

Application form – Shared ownership

Please return your completed application form to your local office address:

North West

— Riverside Home Ownership, Unit 12A The Matchworks, Speke Road, Liverpool L19 2RF

Midlands

— Riverside Home Ownership, Riverside House, 49 Western Boulevard, Leicester LE2 7HN

If you need any help filling in this form, please call us on 0845 155 9029 or 0345 155 9029.

We will respect your privacy and always use the information you provide to us in accordance with current Data Protection law. You should also read and sign the Riverside Privacy Statement.

Please fill in this form using black ink.

1 About you

Please print in BLOCK CAPITALS

First purchaser

Mr Miss Mrs Ms Other, please state

Your full name

Are you Male Female

Date of birth Age

Present address

Postcode

Telephone (Day) (Evening)

Email address

Second (joint) purchaser

Mr Miss Mrs Ms Other, please state

Your full name

Are you Male Female

Date of birth Age

Present address

Postcode

Telephone (Day) (Evening)

Email address

2 Your household

Please give details of anyone living with you.

| Full name | Male/ Female | Date of birth | Relationship to you |
|-----------|-----------------|------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

3 About work

Please complete the employment details of the first and second purchaser.

First purchaser

Job title/occupation

Employers name and address

Employers telephone number

Are you employed on a permanent basis? Yes No

How long have you worked in your current job?

If you are retired, please tick Retired

Second (joint) purchaser

Job title/occupation

Employers name and address

Employers telephone number

Are you employed on a permanent basis? Yes No

How long have you worked in your current job?

If you are retired, please tick Retired

4 About your finances

First purchaser

What is your annual salary? £

What is your monthly take home pay after deductions? £

If you receive benefits, a pension or have any other monthly income, please give details.

What are you total savings? £

How much do you have saved as a deposit and for moving fees? £

How do you intend to fund your purchase of the property? e.g. mortgage, savings

Please list any major monthly outgoings you currently have, e.g. payments to credit cards, child maintenance etc. excluding rent/housing costs. Continue on a separate sheet if necessary:

| Creditor eg. credit card, bank loan etc. | Monthly payment amount | Final payment date |
|---|------------------------|--------------------|
| | | |
| | | |

Second (joint) purchaser

What is your annual salary? £

What is your monthly take home pay after deductions? £

If you receive benefits, a pension or have any other monthly income, please give details.

.....

What are your total savings? £

How much do you have saved as a deposit and for moving fees? £

How do you intend to fund your purchase of the property? e.g. mortgage, savings

Please list any major monthly outgoings you currently have, e.g. payments to credit cards, child maintenance etc. excluding rent/housing costs. Continue on a separate sheet if necessary:

| Creditor eg. credit card, bank loan etc. | Monthly payment amount | Final payment date |
|---|------------------------|--------------------|
| | | |
| | | |

5 About your current home and circumstances

Please tick the following statements if they apply to you:

| | First purchaser | Second (joint) purchaser |
|---|--------------------------|--------------------------|
| I am a Council/Housing Association tenant. | <input type="checkbox"/> | <input type="checkbox"/> |
| I am currently registered on a Council or Housing Association waiting list. | <input type="checkbox"/> | <input type="checkbox"/> |
| I live in unsuitable accommodation and I am aged over 55. | <input type="checkbox"/> | <input type="checkbox"/> |

If so, why is it unsuitable?

I am (or somebody who will be living with me is) registered as disabled, or I use a wheelchair.

If so, please give details

I own my current property

If so, how much is your property worth approximately? £

How much do you owe on your mortgage? £

Have either of you have rented or bought a property from Riverside in the past? **If so, please give details**

If your housing circumstances are not covered above, e.g. living with family. **Please give details**

6 Your new home

Please give the full address of the property you are applying for.

Postcode

7 Other information

If there is any other information that you feel may support your application, such as a change in personal circumstances or family matters, please give details below.

8 Relationship to Riverside employees or Board Members

Special permission is needed for us to offer a home to anybody who is related to employees or Board Members of Riverside. If this applies to you, please give details below.

9 Declaration

As far as I know the answers I have written on this form are true. I know that I may lose any housing that you offer me if I have given any false answers on this form.

For joint applications, both parties must sign

Applicant's signature

Print name

Date

Joint Applicant's signature

Print name

Date

By signing this form I am giving my consent to Riverside Home Ownership to carry out a credit check and request references on my behalf.

Religion

| | Applicant | Joint applicant | Others | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Christian (all denominations) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If other, please state

Disability

Please tick any people that are considered disabled

| | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Please tick those that apply

| | | | | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Visually impaired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing impaired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If other, please state

Please tick the box for any wheelchair users

Sexuality

| | | | | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Heterosexual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gay woman | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bisexual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If other, please state

Transgender

| | | | | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for completing this form.

All personal data will be processed, held and stored in accordance with current Data Protection legislation.