

Office use only

Reference No.:

Received:

Date of registration:

**Application Form****1. Applicant details:**

Primary Applicant: Ms/Mrs/Mr/Miss/Other: _____ First Name(s): _____ Surname: _____ D.O.B: _____ Home Address: _____ _____ _____ Postcode: _____ Tel (home): _____ Tel (mobile): _____ Email: _____	Joint Applicant: Ms/Mrs/Mr/Miss/Other: _____ First Name(s): _____ Surname: _____ D.O.B: _____ Home Address: _____ _____ _____ Postcode: _____ Tel (home): _____ Tel (mobile): _____ Email: _____
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2. Family composition:

Please list all persons who will be permanently living with you:

FIRST NAME(S)	SURNAME	RELATIONSHIP	D.O.B	MALE/FEMALE

Are you or is anyone who wants to live with you pregnant? Yes No If yes please state due date _____Apart from persons listed above do you have regular/overnight access to children? Yes No Are you, or is anyone living with you disabled? Yes No

Please provide details of any special needs or disabilities of anyone living with you which would affect your choice of housing (i.e ability to climb steps etc.) _____

3. Your present housing situation:**Primary applicant****Joint applicant**

Living with family/friends

A private tenant

Housing association tenant

Owner occupier/joint owner

4. Employment/financial details:

Primary applicant:

Employment status: FT PT SE

Occupation: _____

Employer: _____

Employer's address: _____

Gross annual income: £

Are you in receipt of any benefits? Yes No

If yes, please calculate the annual amount and state below:

£

Joint applicant:

Employment status: FT PT SE

Occupation: _____

Employer: _____

Employer's address: _____

Gross annual income: £

Are you in receipt of any benefits? Yes No

If yes, please calculate the annual amount and state below:

£

Please state the amount of savings you hold: £ (for joint applicants please add the amount together).

NB: You will need some savings for the costs involved in buying a house e.g. solicitor fees, removals, etc. plus up to £1000 to cover administration charges. For more information please contact the nominated RSL.

5. Housing need:

Please select which products would be of interest to you:

(Tick all that apply)

Home ownership *(please complete section A)*

Renting *(please complete section B)*

Upsizing/downsizing *(please complete section C)*

(living in an equity share property)

Section A - Home ownership

Are you a first time buyer?

Primary applicant:

Yes No

Joint applicant:

Yes No

Have you had a mortgage previously?

Yes No

Yes No

Have you ever been bankrupt or had any CCI's or proceedings for outstanding debt?

Yes No

Yes No

Section B - Renting

Have you ever had a housing association or council tenancy?

Primary applicant:

Yes No

Joint applicant:

Yes No

If yes, please state the address and landlord: _____

Do you have any current or previous rent arrears?

Yes No

Yes No

If yes, please state amount: £ _____

Section C - Upsizing/downsizing and currently living in an equity share property

Do you wish to upsize or downsize

How many bedrooms do you have? How many bedrooms do you require?

What is the current value of your property? £

Please state the amount of your outstanding mortgage: £

Are you currently living in an equity share property? Yes No

If yes, which housing association did you deal with? _____ Equity stake %

Please tell us the reason for wanting to upsize/downsize (supporting information may be required): _____

6. Declaration

I/We hereby declare that the information contained in this application is correct to the best of my knowledge and I/We understand that any false information knowingly given may disqualify me from further consideration for the scheme.

The information that you provide in completing this form will be treated as confidential, in line with the requirement of the Data Protection Act 1998.

We may need to share the information that you provide with other departments of the council, or relevant outside agencies, in order to process your application. By signing this form you are giving permission for all appropriate work in processing your application to be carried out. If you need any help or advice on this matter, please contact your Help2Own Plus co-ordinator on 01495 742631.

Signature of Primary Applicant: _____ Date: _____

Signature of Joint Applicant: _____ Date: _____

ALL SECTIONS OF THE APPLICATION FORM MUST BE COMPLETED IN FULL, INCOMPLETE FORMS WILL BE RETURNED UNREGISTERED.

IT IS YOUR RESPONSIBILITY TO INFORM TORFAEN COUNTY BOROUGH COUNCIL OF ANY/ALL CHANGES IN CIRCUMSTANCES.

TORFAEN COUNTY BOROUGH COUNCIL AIMS TO REFLECT EQUAL OPPORTUNITIES IN TERMS OF ACCESS TO HOUSING.

Housing area preference

Please look at the following table and indicate which areas you would like to live or consider living by ticking all relevant boxes. By selecting these areas you will only be contacted about the new developments in your chosen areas NB should your preference change you must inform us straightaway.

Blaenavon/Afon Lwyd

Blaenavon Abersychan

Pontypool

Snatchwood Pontnewynydd Trevethin St Cadocs/Penygarn

Wainfelin Brynwern Cwmynyscoy Panteg

New Inn Pontypool (central)

Cwmbran North and West

Pontnewydd Upper Cwmbran St Dials Greenmeadow

Fairwater Coed Eva Hollybush

Cwmbran East and South

Two Locks/Henllys Llantarnam Llanyravon Croesyceiliog

Taking the above areas into consideration please could you identify your preferred choices -

1st _____ 2nd _____ 3rd _____



Torfaen County Borough Council is committed to a policy of Equal Opportunities and is required to collect information on the racial or ethnic origin of applicants. This is necessary to enable us to promote and maintain equal opportunity or treatment between persons of different racial or ethnic origins.

All answers are treated confidentially.

	Primary applicant:	Joint applicant:
Are you:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age:	<input type="text"/>	<input type="text"/>
Are you:		
African	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
British	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>
European	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="text"/>
Also, are you:		
Black	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	<input type="checkbox"/>
	Primary applicant:	Joint applicant:
Are you registered disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please send your completed application form to help2own@torfaen.gov.uk

If you are unable to do so please send to the following address -

Help2own Plus
 Housing Strategy and Enabling
 C/O Civic Centre
 Pontypool
 Torfaen
 NP4 6YB



 www.facebook.co.uk/help2ownplus