SHARED OWNERSHIP HOUSING
Application Form

CITIZEN

Development Name and Plot Number Resale - .....

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	Applicant	Joint 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?	Applicant	Joint applicant
Number of years		

More information about your household

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

Full name	Relationship to Applicant 1	Date of Birth (DD/MM/YYYY)	Gender	Ethnicity	Working Situation

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? Please tick yes or no and list any disabilities below.	Applicant		Joint applicant	
	Yes	No	Yes	No
Physical impairment	☐	☐	☐	☐
Cognitive impairment	☐	☐	☐	☐
Visual impairment	☐	☐	☐	☐
Other	☐	☐	☐	☐
If you have ticked 'other' please specify disability/ies				

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	☐	☐
If you have ticked 'other' please specify ethnicity		

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
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/**
Please click on "**How we use your information and the Privacy Notice for Housing customers**"