

Your Application Booklet

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Co-Ownership
Housing[®]



Welcome to your Co-Ownership application booklet.

It is made up of several parts. Please make sure you **fully** complete **all** of the parts that relate to you. Failure to complete this form fully, honestly and clearly will lead to your application being cancelled. The form will not be returned to you for completion, you will have lost your application fee and you cannot appeal in these circumstances.



For more information, go to



the handy guides in our larger 'Take Ownership Pack', our website co-ownership.org or give us a call on **028 9032 7276**.

Before you begin...please read these notes for applicants

Help and information

1. We recommend that potential applicants always check our website before they apply for the up to date details of how, when and under what criteria we will be taking in applications.
2. At times we operate a quota system, which means a cap on the number of applications we can take in at a given time. If there is a quota when you are applying this could affect what happens to your application. Please see our 'Take Ownership' info pack for details.
3. Let us know in advance if there are any special arrangements we can make to assist you with your application, such as meeting your communication needs by translating documents or having an interpreter service. Our offices are fully accessible for wheelchair users.

Remember, general information isn't the same as getting professional advice. We do not give financial, taxation or legal advice. If you need advice then you must consult your own professional adviser.

About completing the form and making your application

Before you fill in this application form, read it carefully together with our 'Take Ownership' information pack. Further information is available from our website (co-ownership.org) or call us during working hours (call 028 9032 7276 or textphone users 18001 028 9032 7276).

4. It is important to complete this application booklet as fully as possible. Failure to complete this form fully, honestly and clearly will lead to your application being cancelled. The form will not be returned to you for completion, you will have lost your application fee and you cannot appeal in these circumstances.
5. Our application forms may change from time to time, and without notice. We can only accept applications on the current edition (which you can get from us directly or from our website).

More than one person involved?

6. For the purposes of this application, where there is more than one person applying the **1st applicant** is the applicant with the greatest income.
7. The partner (or spouse or civil partner) of the 1st applicant must fill in their details in full, whether or not they have a separate income.
8. If there are more than 2 applicants or you have additional information to declare than there is space for on the printed form, use a second form for the extra applicant information as needed and attach the 2 forms together.

Documents you may need

9. We may well ask you to supply documentary evidence of statements you have made either in the application form or during the course of processing your application. Where evidence is required to support your application, these must be original documents or certified copies of the originals (certified by your financial adviser or your solicitor). Please make sure that you have and can supply the originals or certified copies of all material requested. We reserve the right to see original documents. We will return all originals to you afterwards.

Remember -

10. All information you give us will be placed on record and may be seen by government departments or their appointed agencies for statistical, research or auditing purposes. This does not affect your rights under data protection. The declaration section of this form deals with your personal information in more detail. Please read it carefully before you sign.
11. The property you apply to purchase must be valued and, in order to proceed, the property must be acceptable to us. Property valuations are carried out by a valuation firm on the basis of market value and condition. Incentives are excluded from the assessment of market value. An incentive is anything which may be considered as a benefit to the applicant, connected with the purchase of the property. All incentives must be declared on this application. Not all incentives will be acceptable to us.
12. All applications are subject to criteria, valuation, contract, title and funding.

Declarations

These declarations must be made by every applicant in each case.

1. I understand that I am responsible for all the information that I have given on this form, including information about other people. I have personally completed this application form or, if it has been completed by someone else on my behalf, I have read and checked every answer and I have personally signed and dated where indicated below.
2. I declare that the answers and information given in respect of this application are correct and true. I understand that any fraudulent, false or misleading information and/or statements and/or omissions in respect of my application whether in this application form or otherwise may be sufficient grounds for cancelling my application and any agreements entered into with Co-Ownership Housing® and that:
 - a. I will make good any loss which Co-Ownership Housing® may suffer by relying on this information, and
 - b. I will not be permitted to make another application for the property named in this application, or make an application for any other property for twelve (12) months from the date of cancellation of this application.

Continued ...

3. I know that I must advise you at once in writing of any changes in my contact details or in my circumstances that might affect my application whether contained in my application form or otherwise.
4. I am aged 18 years or over.
5. In the case of joint/multiple applicants I confirm that I have the consent of and I am entitled to disclose information about my fellow applicants.
6. I am aware that I am solely responsible for any fees/costs incurred by me in connection with this application. Examples of such fees are any broker fees/arrangement fees/valuation fees/mortgage application fees/legal fees. This is not an exhaustive list.
7. I am aware that an application fee must accompany this application, and that this application fee relates to processing fees for Co-Ownership Housing® , and also my professional fees for valuation and legal work which Co-Ownership Housing® pays on my behalf to the solicitor and valuer concerned. At the time of publication this application fee totals £400, made up as follows:
 - a. The £150 processing fee is a contribution towards Co-Ownership Housing® 's costs in dealing with my application. This fee is non refundable.
 - b. The valuation fee of £40 is a contribution to a valuation to be carried out on the property I am applying to purchase. It is refundable if my application is cancelled before the valuation is carried out. I am aware that it is up to me to satisfy myself as to the price, value, state of repair and condition of my chosen property. Co-Ownership Housing® cannot and does not accept any responsibility or liability for anything which may be contained in or missing from any valuation report.
 - c. The legal fee of £210 is a contribution to the solicitors professional fee and value added tax in connection with the purchase of the property and creation of the equity sharing lease. This £210 fee is refundable if my application is cancelled before Co-Ownership Housing issues an offer letter to purchase my chosen property. As solicitors are instructed at the point of offer, the fee is payable under the Co-Ownership legal package. In addition, I understand that I am responsible for payment of my solicitors outlay direct to my solicitors. Only if I do not or cannot avail of the Co-Ownership legal package will the £210 be refunded to me shortly after completion of the purchase provided completion takes place. In such case, I am responsible for all my solicitors costs and outlay.
8. I am aware that this application is not assignable or transferable to anyone else.
9. I accept that Co-Ownership Housing® may withdraw, revise or cancel any application at any stage without stating a reason.
10. I am aware that if at any point in the course of processing my application Co-Ownership Housing® decides that the property I apply to purchase is not suitable for the scheme, it may cancel my application and I must submit an entirely new application if I wish to apply for another property. Any such new application will be subject to the method of how, when and under what criteria Co-Ownership Housing® is currently taking in applications at the time the new application is made.
11. I understand that if there is more than one applicant named on an application form Co-Ownership Housing® will only send documents/correspondence/text messages/emails in connection with the processing of my application to the residential address/mobile telephone number/email address of the first applicant.
12. I understand that if my application is successful Co-Ownership Housing® will correspond with me at the address of the property applied for following completion of its purchase.
13. I understand that it is up to me to keep in regular contact with Co-Ownership Housing®. Co-Ownership Housing® bears no responsibility for any failure or delay in the delivery of text messages and/or email and/or post.
14. I understand that, if I have been a tenant with a landlord other than my current landlord in the 12 months preceding the date of my application, Co-Ownership Housing® may approach my previous landlord for a reference in addition to my current landlord. I confirm that I will sign such form(s) as may be necessary to authorise my former landlord to give this information.
15. I understand that any application forms submitted to Co-Ownership Housing® will be retained by them whether or not the application is successful.
16. I understand that, where any documentation provided by me or in connection with the processing of my application is originally in a language other than English, Co-Ownership Housing® may obtain a translation of the contents into English for the purposes of dealing with the information.

17. I understand that Co-Ownership Housing® is required to have due regard to the need to promote equality of opportunity and, to help achieve its policy of complete fairness in the treatment of all applicants, therefore collects information for monitoring and statistical purposes in compliance with Section 75 of the Northern Ireland Act 1998.
18. I am aware that Co-Ownership Housing® is committed to carrying out business fairly, honestly and openly and adopts a zero tolerance policy towards bribery.
20. I agree that I will send to Co-Ownership Housing® such additional information as may be required by it to enable the further processing of my application as soon as possible and within the time limit specified by it. Failure to do this may be sufficient grounds for cancelling my application.

Data protection

1. I understand that Co-Ownership Housing® will use any information, including my personal information, given by me for the purposes stated below. I understand that, for these purposes, Co-Ownership Housing® may disclose and exchange my information with its agents and third party service providers as well as with law enforcement agencies and regulatory bodies and that systems used to process my information may include computer networks and connections, intranet and internet facilities. For this section information includes any information Co-Ownership Housing® either obtains directly from me or from third parties such as credit reference agencies or information Co-Ownership Housing® obtains as a result of its relationship with me (such as account details):
- a. processing my application or administering any lease which may be made by Co-Ownership Housing® to me;
 - b. verifying my identity prior to discussing my application with me;
 - c. compliance with legal, regulatory and corporate governance obligations and good practice;
 - d. ensuring business policies are adhered to (such as policies covering security and internet use);
 - e. operational reasons, training and quality control, statistical analysis;
 - f. security vetting, credit scoring and checking, investigating complaints and allegations of criminal offences;
 - g. preventing unauthorised access and modifications to systems.
2. I understand that Co-Ownership Housing® may use credit scoring methods to assess this application and to verify my identity, and may approach credit reference agencies about me who will supply credit information, as well as information from the Electoral Register. The agencies may record details of the credit search conducted whether or not this application proceeds. If there is more than one person named on the application form credit reference agencies may treat all such applicants as financially linked. Credit searches and other information provided to Co-Ownership Housing® and/or the credit reference agencies about me and those with financial links to me may be used by Co-Ownership Housing® and other companies if credit decisions are made about me. In addition to its use in the evaluation of this application and the management of any subsequent equity sharing lease, this information may also be used for debt tracing and the prevention of money laundering.
3. I irrevocably authorise Co-Ownership Housing® in either processing the application or administering any lease which may be made by Co-Ownership Housing® to me (the cost of provision of any information being borne by me):
- a. to apply to any of the persons or parties named in the application form or referred to in any of the documentation submitted in support of my application (or each of their employees or agents) for references/verification/clarification of the information I have provided in my application form;
 - b. at any time to obtain from or give/send to any lending institution nominated by me, its mortgage agents or assignees, such information as it or Co-Ownership Housing® may require in connection with the evaluation and processing of such application or which Co-Ownership Housing® considers may have a bearing or leaning on the management and administration of any equity sharing lease entered into between me and Co-Ownership Housing®;
 - c. to give/send or receive information relating to my application to my other representative/broker/intermediary/financial adviser/solicitor. I give up the right to claim solicitor/client confidentiality or legal privilege in respect of such information;
 - d. to obtain from or give/send to the Northern Ireland Housing Executive (The Housing Executive), its successors or assigns and/or any registered housing association such information as it may require in connection with the evaluation and processing of such application;

Continued...

Personal details - 1st applicant

1. Title Mr Mrs Miss Ms Other (please state)

First name Surname

Have you ever been known by any other name? YES NO

If YES, please give details here

Please state your mother's maiden name

2. Application

Are you applying to Co-Ownership on your own or jointly with another person/others?

On my own Jointly with another person

Jointly with two or more other people. Please state total number of applicants

Please describe the nature of your relationship to the other applicant(s).

The 2nd applicant on this form is my

Spouse/Civil Partner Partner Brother/Sister Parent

Son/Daughter Friend Other

If OTHER please give details

The 3rd applicant on this form is my

Spouse/Civil Partner Partner Brother/Sister Parent

Son/Daughter Friend Other

If OTHER please give details

The 4th applicant on this form is my

Spouse/Civil Partner Partner Brother/Sister Parent

Son/Daughter Friend Other

If OTHER please give details

3. Have you ever applied to Co-Ownership before, or ever lived in a Co-Ownership property? YES NO

If YES, please give details in the space below

4. Are you a first time home buyer? YES NO

If NO, please give details in the space below

5. National insurance number

Your National Insurance number

6. Age

Your date of birth

7. What is your Country of Birth?

Northern Ireland Republic of Ireland Wales Scotland England

Elsewhere please state current name of country

8. Telephone number

Your mobile number will be used for text message updates in connection with the application.

Home Work

Mobile

9. Email address**10. Current address**

Address

Town/City Postcode

How long have you lived here? years months

11. Previous address

If you have lived at your current address for less than 12 months, please give details of where you lived previously

Address

Town/City Postcode

How long did you live there? years months

12. Current tenure

Please select the one that best describes you

- I am a tenant of the Housing Executive/a housing association
- I am living with friends/family who are tenants of the Housing Executive/a housing association
- I am renting from a private landlord
- I am living with friends/family who are renting from a private landlord
- I am a home owner (owned outright or mortgaged)
- I am living with friends/family who are home owners (owned outright or mortgaged)
- I am a home owner through Co-Ownership

For tenants only

Please give the name and address of your landlord

Name

Address

Town/City Postcode

Weekly rent £ . Are you, or have you ever been, behind with your rent? YES NO

13. Health

Under the Disability Discrimination Act 1995 a person is deemed to be a disabled person if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you consider yourself disabled? YES NO

If you answered YES, please indicate the nature of your impairment by ticking the appropriate box or boxes below:

- Physical impairment**, such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches:
- Sensory impairment**, such as being blind or having a serious visual impairment, or being deaf or having a serious hearing impairment:

13. Health continued

Mental health condition, such as depression or schizophrenia:

Learning disability or difficulty, such as Down's Syndrome or dyslexia, or **cognitive impairment**, such as autistic spectrum disorder:

Long-standing or progressive illness or health condition, such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease:

Other (please state) _____

Does your disability affect the TYPE of property you need? YES NO

Does your disability affect the LOCATION of the property you need? YES NO

If YES, please give details here _____

14. Dependents

Do you have anyone who relies on you for financial support? YES NO

If YES, please state number of dependents as appropriate

Under 17 years of age Under 19 and in full time education Adult

If YES, please give details below of EVERYONE who depends on you for support (include 2nd applicant under Person 1, if appropriate).

Person 1

Full name _____ Sex _____ Date of birth

Relationship to you _____ Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

Physical impairment Sensory impairment Mental health condition

Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition

Other (please state) _____

Person 2

Full name _____ Sex _____ Date of birth

Relationship to you _____ Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

Physical impairment Sensory impairment Mental health condition

Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition

Other (please state) _____

Person 3

Full name _____ Sex _____ Date of birth

Relationship to you _____ Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

Physical impairment Sensory impairment Mental health condition

Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition

Other (please state) _____

Person 4

Full name _____ Sex _____ Date of birth

Relationship to you _____ Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

Physical impairment Sensory impairment Mental health condition

Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition

Other (please state) _____

Person 5

Full name Sex Date of birth

Relationship to you Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
 Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition
 Other [please state]

15. Other occupants

Will anyone be living with you in the property who is **NOT** a dependent YES NO
 (include 2nd applicant under Person 1 if appropriate). If YES, please give details below

Person 1

Full name Sex Date of birth

Relationship to you Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
 Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition
 Other [please state]

Person 2

Full name Sex Date of birth

Relationship to you Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
 Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition
 Other [please state]

16. Education

Please select the highest qualification you currently hold from the list below. If your qualification is not listed among the examples given, please tick the box that contains its nearest equivalent.

- No qualifications** (no formal qualifications)
 Level 1 (1 -4 GCSEs) **Level 2** (5 or more GCSEs) **Level 3** (2 or more A-levels, NVQ Level 3, HSC, OND)
 Level 4 or above (first or higher degree, professional qualifications, equivalent higher education qualifications)
 Other qualifications (apprenticeships, other vocational/work related qualifications)
 Qualifications gained outside the UK

17. Your communication needs

We will use the information you give us in this section to help us to communicate with you.

What is your main language that you feel most comfortable in using when interacting?

English Other, please state

How well can you **speak** English?

Very well Well Not well Not at all

How well can you **read** English?

Very well Well Not well Not at all

Do you require any particular arrangements as to how we communicate with you about your application such as material in other formats, translation of written information into a language other than English, interpreter services, textphone?

YES NO If YES please give details below

Personal details-2nd applicant

1. Title Mr Mrs Miss Ms Other (please state)

First name Surname

Have you ever been known by any other name? YES NO

If YES, please give details here

Please state your mother's maiden name

2. Application

Are you applying to Co-Ownership on your own or jointly with another person/others?

On my own Jointly with another person

Jointly with two or more other people. Please state total number of applicants

Please describe the nature of your relationship to the other applicant(s).

The 2nd applicant on this form is my

Spouse/Civil Partner Partner Brother/Sister Parent

Son/Daughter Friend Other

If OTHER please give details

The 3rd applicant on this form is my

Spouse/Civil Partner Partner Brother/Sister Parent

Son/Daughter Friend Other

If OTHER please give details

The 4th applicant on this form is my

Spouse/Civil Partner Partner Brother/Sister Parent

Son/Daughter Friend Other

If OTHER please give details

3. Have you ever applied to Co-Ownership before, or ever lived in a Co-Ownership property? YES NO

If YES, please give details in the space below

4. Are you a first time home buyer? YES NO

If NO, please give details in the space below

5. National insurance number

Your National Insurance number

6. Age

Your date of birth

7. What is your country of birth?

Northern Ireland Republic of Ireland Wales Scotland England

Elsewhere please state current name of country

13. Health continued

- Mental health** condition, such as depression or schizophrenia:
- Learning disability or difficulty**, such as Down's Syndrome or dyslexia, or **cognitive impairment**, such as autistic spectrum disorder:
- Long-standing or progressive illness or health condition**, such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease:
- Other please state _____

Does your disability affect the TYPE of property you need? YES NO

Does your disability affect the LOCATION of the property you need? YES NO

If YES, please give details here _____

14. Dependents

Do you have anyone who relies on you for financial support OTHER THAN the person(s) stated by the 1st applicant? YES NO

If YES, please state number of dependents as appropriate

Under 17 years of age Under 19 and in full time education Adult

If YES, please give details below of EVERYONE who depends on you for support

Person 1

Full name _____ Sex _____ Date of birth

Relationship to you _____ Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
- Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition
- Other please state _____

Person 2

Full name _____ Sex _____ Date of birth

Relationship to you _____ Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
- Learning disability or difficulty or cognitive impairment Long-standing /progressive illness or health condition
- Other please state _____

Person 3

Full name _____ Sex _____ Date of birth

Relationship to you _____ Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
- Learning disability or difficulty or cognitive impairment Long-standing /progressive illness or health condition
- Other please state _____

Person 4

Full name _____ Sex _____ Date of birth

Relationship to you _____ Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
- Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition
- Other please state _____

Person 5

Full name Sex Date of birth

Relationship to you Will he/she be living with you in the property? YES NO

Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
 Learning disability or difficulty or cognitive impairment Long-standing /progressive illness or health condition
 Other please state

15. Other occupants

Will anyone be living with you in the property who is **NOT** a dependent YES NO
 (include 2nd applicant under Person 1 if appropriate). If YES, please give details below

Person 1

Full name Sex Date of birth

Relationship to you Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
 Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition
 Other please state

Person 2

Full name Sex Date of birth

Relationship to you Is she/he disabled? YES NO

If you answered YES, please indicate the nature of their impairment by ticking the appropriate box or boxes below:

- Physical impairment Sensory impairment Mental health condition
 Learning disability or difficulty or cognitive impairment Long-standing/progressive illness or health condition
 Other please state

16. Education

Please select the highest qualification you currently hold from the list below. If your qualification is not listed among the examples given, please tick the box that contains its nearest equivalent.

- No qualifications** (no formal qualifications)
 Level 1 (1 -4 GCSEs) **Level 2** (5 or more GCSEs) **Level 3** (2 or more A-levels, NVQ Level 3, HSC, OND)
 Level 4 or above (first or higher degree, professional qualifications, equivalent higher education qualifications)
 Other qualifications (apprenticeships, other vocational/work related qualifications)
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17. Your communication needs

We will use the information you give us in this section to help us to communicate with you.

What is your main language that you feel most comfortable in using when interacting?

English Other, please state

How well can you **speak** English?

Very well Well Not well Not at all

How well can you **read** English?

Very well Well Not well Not at all

Do you require any particular arrangements as to how we communicate with you about your application such as material in other formats, translation of written information into a language other than English, interpreter services, textphone?

If YES please give details below YES NO

Income & Occupation

1st applicant

Please complete this section fully and accurately. For example, do not estimate or round up income figures.

1. Job title

What is your job title? If retired, state your last occupation before retirement

2. Area of employment

Are you currently in employment?

NO YES

If **NO**, please select one from the list below that best describes your circumstances

- Retired
- Unemployed
- Unable to work due to illness/disability

If **YES**, please select one from the list below that best describes your circumstances

- Employee
- Self-employed
- Both employed and self-employed

If **YES**, please select one from the list below that best describes your area of employment

- Agriculture, forestry & fishing
- Mining and quarrying
- Manufacturing
- Electricity, gas, steam and air conditioning supply
- Water supply, sewerage, waste management and remediation activities
- Construction
- Wholesale and retail trade, repair of motor vehicles and motor cycles
- Accommodation and food service activities
- Transport & storage
- Information and communication
- Financial and insurance activities
- Real estate activities
- Administrative and support service activities
- Professional, scientific and technical activities
- Public administration and defence, compulsory social security
- Education
- Human health and social work activities
- Other

SELF EMPLOYED ONLY, please select one from the list below that best describes your company

- Sole Trader
- Limited company
- Partnership
- Limited liability partnership

5. Pensions

Do you currently receive a pension?

YES NO

Type of pension and annual amount. Give details of all additional pensions.

Occupational pension Annual amount £

State pension Annual amount £

Other (please give details) Annual amount £

6. Tax Credits

Do you receive any tax credits?

YES NO

Type of tax credit and annual amount. Give details of all tax credits.

Working tax credit Annual amount £

Child tax credit Annual amount £

Other (please give details) Annual amount £

7. Benefits

Do you receive any benefits?

YES NO

Type of benefit and annual amount. Give details of all benefits.

Employment & support allowance Annual amount £

Disability living allowance Annual amount £

Incapacity benefit Annual amount £

Child benefit Annual amount £

Other (please give details) Annual amount £

8. Other income

Have you any income that you have not already declared?

YES NO

Type of other income and annual amount. Give details of all other income.

Maintenance Annual amount £

Other (please give details) Annual amount £

9. Savings

Have you any savings?

YES NO

If YES, give details Total amount £

10. Outgoings

Are you currently enrolled in a pension scheme (workplace or other)? YES NO

If YES, what percentage of your qualifying earnings are you personally contributing . %

Are you making any maintenance payments? YES NO
[for child(ren) and/or a former partner]

If YES, give the total amount you pay annually Total annual amount £ .

Are the payments made under a maintenance order? YES NO

Apart from maintenance payments (where this occurs) are you paying for any childcare? YES NO

If YES, please give amount and details Total annual amount £ .

11. Other financial

Apart from the 2nd applicant (if there is one) will anyone else be contributing towards your payments for the property? YES NO

Do you have a current account? YES NO

Do you have a bank loan, credit card borrowings, hire purchase or any similar commitments? YES NO
If you have an overdraft this must also be included.

If YES, list ALL loans/commitments in the details box below

Total amount you owe £ . Total amount you repay monthly £ .

Have you ever defaulted on a loan /credit agreement? YES NO

Have you ever had an application for credit or a mortgage advance rejected? YES NO

Have you ever been adjudicated bankrupt? YES NO

Have you ever had a money judgement entered against you? YES NO

Have you ever entered into an agreement with your creditors / an IVA / a debt relief order? YES NO

If YES, give details in the box below, including the date satisfied
[this must be at least 12 months before the date of your application]

Date satisfied /

12. Credit report

I am supplying a credit report with this application YES NO

I confirm that the credit report supplied is the latest available and that it is an accurate and complete record of my credit status at the date of my application. YES NO

Income & Occupation

2nd applicant

Please complete this section fully and accurately. For example, do not estimate or round up income figures.

1. Job title

What is your job title? If retired, state your last occupation before retirement

2. Area of employment

Are you currently in employment?

NO YES

If **NO**, please select one from the list below that best describes your circumstances

- Retired
- Unemployed
- Unable to work due to illness/disability

If **YES**, please select one from the list below that best describes your circumstances

- Employee
- Self-employed
- Both employed and self-employed

If **YES**, please select one from the list below that best describes your area of employment

- Agriculture, forestry & fishing
- Mining and quarrying
- Manufacturing
- Electricity, gas, steam and air conditioning supply
- Water supply, sewerage, waste management and remediation activities
- Construction
- Wholesale and retail trade, repair of motor vehicles and motor cycles
- Accommodation and food service activities
- Transport & storage
- Information and communication
- Financial and insurance activities
- Real estate activities
- Administrative and support service activities
- Professional, scientific and technical activities
- Public administration and defence, compulsory social security
- Education
- Human health and social work activities
- Other

SELF EMPLOYED ONLY, please select one from the list below that best describes your company

- Sole Trader
- Limited company
- Partnership
- Limited liability partnership

5. Pensions

Do you currently receive a pension? YES NO

Type of pension and annual amount. Give details of all additional pensions.

Occupational pension Annual amount £ .

State pension Annual amount £ .

Other (please give details) Annual amount £ .

6. Tax Credits

Do you receive any tax credits? YES NO

Type of tax credit and annual amount. Give details of all tax credits.

Working tax credit Annual amount £ .

Child tax credit Annual amount £ .

Other (please give details) Annual amount £ .

7. Benefits

Do you receive any benefits? YES NO

Type of benefit and annual amount. Give details of all benefits.

Employment & support allowance Annual amount £ .

Disability living allowance Annual amount £ .

Incapacity benefit Annual amount £ .

Child benefit Annual amount £ .

Other (please give details) Annual amount £ .

8. Other income

Have you any income that you have not already declared? YES NO

Type of other income and annual amount. Give details of all other income.

Maintenance Annual amount £ .

Other (please give details) Annual amount £ .

9. Savings

Have you any savings? YES NO

If YES, give details Total amount £ .

Are these savings in addition to the 1st applicant's? YES NO

10. Outgoings

Are you currently enrolled in a pension scheme (workplace or other)? YES NO

If YES, what percentage of your qualifying earnings are you personally contributing %

Are you making any maintenance payments? YES NO
[for child(ren) and/or a former partner]

If YES, give the total amount you pay annually Total annual amount £ .

Are the payments made under a maintenance order? YES NO

Apart from maintenance payments (where this occurs) are you paying for any childcare? YES NO

If YES, please give amount and details Total annual amount £ .

11. Other financial

Apart from the 1st applicant will anyone else be contributing towards your payments for the property? YES NO

Do you have a current account? YES NO

Do you have a bank loan, credit card borrowings, hire purchase or any similar commitments? YES NO
If you have an overdraft, this must also be included.

If YES, list ALL loans/commitments in the details box below

Total amount you owe £ . Total amount you repay monthly £ .

Have you ever defaulted on a loan /credit agreement? YES NO

Have you ever had an application for credit or a mortgage advance rejected? YES NO

Have you ever been adjudicated bankrupt? YES NO

Have you ever had a money judgement entered against you? YES NO

Have you ever entered into an agreement with your creditors / an IVA / a debt relief order? YES NO

If YES, give details in the box below, including the date satisfied
(this must be at least 12 months before the date of your application)

Date satisfied

12. Credit report

I am supplying a credit report with this application YES NO

I confirm that the credit report supplied is the latest available and that it is an accurate and complete record of my credit status at the date of my application. YES NO

Property to be Purchased

1. Address of property (include site number if new build)

Address

Town/City Postcode

2. Description of property

Please select one.

New build Existing property

Please select one.

Apartment Terraced house/townhouse Semi-detached house
 Semi-detached bungalow Detached house Detached bungalow

Number of bedrooms

Year of construction

Size of property (square metres)

Initial asking price £

Price agreed £

Central heating Full Partial None

Type of central heating Oil Gas Solid fuel Electric Other Please give details below

Garage Attached Detached Space None

Property tenure Freehold Leasehold

Management company YES NO

Is there a service charge? YES NO If YES, please state annual amount £

Ground rent (annual) £

3. Incentives

Are you receiving any incentive(s) or benefits in connection with the purchase of this property? YES NO

If YES, state details here

4. Your equity share

What percentage share of the property do you propose to take? %

Please check our Take Ownership Pack for current options.

If you need one, have you applied for a mortgage yet? YES NO

How do you propose to finance your share?

Mortgage £ Cash deposit £

Other borrowing(s) £ **Total amount** £

5. Your deposit

Is any part of your cash deposit a gift to you from a friend or relative? YES NO
 [There must be no conditions attached to the gift]

If YES, state their name(s) here Total amount of gift £

6. Is the property you are applying to purchase currently owned through Co-Ownership? YES NO

7. Is the property being sold with full vacant possession? YES NO

8. Was this property built by the Housing Executive? YES NO

9. Who should we contact to gain access to the property? Seller Estate Agent

10. Do you have an expected completion date for the purchase? YES NO

If YES, please give the date you are aiming for

d d m m y y y y

11. Seller (the owner of the property)

Name

Contact address for seller (if different from the property address)

Address

Town/City Postcode

Telephone

12. Estate agent

Contact name

Name of firm

Address

Town/City Postcode

Telephone

13. Seller's solicitor

Contact name

Name of firm

Address

Town/City Postcode

Telephone

14. Your solicitor

Do you have a solicitor? YES NO

If you have a solicitor to act for you in the purchase of this property, state details here

Contact name

Name of firm

Address

Town/City Postcode

Telephone

15. For new build properties only

Name of development

Name of builder

Builder's address

Town/City Postcode

Telephone

Current stage of construction Not started Foundations Roofed
 Plastered out Finished

Amount of PC sums

Kitchen	£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fireplace	£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sanitary ware	£	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this a turnkey property? YES NO

Warranty information (e.g. NHBC)

16. For properties that are not new build, but are less than 10 years old

Name of builder

Builder's address

Town/City Postcode

Telephone

Warranty information (e.g. NHBC)

17. Your financial adviser

If you have a financial adviser please give details below so that we may keep him/her informed about the progress of your application. You are responsible for any fees charged by your financial adviser.

Contact name

Name of firm

Address

Town/City Postcode

Telephone

18. Other representative

If there is any other person helping you with your application and you wish to authorise us to keep him/her informed about its progress, please include their details here

Name

Address

Town/City Postcode

Telephone

What is this person's relationship to you?

19. Payment

Your application will not be processed without the application fee.

The Declarations section at the front of this application booklet explains about the application fee.

Please confirm your chosen method of payment below. **We do not accept payment by cheque or credit card.**

I am paying by debit card

I am paying in cash (we can only accept cash if your application is hand delivered)

Paying by debit card?

Once we receive your application we will text you with details of how to make your payment. The debit card used for payment must be in the name of the 1st or 2nd applicant. When you make your payment you will receive an authorisation code.

Paying by cash?

The full amount must accompany your application.

Applicants...

The rest of this application booklet is made up of pull-out forms. These are:

- | | |
|-----------------------------|-----------------|
| 1. Equal Opportunities Form | 1 copy |
| 2. Employers Form | 2 copies |
| 3. Self Employed Form | 1 copy |
| 4. Landlords Form | 2 copies |

- **You must complete and return your Equal Opportunities Form.**
- **You must provide your credit report.**
- If you have a job you must provide a completed Employers Form/Self Employed Form for that job, as appropriate.
- If you currently rent a property you must provide a completed Landlords Form.

For more information see the handy guides in our 'Take Ownership' info pack.

Equal Opportunities Form - 1st Applicant

R0

Available in Other formats Other languages
If you have other needs please contact us.



You can download this form from our website co-ownership.org.

We fully support equality for all people. It is against the law and our policy to discriminate because of your age, marital status, gender, sexual orientation, race, religion, political opinion, disability, or your dependents.

To ensure we do not discriminate, we need to keep records. The information you give will be treated in the strictest confidence and protected from misuse. It may be disclosed for purposes of crime prevention or detection. It is not part of your application. We will detach it from the rest of your application on receipt, before we start to look at the application information.

You must complete this form and return it with your application booklet. Answer every question.

Age

Prefer not to say

Status

 Single Married Civil Partnership Cohabiting Divorced Separated Widowed Prefer not to say

Race

 Irish Traveller White White and Black Caribbean White and Black African White and Asian Any other mixed/multiple ethnic background, please describe Pakistani Indian Bangladeshi Chinese Any other Asian background, please describe African Caribbean Any other Black/African/Caribbean background, please describe Arab Any other ethnic group Prefer not to say

Religion

 No Religion Catholic Presbyterian Free Presbyterian Church of Ireland Methodist Baptist Brethren Protestant - non specified Christian - not specified Buddhist Hindu Jewish Muslim Sikh Any other religion, please describe Prefer not to say

Dependents

Do you have any dependents?

 YES NO Prefer not to say

If you answered YES, please indicate whether your dependents or the people you look after that are (select all that apply):

 A child or children A disabled person or persons An elderly person or persons Other, please specify

Disability

Disability is defined in the Disability Discrimination Act 1995 as a physical or mental impairment which has a substantial long term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled?

 YES NO Prefer not to say

Day to day activities are normal activities carried out by most people on a regular basis. The effect of the disability must have lasted at least 12 months, or is likely to last at least 12 months or for the rest of the life of the person affected.

Sex

 Male Female Transgendered Prefer not to say

Sexual orientation

 Heterosexual Lesbian Gay Bisexual Prefer not to say

Political opinion (in your own words)

 Prefer not to say

Equal Opportunities Form - 2nd Applicant

R0

Please complete only where there is a 2nd applicant.

Return it with your application booklet. Answer every question.

Age

Prefer not to say

Status

Single

Married

Civil Partnership

Cohabiting

Divorced

Separated

Widowed

Prefer not to say

Race

Irish Traveller

White

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple ethnic background, please describe

Pakistani

Indian

Bangladeshi

Chinese

Any other Asian background, please describe

African

Caribbean

Any other Black/African/Caribbean background, please describe

Arab

Any other ethnic group

Prefer not to say

Religion

No Religion

Catholic

Presbyterian

Free Presbyterian

Church of Ireland

Methodist

Baptist

Brethren

Protestant - non specified

Christian - not specified

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, please describe

Prefer not to say

Dependents

Do you have any dependents?

YES

NO

Prefer not to say

If you answered yes, please indicate whether your dependents or the people you look after that are (select all that apply):

A child or children

A disabled person or persons

An elderly person or persons

Other, please specify

Disability

Disability is defined in the Disability Discrimination Act 1995 as a physical or mental impairment which has a substantial long term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you consider yourself to be disabled?

YES

NO

Prefer not to say

Day to day activities are normal activities carried out by most people on a regular basis. The effect of the disability must have lasted at least 12 months, or is likely to last at least 12 months or for the rest of the life of the person affected.

Sex

Male

Female

Transgendered

Prefer not to say

Sexual orientation

Heterosexual

Lesbian

Gay

Bisexual

Prefer not to say

Political opinion (in your own words)

Prefer not to say

Applicants - please include this completed form with the rest of your application and return to...

address Co-Ownership Housing, Murray House, Murray Street, Belfast, BT1 6DN

phone 028 9032 7276 (textphone users 18001 028 9032 7276) **fax** 028 9033 0720

email applications@co-ownership.org **website** co-ownership.org

D25/150401.2

Employer's Form

 R0

Available in Other formats
 Other languages

If you have other needs please contact us.



You can download this form from our website co-ownership.org.

Applicant first...

Tell us who you are

My full name is Mr Mrs Miss Ms

I live at (property address)

Postcode

I authorise my employer to complete this form for the purposes of my application to Co-Ownership Housing. I also authorise my employer to verify or clarify or supply any further written information required by Co-Ownership Housing in connection with this application.

Sign here Date

Give us details of your employer

My employer is

My position/job title is

The address for writing to my employer is

Postcode

Employer next...

Please complete the rest of this form, answering every question. If you do not provide the information requested, we will be unable to process the application

In the course of processing Co-Ownership Housing verifies employment information, including the contents of this form, directly with the employer.

When did the applicant first start to work for you?

When did the applicant start working for you in their current position?

Is the applicant's current position still in its probationary period? YES NO

Is the applicant's current position with you permanent, fixed term or temporary (please state)

If fixed term/temporary, when is the employment contracted to end?

Is the applicant under notice of termination or redundancy? YES NO

What are the applicant's total contracted hours per week?

Gross basic wage or salary £ The applicant is paid this amount every [please state]

Hour Week Fortnight Four weeks Calendar month Year

Are there any additional amounts guaranteed to be paid to the applicant on top of basic salary? YES NO

If YES, please state details overleaf.

Does the applicant occasionally or regularly work for more than his/her total contracted hours per week ? YES NO

Additional income GUARANTEED by employer

To be guaranteed, additional income must be part of the applicant's terms of employment and a permanent feature of the post.

All amounts stated are gross figures and payable annually.

Overtime £

Bonus/commission/performance related £

Allowances £

State details here

Any other payments? Please state amount £

State details here

Additional income NOT GUARANTEED by employer

This is income which is not part of the applicant's terms of employment. Include here details of any payments which are of a temporary nature or which are payable according to the applicant's current posting rather than as a permanent feature (eg, shift payments, acting up allowances).

All amounts stated are gross figures and payable annually.

Overtime £

Bonus/commission/performance related £

Allowances £

State details here

Any other payments? Please state amount £

State details here

At least one of the following documents must be provided to Co-Ownership.

Please mark below which of them you are sending with this form

A covering letter, signed by me I DO/DO NOT have company headed notepaper

OR

My company stamp (below) I DO/DO NOT have a company stamp

MY COMPANY STAMP

In completing and signing this form, I confirm that I am authorised to do so on behalf of my employer.

Name (in capitals) Date

Position Sign here

please make sure you have...

- signed the form
- given us all contact details
- enclosed copies of documents as appropriate

applicants - please include this completed form with the rest of your application and return to...

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email applications@co-ownership.org
website co-ownership.org

Employer's Form

 R0

Available in



Other formats

Other languages

If you have other needs please contact us.



You can download this form from our website co-ownership.org.

Applicant first...

Tell us who you are

My full name is Mr Mrs Miss Ms

I live at (property address)

Postcode

I authorise my employer to complete this form for the purposes of my application to Co-Ownership Housing. I also authorise my employer to verify or clarify or supply any further written information required by Co-Ownership Housing in connection with this application.

Sign here Date

Give us details of your employer

My employer is

My position/job title is

The address for writing to my employer is

Postcode

Employer next...

Please complete the rest of this form, answering every question. If you do not provide the information requested, we will be unable to process the application

In the course of processing Co-Ownership Housing verifies employment information, including the contents of this form, directly with the employer.

When did the applicant first start to work for you?

When did the applicant start working for you in their current position?

Is the applicant's current position still in its probationary period? YES NO

Is the applicant's current position with you permanent, fixed term or temporary (please state)

If fixed term/temporary, when is the employment contracted to end?

Is the applicant under notice of termination or redundancy? YES NO

What are the applicant's total contracted hours per week?

Gross basic wage or salary £ The applicant is paid this amount every [please state]

Hour Week Fortnight Four weeks Calendar month Year

Are there any additional amounts guaranteed to be paid to the applicant on top of basic salary? YES NO

If YES, please state details overleaf.

Does the applicant occasionally or regularly work for more than his/her total contracted hours per week ? YES NO

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To be guaranteed, additional income must be part of the applicant's terms of employment and a permanent feature of the post.

All amounts stated are gross figures and payable annually.

Overtime £

Bonus/commission/performance related £

Allowances £

State details here

Any other payments? Please state amount £

State details here

Additional income NOT GUARANTEED by employer

This is income which is not part of the applicant's terms of employment. Include here details of any payments which are of a temporary nature or which are payable according to the applicant's current posting rather than as a permanent feature (eg, shift payments, acting up allowances).

All amounts stated are gross figures and payable annually.

Overtime £

Bonus/commission/performance related £

Allowances £

State details here

Any other payments? Please state amount £

State details here

At least one of the following documents must be provided to Co-Ownership.

Please tick below which of them you are sending with this form.

A covering letter, signed by me I DO/DO NOT have company headed notepaper

OR

My company stamp (below) I DO/DO NOT have a company stamp

MY COMPANY STAMP

In completing and signing this form, I confirm that I am authorised to do so on behalf of my employer.

Name (in capitals) Date

Position Sign here

please make sure you have...

- signed the form
- given us all contact details
- enclosed copies of documents as appropriate

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applicants - please include this completed form with the rest of your application and return to...

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fax 028 9033 0720
email applications@co-ownership.org
website co-ownership.org

Self Employed Form

 R0

Available in



Other formats

Other languages

If you have other needs please contact us.



You can download this form from our website co-ownership.org

Applicant first...

Tell us who you are

My full name is Mr Mrs Miss Ms

I live at (property address)

Postcode

I would like to apply to Co-Ownership Housing and I enclose evidence of my self-employed income with this form where indicated. I confirm that this information is correct and true in all respects. I also authorise the person who prepares my accounts/projections to verify or clarify or supply any further written information required by Co-Ownership Housing in connection with this application.

Sign here Date

Give us details of your self employment status

Please tick every box that applies to you in the section below

- I am a sole trader
- I am a partner in a partnership
- I am a partner in a limited liability partnership
- I am a director in a limited company
- I also receive income from other sources. If YES, please provide details on application form and/or employers form.

When did you become self-employed?

For sole traders

You must supply **all** of the following documents with this form

Please tick below to confirm that each document is supplied.

- My last **two** HMRC self assessment tax returns, signed by me (latest available)
For year ending and year ending
- Projected income & expenditure account for the current tax year, signed by my bookkeeper/ accountant
For year ending
- Confirmation that all tax liabilities are up to date, signed by my accountant
For year ending

Sign here Trading name, if different

Date

For partnerships

You must supply **all** of the following documents with this form
Please tick below to confirm that each document is supplied.

My accounts for the last two years (latest available), detailing partnership split
For year ending and year ending

My latest HMRC self-assessment tax return signed by me
For year ending

Projected income & expenditure account for the current tax year, signed by my accountant
For year ending

Sign here Name of partnership

Date

For company directors

You must supply **all** of the following documents with this form
Please tick below to confirm that each document is supplied.

The company's accounts for the last two years (latest available), signed by my accountant
For year ending and year ending

My latest HMRC self-assessment tax return signed by me
For year ending

Projected income & expenditure account for the current tax year, signed by my accountant
For year ending

Sign here Company name

Date

Please give us details of who prepares your accounts/projections

My accountant (the person/firm who prepares my accounts) is

The address for writing to my accountant is

 Postcode

Telephone

please make sure you have

- signed the form
- given us all contact details
- enclosed copies of documents as appropriate

applicants - please include this completed form with the rest of your application and return to...

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website co-ownership.org

Landlord's Form

 R0

Available in



Other formats

Other languages

If you have other needs please contact us.



You can download this form from our website co-ownership.org.

Applicant(s) first...

Tell us who you are

My full name is Mr Mrs Miss Ms

I am a tenant, living at (property address)

Postcode

I would like to apply to Co-Ownership Housing and I authorise my landlord to complete this form for the purposes of my application.

Sign here (both applicants please)

Date

Give us details of your landlord...

My landlord is (please tick) The Housing Executive A housing association A private landlord

My landlord's name is

The address for writing to my landlord is

Postcode

Landlord next...

Please complete the rest of this form

Details of the applicant(s) current tenancy

Tenancy address

Postcode

How long has the applicant(s) lived there? From

Weekly rent £

Any arrears? YES NO If YES, total amount £

If YES, how many times did rent payments fall behind?

Has the applicant(s) previously had a tenancy with you at any other address? YES NO

Landlord's Form continued

Details of the applicant(s) previous tenancy with you

Tenancy address (1)

Postcode

How long did the applicant(s) live there? From to

Weekly rent £

Any arrears? YES NO If YES, total amount £

How many times did rent payments fall behind?

Tenancy address (2)

Postcode

How long did the applicant(s) live there? From to

Weekly rent £

Any arrears? YES NO If YES, total amount £

How many times did rent payments fall behind?

At least one of the following documents must be provided to Co-Ownership.

Please tick below which of them you are sending with this form

A covering letter, signed by me I DO/DO NOT have company headed notepaper

OR

My company stamp (below) I DO/DO NOT have a company stamp

MY COMPANY STAMP

Name (in capitals) Date

Position Sign here

please make sure you have...

- signed the form
- given us all contact details
- enclosed copies of documents as appropriate

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Landlord's Form

 R0

Available in Other formats
 Other languages

If you have other needs please contact us.

 You can download this form from our website co-ownership.org.

Applicant(s) first... Tell us who you are

My full name is Mr Mrs Miss Ms

I am a tenant, living at (property address)

Postcode

I would like to apply for Co-Ownership Housing and I authorise my landlord to complete this form for the purposes of my application.

Sign here (both applicants please)

Date

Give us details of your landlord...

My landlord is (please tick) The Housing Executive A housing association A private landlord

My landlord's name is

The address for writing to my landlord is

Postcode

Landlord next...

Please complete the rest of this form

Details of the applicant(s) current tenancy

Tenancy address

Postcode

How long has the applicant(s) lived there? From

Weekly rent £

Any arrears? YES NO If YES, total amount £

If YES, how many times did rent payments fall behind?

Has the applicant(s) previously had a tenancy with you at any other address? YES NO

Landlord's Form continued

Details of the applicant(s) previous tenancy with you

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Postcode

How long did the applicant(s) live there? From to

Weekly rent £

Any arrears? YES NO If YES, total amount £

How many times did rent payments fall behind?

Tenancy address (2)

Postcode

How long did the applicant(s) live there? From to

Weekly rent £

Any arrears? YES NO If YES, total amount £

How many times did rent payments fall behind?

At least one of the following documents must be provided to Co-Ownership.

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A covering letter, signed by me I DO/DO NOT have company headed notepaper

OR

My company stamp (below) I DO/DO NOT have a company stamp

MY COMPANY STAMP

Name (in capitals) Date

Position Sign here

please make sure you have...

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website co-ownership.org



Your Application Booklet is part of our larger **Take Ownership Pack** of information about the Co-Ownership Scheme, available from our website.

Available in other formats an other languages. If you have other needs, please contact us.

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NI Co-Ownership Housing Association Ltd
Murray House, Murray Street, Belfast BT1 6DN. DX 2003 NR Belfast 2

T: (028) 9032 7276 **F:** (028) 9033 0720 **W:** co-ownership.org **E:** applications@co-ownership.org

Textphone users: 18001 028 9032 7276

