

# Home Ownership Application Form

Please fill in this interactive form, and email to [sales@platformhg.com](mailto:sales@platformhg.com)

Alternatively print out this form and fill in with **BLOCK CAPITALS** using black ink. Then please send it to the address on the last page of the form.

If you require this application in a different format please contact us.

We are unable to consider your application unless all the sections are fully completed. All persons aged over 18 must fill in their details as the 'second applicant' even if they do not earn an income, unless they are the applicants' child/children.

**Listed below are the Home Ownership products available at the time of printing this form. Please indicate which one(s) you are interested in by ticking the relevant box(es).**

Don't worry, If you are not sure we will contact you to advise further.

Shared Ownership     Shared Ownership Resale     Rent to Buy

Are you interested in a particular development property or area?  
(If so please advise us of location or development name )

## Section 1 About you and your household

	First Applicant	Second Applicant
Title <i>(Mr/Mrs/Ms/other)</i>		
First name		
Middle name		
Surname		
Date of birth		
Address		
Postcode		
Date moved in		
Contact Number		
Email address		
Which local authority area do you live		
If working, which local authority area do you work in?		
Which local authority area/s do you want to live in?		

## Section 1 About you and your household *(continued)*

First Applicant	Second Applicant
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### Status of employment

Full time - 30 hours or more	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part time - Less than 30 hour	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Seeker	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retired	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not seeking work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full time student	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unable to work due to long term sickness or disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a serving member of the armed forces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a surviving partner of a member of the armed forces	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a ex regular service personnel, honourably discharged in the last 24 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please include details other than applicants 1 & 2 who will be living in the property.

Please include their name, relationship status and state whether they are full time working, education etc.

Name  Working  Full time  Part time

Relationship  Date of birth  /  /  Education  Full time  Part time

Name  Working  Full time  Part time

Relationship  Date of birth  /  /  Education  Full time  Part time

Name  Working  Full time  Part time

Relationship  Date of birth  /  /  Education  Full time  Part time

Name  Working  Full time  Part time

Relationship  Date of birth  /  /  Education  Full time  Part time

Name  Working  Full time  Part time

Relationship  Date of birth  /  /  Education  Full time  Part time

Name  Working  Full time  Part time

Relationship  Date of birth  /  /  Education  Full time  Part time

## Section 2 About your current housing and your housing needs

First  
Applicant

Second  
Applicant

a) Do you currently own a property in the UK or abroad?

Yes  No

Yes  No

If yes, please provide details

Is your property Sold Subject to Contract?

Yes  No

Yes  No

b) Are you? *(tick all that apply)*

A first time buyer

Yes  No

Yes  No

A council tenant or Housing Association tenant

Yes  No

Yes  No

Armed Forces accommodation

Yes  No

Yes  No

A current Shared Owner

Yes  No

Yes  No

Tied home or renting with job

Yes  No

Yes  No

Living with friends or family

Yes  No

Yes  No

Renting privately

Yes  No

Yes  No

A previous home owner

Yes  No

Yes  No

On a council waiting list

Yes  No

Yes  No

Other

Yes  No

Yes  No

How many bedrooms does your current home have?  One  Two  Three  Four  Other

What type of property is your current home?  Flat  House  Bungalow  Caravan/Mobile Home

What is the minimum number of bedrooms you need?  One  Two  Three  Four  Other

What type of property are you looking for? *(tick all that apply)*  Flat  House  Bungalow

c) Do you or anyone in your household have any specific housing requirement?  Yes  No

**For example:** Require a ground floor apartment due to restricted mobility.

If yes, please specify what your needs are:

Please provide us with any other information you think is relevant to your application: Inclusive of any Local Connection required.

### Section 3 About your income and savings

	First Applicant	Second Applicant
Total annual income before deductions <i>Exclude overtime and bonuses but include pensions</i>	£ <input type="text"/>	£ <input type="text"/>
Overtime, Bonuses & Commission	£ <input type="text"/>	£ <input type="text"/>
How much do you have in savings	£ <input type="text"/>	£ <input type="text"/>
How much will you be using for your deposit/legal fees	£ <input type="text"/>	£ <input type="text"/>
<b>Are you in receipt of any benefits or additional income</b> <i>If yes, please specify the type of benefit and how much you receive per month.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working Tax Credits	£ <input type="text"/>	£ <input type="text"/>
Child Tax Credits	£ <input type="text"/>	£ <input type="text"/>
Child Benefit	£ <input type="text"/>	£ <input type="text"/>
Universal credit	£ <input type="text"/>	£ <input type="text"/>
Disability Living Allowance	£ <input type="text"/>	£ <input type="text"/>
Guaranteed Maintenance Income	£ <input type="text"/>	£ <input type="text"/>
Investments	£ <input type="text"/>	£ <input type="text"/>
Other	£ <input type="text"/>	£ <input type="text"/>

### Section 4 Equal opportunities

Please specify your preferred method of communication, if other than in writing with normal sized print.

Audio  Large print  Braille  Other (please specify)

In order to ensure that all applicants are treated fairly, could you please provide the following information about the first and the second applicant. If you do not wish to provide the information tick "question refused".

	First Applicant	Second Applicant
What is your nationality?	<input type="checkbox"/> British <input type="checkbox"/> EU citizen	<input type="checkbox"/> British <input type="checkbox"/> EU citizen
Other (please specify)	<input type="text"/>	<input type="text"/>
<i>If other, do you have indefinite leave to remain?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ethnic origin?		
White - British	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
White - Irish	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
White - Other (please specify)	<input type="text"/>	<input type="text"/>
Black - Caribbean	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Black - African	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Black - Other (please specify)	<input type="text"/>	<input type="text"/>

## Section 4 Equal opportunities *(continued)*

	First Applicant	Second Applicant
Mixed - White and Black Caribbean	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mixed - White and Black African	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mixed - White & Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mixed - Other <i>(please specify)</i>		
Asian - Indian	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Asian - Pakistani	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Asian - Bangladeshi	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Asian - Chinese:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other - Asian <i>(please specify)</i>		
Other - <i>(not listed above)</i>		
<b>Question refused</b>	<input type="checkbox"/>	<input type="checkbox"/>
What is your preferred language?		
English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other - <i>(please specify)</i>		
<b>Question refused</b>	<input type="checkbox"/>	<input type="checkbox"/>
What is your gender?		
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary
Other - <i>(please specify)</i>		
<b>Question refused</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
What is your faith?		
	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian* <input type="checkbox"/> Hindu	<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian* <input type="checkbox"/> Hindu
	<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh	<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh
	<input type="checkbox"/> No religion	<input type="checkbox"/> No religion
Other - <i>(please specify)</i>		
<b>Question refused</b>	<input type="checkbox"/>	<input type="checkbox"/>
What is your sexuality?		
	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Heterosexual
	<input type="checkbox"/> Homosexual	<input type="checkbox"/> Homosexual
	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Bisexual
	<input type="checkbox"/> Asexual	<input type="checkbox"/> Asexual
<b>Question refused</b>	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider yourself to have a disability?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Question refused</b>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 5 Where did you hear about Platform Home Ownership?

- Estate agent    Local authority    Word of mouth    Radio  
 Platform Home Ownership Website    Other website    Poster/Flyer    Sign board    Rightmove  
**Social Media**    Instagram    Facebook    LinkedIn

## Section 6 Declaration

	First Applicant	Second Applicant
Do you work, or are related to a current member of staff or Board Member of Platform Housing Group	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide further details	<div style="background-color: #e1f5fe; height: 150px;"></div>	<div style="background-color: #e0e0e0; height: 150px;"></div>

Platform Home Ownership will only process your personal data for the purpose of processing your application for housing and will hold your information in accordance with the Data Protection Act 1998. All information you give us on this form may be shared with the same only in relationship to this application.

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 fund. The information may be used for statistical surveys, which means we may pass this information in confidence with government 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 may be taken and the Registered Provider or local authority and/or seek possession of any leasehold tenancy granted. (Translation service available if required).

I/we understand that as a council, housing association or other public sector tenant, I/we will be required to give up my/our rented home on the day of completion if I/we buy or rent a home through this Home Ownership application.

I/we authorise Platform Home Ownership to pass information to other application agents, partner Registered Providers, local authorities, financial advisors, credit reference agencies and to estate agents who may be able to assist in locating properties for applicants.

**If you are enclosing supporting documentation, please send photocopies as originals cannot be returned.**

	First Applicant	Second Applicant
Signed:	<div style="background-color: #e1f5fe; height: 60px;"></div>	<div style="background-color: #e0e0e0; height: 60px;"></div>
Dated:	<div style="background-color: #e1f5fe; text-align: center; padding: 5px;">/ /</div>	<div style="background-color: #e0e0e0; text-align: center; padding: 5px;">/ /</div>

Please check you have filled in all sections, otherwise the form will be returned to you.

## **Section 7** Additional Information to support your application

If you need to provide us with additional information for your application please use the space provided below.

Please also use this space to provide details of your authority for Platform to discuss your application with another person on your behalf other than Applicant 2. Please include full name, and a password to be used.

For details contact our sales team  
on **0333 200 7304**  
or email: **sales@platformhg.com**

**Contact Us:**  [www.platformhomeownership.com](http://www.platformhomeownership.com)  
 [facebook.com/PlatformHomeOwnership](https://facebook.com/PlatformHomeOwnership)  
 [twitter.com/PlatformNewHome](https://twitter.com/PlatformNewHome)  
 [instagram.com/platformhomeownership](https://instagram.com/platformhomeownership)

Scheme administered by Platform Housing Group  
1700 Solihull Parkway, Birmingham Business Park, Solihull, B37 7YD.

Part of the **platform**  
 housing group