



HousingOptions is London's free one-stop service to help you find government funded affordable homes to rent or buy.

APPLICATION FORM PLEASE TICK TO CONFIRM THAT YOU HAVE READ AND UNDERSTOOD THE ENCLOSED LEAFLETS BEFORE COMPLETING THE APPLICATION FORM

Please fill in this form in **BLOCK CAPITALS** using black ink, then send it back to us at the address on the back of this form.

Important information - Please read the following before completing the form.

ALL RELEVANT SECTIONS OF THIS APPLICATION MUST BE FULLY COMPLETED. INCOMPLETE APPLICATIONS WILL BE RETURNED.

All persons over the age of 18 must fill out the application in full, even if they do not earn an income although children of all applicants who are over 18 years old do not have to fill out a full application, unless they will be contributing towards the mortgage/rent. When making joint applications council or housing association tenants should always be the first applicant, (Key workers will be the first applicant unless making a joint application with a council or housing association tenant.) Married couples must make a joint application. If there are more than 2 applicants, please request an additional application form.

If you have previously made an application to Housing Options you do not need to complete this form again. Please contact us to update any information – contact details are on the back page of this form.

Which scheme are you applying for?

HousingOptions

- First Time Buyer's Initiative
- HOLD (Home Ownership for People with Long-term Disabilities) Eligibility questions on page 13
- HomeBuy Direct Intermediate Rent Eligibility questions on page 12
- London Wide Initiative (Key workers only)
- New Build Homebuy (formerly known as Shared Ownership or part buy, part rent)
- Portability Rent to HomeBuy
- Resales UpToYou

Are you a key worker? (Please refer to Section A) Yes No

If applying for a particular development, please state which one

If you know the name of the Housing Association/private developer building the development, please also state

	First Applicant	Second Applicant
Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (Mr/Mrs/Ms/Miss/Other)		
Marital status	Single <input type="checkbox"/> Separated <input type="checkbox"/> In a civil <input type="checkbox"/> Divorced <input type="checkbox"/> partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Co-habiting <input type="checkbox"/>	Single <input type="checkbox"/> Separated <input type="checkbox"/> In a civil <input type="checkbox"/> Divorced <input type="checkbox"/> partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Co-habiting <input type="checkbox"/>
First name		
Last name		
Previous last name (if applicable)		
Date of birth		
National Insurance number		
Address (current)		
Postcode		
How long have you lived there?		
		What is your relationship to the first applicant?
Home telephone number		
Mobile telephone number		
Daytime telephone number		
Email address		
How would you prefer to be contacted?		
Which borough do you live in?		
Which borough do you work in?		

	First Applicant	Second Applicant			
<p>Where would you like to live? (there are no restrictions on the number of areas ticked).</p> <p>Please note, we will send you information on all homes that you are eligible for.</p>	Area				
	<p>East London</p> <p>Barking & Dagenham <input type="checkbox"/></p> <p>City <input type="checkbox"/></p> <p>Hackney <input type="checkbox"/></p> <p>Havering <input type="checkbox"/></p> <p>Newham <input type="checkbox"/></p> <p>Redbridge <input type="checkbox"/></p> <p>Tower Hamlets <input type="checkbox"/></p> <p>Waltham Forest <input type="checkbox"/></p> <p>North London</p> <p>Barnet <input type="checkbox"/></p> <p>Camden <input type="checkbox"/></p> <p>City of Westminster <input type="checkbox"/></p> <p>Enfield <input type="checkbox"/></p> <p>Haringey <input type="checkbox"/></p> <p>Islington <input type="checkbox"/></p> <p>South East London</p> <p>Bexley <input type="checkbox"/></p> <p>Bromley <input type="checkbox"/></p> <p>Greenwich <input type="checkbox"/></p> <p>Lewisham <input type="checkbox"/></p> <p>Southwark <input type="checkbox"/></p>	<p>South West London</p> <p>Croydon <input type="checkbox"/></p> <p>Lambeth <input type="checkbox"/></p> <p>Merton <input type="checkbox"/></p> <p>Kingston Upon Thames <input type="checkbox"/></p> <p>Richmond Upon Thames <input type="checkbox"/></p> <p>Sutton <input type="checkbox"/></p> <p>Wandsworth <input type="checkbox"/></p> <p>West London</p> <p>Brent <input type="checkbox"/></p> <p>Ealing <input type="checkbox"/></p> <p>Hammersmith & Fulham <input type="checkbox"/></p> <p>Harrow <input type="checkbox"/></p> <p>Hillingdon <input type="checkbox"/></p> <p>Hounslow <input type="checkbox"/></p> <p>Kensington & Chelsea <input type="checkbox"/></p> <p>London (any borough) <input type="checkbox"/></p> <p>Other (please specify)</p> <p>.....</p> <p>.....</p>			
<p>How many bedrooms do you require?</p>	<p>One <input type="checkbox"/></p>	<p>Two <input type="checkbox"/></p>	<p>Three <input type="checkbox"/></p>	<p>Four <input type="checkbox"/></p>	<p>Five <input type="checkbox"/></p>

Do these statements apply to you?		
	First Applicant	Second Applicant
Do you have access to savings or funding of £4000 to cover the cost of buying? (please note: this is in addition any deposit that your lender may require)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed to keep up payments on a loan or any form of credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have an unsatisfied County Court Judgement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently entered into an IVA (Individual Voluntary Credit Arrangement?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been behind with your rent in the past 12 months? (Please include an up to date rent statement if applicable, or reference)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are self employed, can you provide at least 2 years audited accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION A (KEY WORKERS ONLY) KEY WORKER APPLICANTS: If your occupation is listed or falls under one of these categories, please complete. If your occupation is not listed please go to **Section B**.

Occupation	First Applicant	Second Applicant
	<i>CORE</i> Code (for office use only)	<i>CORE</i> Code (for office use only)
Education		
	School Teacher <input type="checkbox"/> 1 Teacher (<i>Further education inc. 6th form colleges</i>) <input type="checkbox"/> 2 Children's Social Worker <input type="checkbox"/> 13 Qualified Nursery Nurse <input type="checkbox"/> 17 Other <input type="checkbox"/> 22	School Teacher <input type="checkbox"/> 1 Teacher (<i>Further education inc. 6th form colleges</i>) <input type="checkbox"/> 2 Children's Social Worker <input type="checkbox"/> 13 Qualified Nursery Nurse <input type="checkbox"/> 17 Other <input type="checkbox"/> 22
Teachers Do you have Qualified Teacher Status? Main subject taught Classification of school Is your school government funded? Do you have or are you working towards an FE teaching qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/> Primary School Secondary School Six Form College Further Education College Special School Nursery Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Primary School Secondary School Six Form College Further Education College Special School Nursery Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Workers Do you have recognised social worker degree/ diploma? If you do not, are you registered with the General Social Care Council (GSCC) and currently working towards attaining a social worker qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupation	First Applicant	Second Applicant
Probation Service		
	Probation Officers <input type="checkbox"/> 14 Senior Probation Officers <input type="checkbox"/> 14 Probation Service Officers <input type="checkbox"/> 14 Trainee Probation Officers <input type="checkbox"/> 14 Other <input type="checkbox"/> 22	Probation Officers <input type="checkbox"/> 14 Senior Probation Officers <input type="checkbox"/> 14 Probation Service Officers <input type="checkbox"/> 14 Trainee Probation Officers <input type="checkbox"/> 14 Other <input type="checkbox"/> 22
Prison Service		
	Prison Officers <input type="checkbox"/> 8 Operational Support Grade <input type="checkbox"/> 9 Nursing Staff <input type="checkbox"/> 9 Industrial <input type="checkbox"/> 9 Instructional Officer <input type="checkbox"/> 9 Other <input type="checkbox"/> 22	Prison Officers <input type="checkbox"/> 8 Operational Support Grade <input type="checkbox"/> 9 Nursing Staff <input type="checkbox"/> 9 Industrial <input type="checkbox"/> 9 Instructional Officer <input type="checkbox"/> 9 Other <input type="checkbox"/> 22
Local Authority		
	Local Authority Planner <input type="checkbox"/> 16 Rehab Officers for Visually Impaired <input type="checkbox"/> 22 Qualified Nursery Nurses <input type="checkbox"/> 22 Local Authority Clinical Staff <input type="checkbox"/> 18 Adult Social Workers <input type="checkbox"/> 13 CAFCASS Social Worker <input type="checkbox"/> 13	Local Authority Planner <input type="checkbox"/> 16 Rehab Officers for Visually Impaired <input type="checkbox"/> 22 Qualified Nursery Nurses <input type="checkbox"/> 22 Local Authority Clinical Staff <input type="checkbox"/> 18 Adult Social Workers <input type="checkbox"/> 13 CAFCASS Social Worker <input type="checkbox"/> 13
Social Workers Do you have recognised social worker degree/ diploma? If you do not, are you registered with the General Social Care Council (GSCC) and currently working towards attaining a social worker qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	Speech and Language Therapists <input type="checkbox"/> 22 Occupational Therapists <input type="checkbox"/> 22 Educational Psychologists <input type="checkbox"/> 22	Speech and Language Therapists <input type="checkbox"/> 22 Occupational Therapists <input type="checkbox"/> 22 Educational Psychologists <input type="checkbox"/> 22
Occupational Therapists & Educational Psychologists Are you qualified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupation	First Applicant	Second Applicant
Local Authority continued		
	Phenotyping Officer <input type="checkbox"/> 22 Connexions Personal Advisor <input type="checkbox"/> 13 (employed by local authority) Connexions Personal Advisor <input type="checkbox"/> 13 (employed by Connexions Partnership) Education Officer for Looked <input type="checkbox"/> 13 After Children Environmental Health <input type="checkbox"/> 22 Officer EHRB Certificate Yes <input type="checkbox"/> No <input type="checkbox"/> EHRB Diploma Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> 22	Phenotyping Officer <input type="checkbox"/> 22 Connexions Personal Advisor <input type="checkbox"/> 13 (employed by local authority) Connexions Personal Advisor <input type="checkbox"/> 13 (employed by Connexions Partnership) Education Officer for Looked <input type="checkbox"/> 13 After Children Environmental Health <input type="checkbox"/> 22 Officer EHRB Certificate Yes <input type="checkbox"/> No <input type="checkbox"/> EHRB Diploma Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> 22
Firefighters		
	Fire & Rescue Services <input type="checkbox"/> 7 (uniformed staff) Other <input type="checkbox"/> 22	Fire & Rescue Services <input type="checkbox"/> 7 (uniformed staff) Other <input type="checkbox"/> 22
Ministry Of Defence		
	Regular Service Personnel <input type="checkbox"/> 22 Clinical Staff <input type="checkbox"/> 22 (except doctors and dentists) MOD Police Officer <input type="checkbox"/> 22 Uniformed Staff in Defence Fire Ex-Regular Service Personnel <input type="checkbox"/> 22 Other <input type="checkbox"/> 22 For Intermediate Rent only: <input type="checkbox"/> 22 Full Time Reserve Service (Full Commitment) Individuals need not have completed their Phase 1 Training. There is no requirement to have 5 years Service remaining.	Regular Service Personnel <input type="checkbox"/> 22 Clinical Staff <input type="checkbox"/> 22 (except doctors and dentists) MOD Police Officer <input type="checkbox"/> 22 Uniformed Staff in Defence Fire Ex-Regular Service Personnel <input type="checkbox"/> 22 Other <input type="checkbox"/> 22 For Intermediate Rent only: <input type="checkbox"/> 22 Full Time Reserve Service (Full Commitment) Individuals need not have completed their Phase 1 Training. There is no requirement to have 5 years Service remaining.
Have you successfully completed your basic phase 1 training? When is your discharge/ retirement date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupation	First Applicant	Second Applicant
For Ex-Regular Service Personnel only: What was your start date? What was your end date? (You must provide us with your discharge certificate or similar documentation.)	Start date End date	Start date End date
Traffic Officers		
	Supervisor <input type="checkbox"/> 22 Traffic Officer <input type="checkbox"/> 22 RCC Operator <input type="checkbox"/> 22 Other <input type="checkbox"/> 22	Supervisor <input type="checkbox"/> 22 Traffic Officer <input type="checkbox"/> 22 RCC Operator <input type="checkbox"/> 22 Other <input type="checkbox"/> 22
NHS		
Do you have an EHRB Certificate of Registration or an EHRB Diploma in Environmental Health?	Nurses <input type="checkbox"/> 17 Cancer Service Staff <input type="checkbox"/> 18 Diagnostic Staff <input type="checkbox"/> 18 Mental Health Professionals <input type="checkbox"/> 18 Allied Health Professionals <input type="checkbox"/> 18 Pharmacists <input type="checkbox"/> 18 NHS Clinical Staff <input type="checkbox"/> 18 NHS Social Worker <input type="checkbox"/> 18 Qualified Nursery Nurse <input type="checkbox"/> 17 Hospital Play Specialists <input type="checkbox"/> 18 Environmental Health Officer <input type="checkbox"/> 22 EHRB Certificate Yes <input type="checkbox"/> No <input type="checkbox"/> EHRB Diploma Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> 22	Nurses <input type="checkbox"/> 17 Cancer Service Staff <input type="checkbox"/> 18 Diagnostic Staff <input type="checkbox"/> 18 Mental Health Professionals <input type="checkbox"/> 18 Allied Health Professionals <input type="checkbox"/> 18 Pharmacists <input type="checkbox"/> 18 NHS Clinical Staff <input type="checkbox"/> 18 NHS Social Worker <input type="checkbox"/> 18 Qualified Nursery Nurse <input type="checkbox"/> 17 Hospital Play Specialists <input type="checkbox"/> 18 Environmental Health Officer <input type="checkbox"/> 22 EHRB Certificate Yes <input type="checkbox"/> No <input type="checkbox"/> EHRB Diploma Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> 22
Which NHS trust do you work for?		
Social Workers Do you have recognised social worker degree/ diploma? If you do not, are you registered with the General Social Care Council (GSCC) and currently working towards attaining a social worker qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupation	First Applicant	Second Applicant
Police	<p>Metropolitan Police Officer <input type="checkbox"/> 5</p> <p>Metropolitan Police Civilian <input type="checkbox"/> 6</p> <p>British Transport Police Office <input type="checkbox"/> 5</p> <p>Police Community Support Officer <input type="checkbox"/> 5</p> <p>City of London Police Officer <input type="checkbox"/> 5</p> <p>City of London Police <input type="checkbox"/> 5</p> <p>Community Support Officer <input type="checkbox"/> 5</p> <p>Royal Parks Constabulary Police Officer <input type="checkbox"/> 5</p> <p>Royal Parks Constabulary employed Police Community Support Officers <input type="checkbox"/> 5</p> <p>Crime Analysts <input type="checkbox"/> 5</p> <p>Communications Officer <input type="checkbox"/> 5</p> <p>Civilian Scene of Crime Officer <input type="checkbox"/> 5</p> <p>Community Race Relations Analyst <input type="checkbox"/> 5</p> <p>Community Support Officers <input type="checkbox"/> 5</p> <p>Intelligence Analyst/Researcher <input type="checkbox"/> 5</p> <p>Financial Investigator <input type="checkbox"/> 5</p> <p>Custody Nurse <input type="checkbox"/> 5</p> <p>IBO Staff <input type="checkbox"/> 5</p> <p>Coroner's Officer <input type="checkbox"/> 5</p> <p>Witness Support Staff <input type="checkbox"/> 5</p> <p>Burglary Investigator <input type="checkbox"/> 5</p> <p>Evidential Imaging Officer <input type="checkbox"/> 5</p> <p>Crime Management Unit Officer <input type="checkbox"/> 5</p> <p>Telephone Investigation Unit Staff <input type="checkbox"/> 5</p> <p>Firearms Enquiry Officer <input type="checkbox"/> 5</p> <p>Football Liaison Officer <input type="checkbox"/> 5</p> <p>Restorative Justice Officer <input type="checkbox"/> 5</p> <p>Neighbourhood Watch <input type="checkbox"/> 5</p> <p><i>(non administrative roles)</i></p> <p>Other <input type="checkbox"/> 22</p>	<p>Metropolitan Police Officer <input type="checkbox"/> 5</p> <p>Metropolitan Police Civilian <input type="checkbox"/> 6</p> <p>British Transport Police Office <input type="checkbox"/> 5</p> <p>Police Community Support Officer <input type="checkbox"/> 5</p> <p>City of London Police Officer <input type="checkbox"/> 5</p> <p>City of London Police <input type="checkbox"/> 5</p> <p>Community Support Officer <input type="checkbox"/> 5</p> <p>Royal Parks Constabulary Police Officer <input type="checkbox"/> 5</p> <p>Royal Parks Constabulary employed Police Community Support Officers <input type="checkbox"/> 5</p> <p>Crime Analysts <input type="checkbox"/> 5</p> <p>Communications Officer <input type="checkbox"/> 5</p> <p>Civilian Scene of Crime Officer <input type="checkbox"/> 5</p> <p>Community Race Relations Analyst <input type="checkbox"/> 5</p> <p>Community Support Officers <input type="checkbox"/> 5</p> <p>Intelligence Analyst/Researcher <input type="checkbox"/> 5</p> <p>Financial Investigator <input type="checkbox"/> 5</p> <p>Custody Nurse <input type="checkbox"/> 5</p> <p>IBO Staff <input type="checkbox"/> 5</p> <p>Coroner's Officer <input type="checkbox"/> 5</p> <p>Witness Support Staff <input type="checkbox"/> 5</p> <p>Burglary Investigator <input type="checkbox"/> 5</p> <p>Evidential Imaging Officer <input type="checkbox"/> 5</p> <p>Crime Management Unit Officer <input type="checkbox"/> 5</p> <p>Telephone Investigation Unit Staff <input type="checkbox"/> 5</p> <p>Firearms Enquiry Officer <input type="checkbox"/> 5</p> <p>Football Liaison Officer <input type="checkbox"/> 5</p> <p>Restorative Justice Officer <input type="checkbox"/> 5</p> <p>Neighbourhood Watch <input type="checkbox"/> 5</p> <p><i>(non administrative roles)</i></p> <p>Other <input type="checkbox"/> 22</p>

Occupation	First Applicant	Second Applicant
If none of the above, please give your job title and grade.		
Police collar/shoulder number		

SECTION B (ALL APPLICANTS INCLUDING KEY WORKERS - MUST COMPLETE)

Employment Details	First Applicant	Second Applicant
Job Title/Occupation/Grade		
Employer's name and address (if a teacher, this should be your school name and address)		
Employer's telephone number		
Are you permanently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on a fixed term contract? (You will have an end date if your are on a fixed term contract). Contract Start Date Contract End Date	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed temporarily through an agency? Contract Start Date Contract End Date	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you worked in your current role?		
How long have you worked in your current profession?		

Income/Savings	First Applicant	Second Applicant
Total annual income before deductions (including any 2nd income, excluding overtime & bonuses)		
Total savings		
Do you have any outstanding loans or other regular payments (including credit cards)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify total outstanding amount		
If yes, how much are the monthly repayments and what date is the final payment?	Date of final payment £ / /	Date of final payment £ / /
If the payments are £200 and over a month, what is the loan for?		
If applicable, how much do you pay monthly in rent or mortgage?	Rent Mortgage	Rent Mortgage

Current Status	First Applicant	Second Applicant
Are you a British or EU/EEA citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <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"/> No <input type="checkbox"/>
If not, when does your leave to remain end?		
Which statement applies to you?		
	First Applicant	Second Applicant
A council tenant	<input type="checkbox"/>	<input type="checkbox"/>
A housing association tenant	<input type="checkbox"/>	<input type="checkbox"/>
Renting from your employer	<input type="checkbox"/>	<input type="checkbox"/>
Living with family or friends	<input type="checkbox"/>	<input type="checkbox"/>
Renting privately	<input type="checkbox"/>	<input type="checkbox"/>
On a council waiting list	<input type="checkbox"/>	<input type="checkbox"/>
Temporary accommodation provided by Local Authority	<input type="checkbox"/>	<input type="checkbox"/>
How many bedrooms does your current home have?	<input type="text"/>	<input type="text"/>
Is it a flat, maisonette, bungalow or house?	<input type="text"/>	<input type="text"/>
If it is a flat, on what floor?	<input type="text"/>	<input type="text"/>
Does it have a lift?	<input type="text"/>	<input type="text"/>

	First Applicant	Second Applicant
A current home owner (complete mortgage details form)	<input type="checkbox"/>	<input type="checkbox"/>
A previous home owner (complete mortgage details form)	<input type="checkbox"/>	<input type="checkbox"/>

If you are a council or housing association tenant, please give the name, address and telephone number of your landlord or Housing Officer in the box(es) below:

First Applicant	Second Applicant
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If you are on a council waiting list please say where and give your reference number.

First Applicant	Second Applicant
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Local Authority			
Reference number			
Local Authority Banding			

If you are on a council waiting list please include documentation to confirm this. If you are a current home owner your existing property must be sold; otherwise you will not be eligible.

Who else will be living with you?

Please do not include the first or second applicant in this section, partners or spouses of the first applicant should supply full details as second applicant. Please include full name and relationship status. If they are over 18 and not one of your children, they should complete full application details as second applicant or on an additional form. If applying for Intermediate Rent please indicate whether the person will be contributing to the rent of the property assigned.

Name	Relationship	Is this a Foster Child?	Full-time education or working?	Gender	Date of birth	Contributing to mortgage payments	Contributing to rent payments
		Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Accessible options/HOLD applicants only

HOLD is a part buy, part rent scheme funded through the benefits system. To qualify for HOLD you must have a long term disability, be over 18 years old and:

- Be in receipt of Disability living Allowance
- Be in demonstrable housing need or have a good reason to move
- Be eligible for income support, job seekers allowance or incapacity benefit for at least 13 weeks;
- Have access to savings or funding of £4000 to cover the cost of buying
- Have a support package in place
- Have supporting statements (e.g. from a social worker)

If you require a property with specific accessibility requirements please tick one of the following boxes which seems most appropriate to your needs.

- A - Wheelchair accessible B - Partially wheelchair accessible C - Lifetime home
 D - Easy access E - Step free F - General needs

If you are applying for HOLD you may need your carer to stay with you, if so please supply your carer's name, details below.

Carer's Name Contact Details	Carer's Employer's Name Employer Contact Details
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Intermediate Rent applicants only

	First Applicant	Second Applicant
I agree to save the discount from my rent towards a deposit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am committed to entering into home ownership through low cost home ownership products within 5 years of my tenancy*	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
*You will be required to complete a financial assessment with your prospective landlord (housing association)		
I/we have read and understood the eligibility criteria and agree to the conditions of the Intermediate Market Rent product.	Signature	Date / /
	/ /

Equal Opportunities

It is against the law and our equal opportunities policy to discriminate against anyone because of their sex, colour, race, religion, disability or sexual orientation. In order to ensure that we do not discriminate, we need to keep records. If you do not answer this question it will not affect your application in any way. Sensitive personal data such as ethnic origin and physical or mental disabilities are required under the Equal Opportunities Monitoring statute. Under section 29(3) of the Data Protection Act 1998 the information may be disclosed for purposes of crime prevention and detection.

How would you describe your ethnic origin?

	First Applicant	Second Applicant		First Applicant	Second Applicant		First Applicant	Second Applicant
White			Asian or Asian British					
British	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Gipsy/Romany/ Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>	Question refused	<input type="checkbox"/>	<input type="checkbox"/>
Mixed			Black or Black British			Please state your country of origin		
White & Black	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	First Applicant	
Caribbean			African	<input type="checkbox"/>	<input type="checkbox"/>	Second Applicant	
White & Black	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>			
African								
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>						
Other	<input type="checkbox"/>	<input type="checkbox"/>						

Which of the following best describes your religion or religious denomination?

	First Applicant	Second Applicant		First Applicant	Second Applicant		First Applicant	Second Applicant
No religion	<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	<input type="checkbox"/>	Question refused	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify

	First Applicant	Second Applicant
Are you interested in Sharia Compliant Mortgages?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	First Applicant	Second Applicant
Do you consider you or any member of your household to be disabled? (If yes, state why)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you or a member of your household registered disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you or a member of your household a wheelchair user?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Equal Opportunities continued

We ask the following question because we want to monitor access to our services and ensure that none of our customers experience discrimination on the basis of their sexual orientation. If you are not comfortable revealing this information to us, please tick 'Prefer not to say' and go to the next question.

What is your sexuality?

	First Applicant	Second Applicant		First Applicant	Second Applicant
I am gay or a lesbian	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please tick box and write in below) Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
I am heterosexual or straight	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
I am bi-sexual	<input type="checkbox"/>	<input type="checkbox"/>			

Is either applicant a current or former Committee/Board member or housing association employee or related to one? Yes No

If yes, please tell us their name and which housing association _____

Information

Where did you hear about this service?

Post	<input type="checkbox"/>	Housing Association	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Sign Boards	<input type="checkbox"/>
Employer	<input type="checkbox"/>	Website	<input type="checkbox"/>	Presentation	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
Exhibition	<input type="checkbox"/>	Newspaper/Magazine	<input type="checkbox"/>	Television	<input type="checkbox"/>	Other	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>	Please supply details eg. Which newspaper, website?					
Quote campaign reference	_____						

IMPORTANT INFORMATION : PLEASE READ

Metropolitan Home Ownership and L&Q Housing Trust will collect, store and process your personal data in accordance with the Data Protection Act 1998.

Credit checking

We may contact credit reference agencies to authenticate and verify your identity and credit status: these agencies will also keep a record of any such request. The scope and the extent of the gathering of information from third parties depends on what type of service you are requesting from us. By signing this, you consent to your personal data being gathered in this way.

Sharing your data

We may share this information with other organisations that handle public funds: this is for verification of details, and to prevent and detect fraud and/or crime.

The information may be used for surveys: we may disclose information to government departments, research organisations or agencies working on our and their behalf who may contact you.

We, other HomeBuy Agents and partner Registered Social Landlords (RSLs), will take up any references relating to applicants from your landlord and/or employer.

All information we collect on you may be shared with the above parties in relation to this application, and only shared with other parties where there is a legal obligation to provide it or we have your consent to use the information for other purposes.

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.

PLEASE ENSURE THAT YOU SIGN AND DATE THIS FORM BEFORE RETURNING IT

Declaration

I/we understand that:

- It is a criminal offence to knowingly or recklessly make a false declaration or withhold information in connection with this application.
- If it is found that false information has been given to obtain housing either knowingly or recklessly, appropriate legal action may be taken by the RSL or local authority and/or seek possession of any leasehold tenancy granted. (Translation service available if required).
- As a council, housing association or other public sector tenant, I/we will be required to give up my rented home on the day of completion if I buy or rent a home through MyChoice HomeBuy.
- If I/we own or have an interest in a property now or previously I/we will be required to sell before exchange of contracts.

I/we authorise Metropolitan Home Ownership and L&Q Housing Trust to pass information to other HomeBuy Agents, partner housing providers (RSLs/private developers), credit reference agencies

and to Estate Agents who may be able to assist in locating properties for applicants. If any of the information provided changes I will inform the HomeBuy Agent.

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.

Signed (First applicant) Date

Signed (Second applicant) Date

I/we have included an up-to-date rent statement and/or reference

- Please check you have filled in all sections, otherwise the form will be returned to you.
- If you need help filling in this form, please refer to the application guidance booklet or call our application team who can help you fill in the form.

WHERE DO YOU SEND YOUR APPLICATION FORM?

If you are a key worker, your application is processed based on the borough you **WORK** in. If you are not a key worker, your application is processed based on the borough you **LIVE** in. Please refer to London area list (page 3).

For East, North and West London

Please send your application to:

Application and Enquiries Team,
Metropolitan Home Ownership,
The Grange, 100 High Street,
Southgate, London, N14 6PW

Tel: 020 8920 7777 Fax: 020 8920 7776

Email: applications&enquiries@mht.co.uk

For South East and South West London

Please send your application to:

Enquiries and Application Team,
L&Q Housing Trust,
70 Court Road, London, SE9 5NP

Tel: 020 8294 5000 Fax: 020 8850 8684

Minicom: 020 8294 5180

Email: eateam@lqgroup.org.uk