottish, Black British: Caribbean            |           |                 |
| Black, Black Scottish, Black British: Other                |           |                 |
| Asian, Asian Scottish, Asian British: Indian               |           |                 |
| Asian, Asian Scottish, Asian British: Pakistani            |           |                 |
| Asian, Asian Scottish, Asian British: Bangladeshi          |           |                 |
| Asian, Asian Scottish, Asian British: Chinese              |           |                 |
| Asian, Asian Scottish, Asian British: Other                |           |                 |
| Mixed  |           |                 |
| Gypsy/Traveller  |           |                 |
| Other  |           |                 |
| Prefer not to say  |           |                 |
| <b>If you have ticked 'other' please specify ethnicity</b> |           |                 |

|                                 |             |             |
|---------------------------------|-------------|-------------|
| Main Language                   |             |             |
| How well can you speak English? |             |             |
| Can you read English?           | Yes      No | Yes      No |
| Written Language                |             |             |

|                                  |           |                 |
|----------------------------------|-----------|-----------------|
| What is your religion or belief? | Applicant | Joint applicant |
| Christian                        |           |                 |
| Muslim                           |           |                 |
| Buddhist                         |           |                 |
| Hindu                            |           |                 |
| Jewish                           |           |                 |
| Sikh                             |           |                 |
| Prefer not to say                |           |                 |

|                                  |           |                 |
|----------------------------------|-----------|-----------------|
| What is your sexual orientation? | Applicant | Joint applicant |
| Bisexual                         |           |                 |
| Gay/Lesbian                      |           |                 |
| Heterosexual                     |           |                 |
| Prefer not to say                |           |                 |

### Declaration

I / We declare that the information given on this form is correct

I / We understand that if I / we have given false information our application will be suspended

I / We may also lose any home you may have offered me/us

I / We will tell Citizen immediately if there is any change of circumstance

Signature of applicant .....

Date .....

Signature of joint applicant .....

Date .....

**Please return completed application form to**  
**[sales@citizenhousing.org.uk](mailto:sales@citizenhousing.org.uk)**

**Please allow a minimum of 3 working days for your application form to be processed.**

Citizen Housing Group Ltd collect personal data from you in accordance with the Privacy Notice at the following location: [www.citizenhousing.org.uk/privacy/](http://www.citizenhousing.org.uk/privacy/)

Please click on “[How we use your information and the Privacy Notice for Housing customers](#)”