

**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. I/we understand that if it is found that false information is given to obtain housing either knowingly or recklessly, appropriate legal action may be taken which could result in the loss of the home.

I/we understand that I/we will be required to surrender my existing accommodation before occupation of any new home offered.

I authorise Swaythling Housing Society to pass information to other HomeBuy Agents, government bodies, partner RSLs, and others who may be able to assist in locating properties for applicants.

I authorise my employer to disclose to SHS any information relevant to my application.

Signed (First Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Joint Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Please check that you have filled in all the relevant sections, otherwise we will not be able to process your application.

**PLEASE RETURN THIS FORM TO:**

**Swaythling Housing Society Limited**  
**Collins House**  
**Bishopstoke Road**  
**Eastleigh**  
**Hampshire SO50 6AD**

Tel: **023 8062 8004**  
 Web: **www.swayhs.org.uk**



**SOUTH WEST APPLICATION FORM**

You will need to complete this application form to apply for the My Choice HomeBuy scheme in the South West.

Please give details of the members of your family who would be living with you in the new home. We cannot consider your application unless all relevant sections are completed.

My Choice HomeBuy is administered by Swaythling Housing Society in the South West.

For office use only

HOIS ref	
Client ref. 1	
Client ref. 2	
Approved by	
Date approved	

**SECTION 1**

	First applicant	Joint applicant
Title (Mr/Miss/Ms/Mrs/Other)		
First Name		
Surname		
Date of Birth		
Address		
Postcode		
Which local authority area do you live in?		
Home telephone number		
Mobile telephone number		
Daytime telephone number		
Best time to be contacted		
Email address		

**SECTION 2**

We may only consider your application if the following statements apply to you

	First applicant (please tick)	Joint applicant (please tick)
I/we have access to/can raise at least £3,500 to cover the cost of buying (Legal fees etc.) - <b>Please indicate in Section 14 how much savings you have access to</b>	<input type="checkbox"/>	<input type="checkbox"/>
I have never failed to keep up payments on any loan or credit agreement	<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"/>



SECTION 3			
Where did you hear about the scheme?			
Advert in local press	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Your employer	<input type="checkbox"/>	Local radio	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Local authority	<input type="checkbox"/>
Tenants' News Magazine	<input type="checkbox"/>	Other (Housing Association): .....	

SECTION 4						
Occupation	First applicant			Joint applicant		
Job title						
National Insurance Number						
Employer's name and address						
Your workplace address (If different from employer's address above)						
Employee/Payroll Number						
In which Local Authority is your workplace located?						
Employer's telephone number						
How long have you been with this employer? (Please tick box)	Less than 1 year <input type="checkbox"/>	1 - 3 years <input type="checkbox"/>	More than 3 years <input type="checkbox"/>	Less than 1 year <input type="checkbox"/>	1 - 3 years <input type="checkbox"/>	More than 3 years <input type="checkbox"/>

SECTION 5						
Please complete this section if you are a keyworker, plus the relevant group in Sections 6 to 13. If you are not a keyworker, go straight to 'Income and Savings' at Section 14.						
	First applicant (please tick)			Joint applicant (please tick)		
Occupation Group (Please tick box then go to relevant group section)	Health Staff (NHS)	<input type="checkbox"/>		Health Staff (NHS)	<input type="checkbox"/>	
	Education (inc. child Social Workers)	<input type="checkbox"/>		Education (inc. child Social Workers)	<input type="checkbox"/>	
	Police	<input type="checkbox"/>		Police	<input type="checkbox"/>	
	Probation Service	<input type="checkbox"/>		Probation Service	<input type="checkbox"/>	
	Prison Service	<input type="checkbox"/>		Prison Service	<input type="checkbox"/>	
	Local Authority / Other	<input type="checkbox"/>		Local Authority / Other	<input type="checkbox"/>	
	Fire Service	<input type="checkbox"/>		Fire Service	<input type="checkbox"/>	
	MOD	<input type="checkbox"/>		MOD	<input type="checkbox"/>	
Please state grade (if applicable)						
Are you permanently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SECTION 6			
Health Staff			
First applicant only			
If you work for the NHS, which Trust?			
Which employee type? (Please tick box)			
Nursing Staff	<input type="checkbox"/>	Midwives	<input type="checkbox"/>
Health Care Assistants	<input type="checkbox"/>	Paramedics	<input type="checkbox"/>
Adult Social Workers	<input type="checkbox"/>	Radiography	<input type="checkbox"/>
Children's Social Worker	<input type="checkbox"/>	Diagnostic Support (incl Microbiologists)	<input type="checkbox"/>
Nursery Nurses	<input type="checkbox"/>	Educational Psychologists	<input type="checkbox"/>
Therapists (inc OTs)	<input type="checkbox"/>	Other Clinical	<input type="checkbox"/>

SECTION 7			
Education			
First applicant only			
If you are a Teacher - do you have qualified Teacher status?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of school/college	Is your school/college government maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Main subject taught			
Classification of school/college (Please tick one box only)			
Primary	<input type="checkbox"/>	Further Education College	<input type="checkbox"/>
Secondary	<input type="checkbox"/>	Special School	<input type="checkbox"/>
Which is your LEA Employer? (Teachers only)			
If a Secondary teacher, do you teach any of the following subjects?			
English	<input type="checkbox"/>	Mathematics	<input type="checkbox"/>
Science	<input type="checkbox"/>	Design & Technology	<input type="checkbox"/>
		MFL	<input type="checkbox"/>
		ICT	<input type="checkbox"/>
LEA Children's Social Worker <input type="checkbox"/>			

SECTION 8			
Police			
First applicant only			
Which employee type? (Please tick box)			
Police Officers	<input type="checkbox"/>	British Transport Police Officer	<input type="checkbox"/>
Community Support staff	<input type="checkbox"/>	British Transport Police - Community	<input type="checkbox"/>
Frontline Police Staff (Prioritised by force)	<input type="checkbox"/>	Support Officer	<input type="checkbox"/>
Civil Nuclear Constabulary (SE only)	<input type="checkbox"/>	British Transport Police – other frontline staff	<input type="checkbox"/>
		Other	<input type="checkbox"/>

SECTION 9			
Prison Service			
First applicant only			
Which employee type? (Please tick one box)			
Prison Officers	<input type="checkbox"/>	Operational Support Grades	<input type="checkbox"/>
Nursing Staff	<input type="checkbox"/>	Industries	<input type="checkbox"/>
Health Care Assistants	<input type="checkbox"/>	Instructional Officers	<input type="checkbox"/>
Other Clinical Staff	<input type="checkbox"/>	FE Teachers / Lecturers	<input type="checkbox"/>

SECTION 10			
Probation Service			
First applicant only			
Which employee type? (Please tick one box)			
Probation Officers	<input type="checkbox"/>	Probation Service Officers	<input type="checkbox"/>
Senior Probation Officers	<input type="checkbox"/>	Trainee Probation Officers	<input type="checkbox"/>
		Other	<input type="checkbox"/>

SECTION 11			
Local Authority / Other			
First applicant only			
Which employee type? (Please tick one box)			
Educational Psychologists	<input type="checkbox"/>	Adult Social Workers	<input type="checkbox"/>
Occupational Therapists	<input type="checkbox"/>	Planners (Planning Officer)	<input type="checkbox"/>
Clinical staff	<input type="checkbox"/>	Nursery Nurses	<input type="checkbox"/>
Speech & Language Therapists	<input type="checkbox"/>	Rehabilitation Officers for the visually impaired	<input type="checkbox"/>
Environmental Health Officer	<input type="checkbox"/>	Other (Please State)	<input type="checkbox"/>
Highways Agency Traffic Officer	<input type="checkbox"/>		


SECTION 12			
Fire & Rescue Service			
First applicant only			
Which employee type? (Please tick one box)			
Firefighters below principal level	<input type="checkbox"/>	Other	<input type="checkbox"/>
Frontline uniformed staff below principle (prioritised by service)	<input type="checkbox"/>		

SECTION 13			
Armed Forces			
First applicant only			
Which employee type? (Please tick one box)			
Regular Service Personnel (Military Provost Guard Service, Navy, Army and Air Force)	<input type="checkbox"/>	Uniformed staff in the Defence Fire Service	<input type="checkbox"/>
Clinical Staff (except Doctors and Dentists)	<input type="checkbox"/>	Other	<input type="checkbox"/>

SECTION 14				
Income/Savings	First applicant		Joint applicant	
What is your annual salary (excluding overtime & bonuses)				
What is your total annual income? (including benefits, bonuses and income from other sources)				
How much do you currently pay in rent or mortgage?				
Total Savings				
Do you have any outstanding loans or other commitments such as maintenance payments? (Including credit cards)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how much is the current balance and how much are the monthly repayments?	Current Balance	Monthly Repayments	Current Balance	Monthly Repayments
	£ _____	£ _____	£ _____	£ _____
	£ _____	£ _____	£ _____	£ _____
	£ _____	£ _____	£ _____	£ _____
Please list any other income you receive (Monthly amounts)	Child benefit	£ _____	Child benefit	£ _____
	Maintenance	£ _____	Maintenance	£ _____
	Income from investments	£ _____	Income from investments	£ _____
	Disability living allowance	£ _____	Disability living allowance	£ _____
	Other benefits	£ _____	Other benefits	£ _____
Are you in receipt of Housing Benefit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 15			
Income/Savings	First applicant		Joint applicant
Are you a British or EU/EAA citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If not, is your passport stamped with 'Indefinite leave to remain' ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Who else will be living with you? (Please include full name and status. If they are aged between 16-21, please state whether they are in full time education or working. Please also indicate here if you are expecting a child in the next 6 months or so)	Name	Relationship	Age

SECTION 16					
Present Accommodation					
Are you?	First applicant	Joint applicant		First applicant	Joint applicant
A council tenant	<input type="checkbox"/>	<input type="checkbox"/>	A shared owner	<input type="checkbox"/>	<input type="checkbox"/>
A housing association tenant	<input type="checkbox"/>	<input type="checkbox"/>	Have you bought a home on the Homebuy or Keyworker scheme?	<input type="checkbox"/>	<input type="checkbox"/>
A current home owner	<input type="checkbox"/>	<input type="checkbox"/>	How many bedrooms does your current home have?	<input type="checkbox"/>	<input type="checkbox"/>
Living with friends or family	<input type="checkbox"/>	<input type="checkbox"/>	Is it a flat or a house?	<input type="checkbox"/>	<input type="checkbox"/>
Renting privately	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
	First applicant		Joint applicant		
If you are a private tenant, council or housing association tenant, please give name and address of your landlord					
If you are on a council waiting list, please state where and give your ref. no.					
SECTION 17					
Which local authority area would you like to live in? <small>(ie. the authority you pay your council tax to)</small>					
How many bedrooms would you prefer?	Would you prefer a house or a flat?				
SECTION 18					
Previous Home					
	First applicant		Joint applicant		
Have you (or your joint applicant) ever owned a home before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a legal interest in any property, e.g. are you named on a mortgage or deed? If 'Yes', please complete the attached Section 19 part of this application form.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes to any of the above, please detail address and dates of occupation below:					
First applicant		Joint applicant			
SECTION 19					
Present Home (For property owners only)					
Please explain briefly why you require help to buy a home:					
How much do you think your home is worth now?					
If you bought a shared ownership home, what percentage share do you own?					

If you bought your home with a Keyworker loan or with the Open Market HomeBuy scheme, what percentage is the equity loan?	
How much mortgage is outstanding?	
How much from the proceeds of the sale will you be able to commit to the purchase of a new home?	
If not all the proceeds from the sale of your existing property can be committed, please explain why:	
DATA PROTECTION STATEMENT	
<p>Swaythling Housing Society is the Data Controller and will use your information for administration, verifying information you provide, providing advice, managing your tenancy/application and marketing as appropriate. We will keep your information for a reasonable period and might disclose it to partner Registered Social Landlords for the purposes of your application. In addition we might share your information with other external agencies and government bodies.</p> <p>By signing and returning this form you consent to our processing any sensitive data for the purposes and time described above. You have the right to ask for a copy of your information (for which we may charge a £10 fee) and require the Society to correct any inaccuracies. A leaflet with more information about our data protection policies is available on request.</p> <p>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 the purposes of crime prevention and detection. Sensitive personal data such as racial or ethnic origin and physical and mental disabilities are required under the Equal Opportunities Monitoring statute.</p> <p>From time to time we might contact you personally or by mail, email or telephone to let you know about any initiatives that might be of interest to you. Please tick this box if you do not wish to receive information on initiatives from us. <input type="checkbox"/></p>	
	
SECTION 20	
Equal Opportunities	
The Society operates a policy of equal opportunities in all aspects of its work. No person or group of people applying for housing will be treated less favourably than any other person or group of people because of their sex, age, race, colour, ethnic or national origin. To help us maintain a record, we are asking you to tick the group to which you consider you belong.	
How would you describe your ethnic origin?	
<b>WHITE</b> A1 British <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A2 Irish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A3 Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>ASIAN OR ASIAN BRITISH</b> C80 Indian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C90 Pakistani <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C10 Bangladeshi <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> C11 Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>MIXED</b> B4 White & Black Caribbean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B5 White & Black African <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B6 White & Asian <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> B7 Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>BLACK OR BLACK BRITISH</b> D12 Caribbean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D13 African <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D14 Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>E15 CHINESE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>E16 OTHER ETHNIC GROUP</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>F17 QUESTION REFUSED</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Do you or any member of your household consider yourself to be disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details _____	
Do you or any member of your family use a wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you related to a current or former Committee/Board member or officer of a Registered Social Landlord (Housing Association)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, please give details _____	
Name of member or officer _____ Name of Housing Association _____	