



Backed by
HM Government

Help to Buy

Application form for sales

FOR OFFICE USE ONLY

Applicant surname:		Notes:
Date of application:		
Area:	<input type="checkbox"/> North Yorkshire <input type="checkbox"/> West Yorkshire <input type="checkbox"/> South Yorkshire <input type="checkbox"/> East Yorkshire/Humber <input type="checkbox"/> North East	
Eligibility Group:		
Status:	<input type="checkbox"/> Approved: <input type="checkbox"/> Rejected: <input type="checkbox"/> Pending:	

HELP TO BUY APPLICATION FORM

Please complete all parts of this Help to Buy application form using BLOCK CAPITALS and black ink. We can only consider your application if all of the sections are fully completed.

If you need help filling in this form or have any questions you would like to ask please call Yorkshire Housing on 0113 825 6888.

Send your completed application to:

Help to Buy NEYH
 Yorkshire Housing
 Dysons Chambers
 12-14 Briggate
 Leeds LS1 6ER

SCHEME INFORMATION

ONLY APPLICANT 1 TO COMPLETE

Please select which Help to Buy you would like to apply for, only one scheme may be selected:

- Shared Ownership
- Discount for Sale
- Shared Ownership Re-Sale
- Other, state below:

Have you seen a property that is of interest to you?

- Yes No

If yes, which builder/Housing Association and development is it?

Builder/Housing Association:

Development:

Which area do you want to live in?

PERSONAL INFORMATION

Is your application a single or joint application?

Single

Joint

	APPLICANT 1	APPLICANT 2
Title:		
First name:		
Surname:		
Gender:		
Date of birth:		
National Insurance No:		
Address:	_____ _____ _____	_____ _____ _____
Postcode:		
Have you lived at your current address for longer than 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have lived at your current address for less than 12 months please tell us your previous address:	_____ _____ _____	_____ _____ _____
Postcode:		
Home Phone:		
Mobile Phone:		
Daytime Phone:		
Email Address:		
Would you like us to contact you by email?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

All communication regarding this Application will be with the first Applicant. Please be aware that if we contact you by post information could be delayed.

ELIGIBILITY

	APPLICANT 1	APPLICANT 2
Do you have access to, or can you raise, approximately £2,500 to cover the cost of buying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
'If you do not have access to £2,500 how do you intend to pay for the cost of buying a property?	<input type="checkbox"/> Borrow the costs from family or friends <input type="checkbox"/> I cannot pay for the cost of moving	<input type="checkbox"/> Borrow the costs from family or friends <input type="checkbox"/> I cannot pay for the cost of moving
I have a household income of £80,000 or less (please include benefits and any working tax credits if applicable):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am employed OR self employed (and have at least 3 years accounts) OR I am retired OR I do not work but my partner is employed or self employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I currently own a home or I have my name on any mortgage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I do not have sufficient funds to buy a property on the open market which meets my housing needs and therefore need financial assistance to purchase:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ABOUT YOU

	APPLICANT 1	APPLICANT 2
I have always kept up payments on loans or any other form of credit agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have had a County Court Judgement registered against me and I have one or more defaults in the last 18 months:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have been bankrupt:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in the process of selling? If yes, please answer the questions below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What stage are you at?	<input type="checkbox"/> Offer accepted <input type="checkbox"/> Solicitor instructed <input type="checkbox"/> Contracts exchanged <input type="checkbox"/> Completed	
Value of the property?		
How much do you plan to put in your home?		

	APPLICANT 1	APPLICANT 2
I have entered into an individual voluntary credit agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If true, please give the date when you entered into the agreement and when the IVA was cleared. (If the IVA has not been cleared leave the 'cleared date' blank):	Agreement Entered: _____ Agreement Cleared: _____	Agreement Entered: _____ Agreement Cleared: _____
I have been declined credit on the basis of an adverse credit report:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have not been behind on my rent in the past 12 months (please provide an up to date rent statement if applicable, or reference):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently on housing benefit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently receiving Disability Living Allowance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am in breach of my current Tenancy Agreement. Please choose 'True' if this question is not applicable to you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have entered 'Yes' to any of the statements above we may advise you that you seek financial advice. Please continue with your application but be aware that you may have difficulty in obtaining a mortgage.		
What is your employment status? If you have selected 'Other' please provide more info at the end of your application.	<input type="checkbox"/> Permanently employed <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed on a non-permanent basis <input type="checkbox"/> Retired <input type="checkbox"/> Other	<input type="checkbox"/> Permanently employed <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed on a non-permanent basis <input type="checkbox"/> Retired <input type="checkbox"/> Other
If you have selected self employed do you have at least 3 years worth of accounts?		
How long have you been in your current job?		
Employer's name:		
Employer's address:	_____ _____ _____	_____ _____ _____
Job Title:		
Employer's contact number:		

GENERAL INFORMATION

ONLY APPLICANT 1 TO COMPLETE

Which town/city do you want to live in?	
Would you be interested in receiving information on property or schemes in other towns or areas? If so please state up to 3:	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
What property type are you looking for?	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Bungalow <input type="checkbox"/> Any
Will you be living alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who will you be living with?	<input type="checkbox"/> My husband, wife or partner <input type="checkbox"/> Children under 18 or in full time education <input type="checkbox"/> Children over the age of 18 <input type="checkbox"/> Dependent adult
Is your husband, wife or partner a joint applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your husband, wife or partner lives with you and is not a joint applicant please tell us why they are not?	<input type="checkbox"/> My wife/partner does not work <input type="checkbox"/> My wife/partner has poor credit <input type="checkbox"/> My wife/partner has indefinite leave to remain <input type="checkbox"/> My wife/partner has their name on another mortgage <input type="checkbox"/> None of the above
If your husband, wife or partner lives with you and is not a joint applicant please tell us their employment status and their annual salary (if any):	
How many children will live with you, either part time or full time?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Is your adult child a joint applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many adult children will live with you?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
How many dependent adults will live with you?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
How many bedrooms do you require?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

INCOME AND SAVINGS

	APPLICANT 1	APPLICANT 2
Basic Employment Income (enter the annual, gross value):		
Overtime, bonuses and commission (enter the annual, gross value):		
Other monthly income:		
Working tax credits:	£ per month	£ per month
Child tax credits:	£ per month	£ per month
Child benefit :	£ per month	£ per month
Disability allowance:	£ per month	£ per month
Guaranteed maintenance income:	£ per month	£ per month
Other income: eg pension & pension credit	£ per month	£ per month
Payments and Loans:		
Total outstanding credit card balances:		
Total monthly credit card payments:	£ per month	£ per month
Total monthly loan/HP payments:	£ per month	£ per month
Deposit/savings:		
Available Deposit:	£	£
Total savings:	£	£

CURRENT STATUS

	APPLICANT 1	APPLICANT 2
Are you a British or EU Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a first time buyer living with family or friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you renting privately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current home owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a tenant of a housing association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	APPLICANT 1	APPLICANT 2
Are you a tenant of a local authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for Help to Buy because your relationship has broken down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for Help to Buy because you are losing your home through a clearance scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on a Local Authority or a Housing Association waiting list? If yes, please tell us the name, address and telephone number of your landlord or housing officer below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		
Address:	_____ _____ _____	_____ _____ _____
Contact number:		
Are you a Tenant of a Local Authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please tell us the name, address and telephone number of your Landlord or Housing Officer:		
Name:		
Address:	_____ _____ _____	_____ _____ _____
Contact number:		
Please tell us which priority level or band you are on:	Level: Band:	Level: Band:
Please tell us the name of the housing association or local authority:	_____ _____	_____ _____

EQUAL OPPORTUNITIES

	APPLICANT 1	APPLICANT 2
How would you describe your ethnic origin?	<input type="checkbox"/> White British <input type="checkbox"/> Black British <input type="checkbox"/> Asian British <input type="checkbox"/> White Other <input type="checkbox"/> White Irish <input type="checkbox"/> Mixed Other <input type="checkbox"/> Asian Other <input type="checkbox"/> Black Other <input type="checkbox"/> Chinese <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Refused Question <input type="checkbox"/> Any other ethnic group <input type="text"/>	<input type="checkbox"/> White British <input type="checkbox"/> Black British <input type="checkbox"/> Asian British <input type="checkbox"/> White Other <input type="checkbox"/> White Irish <input type="checkbox"/> Mixed Other <input type="checkbox"/> Asian Other <input type="checkbox"/> Black Other <input type="checkbox"/> Chinese <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Refused Question <input type="checkbox"/> Any other ethnic group <input type="text"/>
Please state your country of origin:		
How would you describe your religion?		
How would you describe your sexual orientation?	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say

	APPLICANT 1	APPLICANT 2
Are you, or any member of your household, registered disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related or are you close friends with a current or former Committee/ Board Member or employee of Yorkshire Housing, subsidiaries or other Housing Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question, please tell us their name and which Housing Association below:		
Title:		
First name:		
Surname:		
Housing Association:		
Where did you hear about this service?	<input type="checkbox"/> Internet <input type="checkbox"/> Posters/Flyers <input type="checkbox"/> Magazines/Newspapers <input type="checkbox"/> Direct mail <input type="checkbox"/> Help to Buy NEYH <input type="checkbox"/> Local Authority <input type="checkbox"/> Housing Association <input type="checkbox"/> Employer <input type="checkbox"/> Site sign board <input type="checkbox"/> Private Developer/Builder <input type="checkbox"/> Other, state below: <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>	<input type="checkbox"/> Internet <input type="checkbox"/> Posters/Flyers <input type="checkbox"/> Magazines/Newspapers <input type="checkbox"/> Direct mail <input type="checkbox"/> Help to Buy NEYH <input type="checkbox"/> Local Authority <input type="checkbox"/> Housing Association <input type="checkbox"/> Employer <input type="checkbox"/> Site sign board <input type="checkbox"/> Private Developer/Builder <input type="checkbox"/> Other, state below: <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>

ANY ADDITIONAL INFORMATION / NOTES

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TERMS & CONDITIONS

Help to Buy NEYH will only process your personal data for the purpose of your application for housing and will hold your information in (accordance with) the Data Protection Act 1998.

All information that you give to us on this form (and information resulting from contact with your landlord and/or employer) may be shared with the same only in relation to this application.

All information will be treated in the strictest confidence. We and partner Registered Social Landlords (RSL's), reserve the right to take up any references relating to applicants as we consider it necessary and may also search the files of any credit reference agency which will keep a record of any such request.

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 purposes of crime prevention and detection. 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.

We may also share this information for the same purposes with other organisations that handle public funds or are providers of housing. The information may be used for statistical surveys, which means we may pass this information in confidence to local authorities, Office of the Deputy Prime Minister and agencies working on our and their behalf.

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 for home ownership.

I/We understand that if it is found that false information has been given to obtain housing either knowingly or recklessly, appropriate legal action maybe taken and the RSL or local authority and/or seek possession of any leasehold tenancy granted.

I understand that as a Council, RSL or other public sector tenant, I must give up my rented home on the day of completion if I buy or rent through any of the RSL's offering homes.

I authorise Yorkshire Housing to pass information to Local Authorities, Partner RLS's, developers, credit reference agencies and to Estate Agents who may be able to assist in locating properties for applicants.

By signing this application form I agree to the above terms and conditions.

Applicant 1 signature:		Date:	
Applicant 2 signature:		Date:	



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Please return your completed
application to:

Help to Buy NEYH
Yorkshire Housing
Dysons Chambers
12-14 Briggate
Leeds
LS1 6ER

Tel: 0113 825 6888

Email: enquiries@HelptoBuyNEYH.co.uk

Website: www.helptobuyneyh.co.uk