

Social Homebuy Application Form



Please Note:

Your application will only be considered if you answer all the questions. Please use a separate sheet to provide any other supporting information.

All parties to the proposed purchase must answer these questions – continue on a separate sheet if necessary. If there are more than 2 applicants please photocopy this form for the extra applicants

About You: The Applicants

	First Applicant	Second Applicant
Title		
First name		
Last name		
Previous name (if applicable)		
Address		
Postcode		
Date of Birth		
Home Telephone		
Work Telephone		
Mobile Telephone		
Email address		

Are you named on the tenancy agreement for this property Yes No

If you are not named on the tenancy:

Have you notified Family Mosaic that you have been living at this address at least six months ago? Yes No

And are you able to prove residency at this address for a minimum of six months (bank statements, bills, etc. Photo ID and 2 forms of ID are to be forwarded) **You must submit this with the application.** Yes No

About Your Family

Are there any other people over the age of 18 who will be living with you at the property? Who are they Yes No

Name		Date of birth	
Relationship to Applicants			
Name		Date of birth	
Relationship to Applicants			
Name		Date of birth	
Relationship to Applicants			

How many children under the age of 18 will be living with you at the property?



About Your Tenancy

Are there any other joint tenants who will not be joining the purchase? Who are they

Yes No

Name	<input type="text"/>	Date of birth	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>

Please note that any joint tenants not joining in the purchase must attend our offices with proof of identity to sign a declaration that they will be making themselves intentionally homeless and will not be entitled to future social housing support.

Are you related to or co-habit with a committee member, employee, agent or consultant of Family Mosaic

Yes No

If yes – Name

Is your tenancy

Assured **Secured** **Assured Shorthold**

Other please state (this will be on the front of your tenancy agreement)

When did you move into this address

When did you first become a Family Mosaic tenant?

Have lived in any other property in the last 5 years? Yes No

If have lived elsewhere in the last 5 years, please complete the following:

Address	<input type="text"/>							
Postcode	<input type="text"/>							
Period lived there	From	<input type="text"/>	To	<input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Name of Landlord	<input type="text"/>							
Address of Landlord	<input type="text"/>							
Telephone no. of landlord	<input type="text"/>							



About Your Property

Is your property

Detached House	<input type="checkbox"/>	Semi Detached House	<input type="checkbox"/>	Mid Terraced House	<input type="checkbox"/>	End Terrace	<input type="checkbox"/>
House	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	Maisonette / Flat	<input type="checkbox"/>		

Which floor do you live on

How many bedrooms do you have

Does your property have a private balcony

Yes

No

What sort of garden do you have

Private	<input type="checkbox"/>	Shared	<input type="checkbox"/>	Communal	<input type="checkbox"/>	None	<input type="checkbox"/>
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What sort of parking do you have

Garage with property	<input type="checkbox"/>	Garage in block	<input type="checkbox"/>	Alloted	<input type="checkbox"/>	Communal	<input type="checkbox"/>	None	<input type="checkbox"/>
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Do you have a shed or outbuilding which is a permanent building

Yes

No

Is the property your main residence

Yes

No

Which Borough is your property located

Is the property self contained - no-one has access to their property through your front door

Yes

No

Has your property been adapted for Elderly or disabled use

Yes

No

Is your property specifically for sheltered housing or for mentally or physically handicapped people

Yes

No

Is the property tied to employment ie, caretaker of block

Yes

No

About Your Finances

	First Applicant	Second Applicant		
Job Title				
Employer				
Address				
Postcode				
Total gross annual income (before tax) (excluding overtime & bonuses)				
Annual regular or guaranteed overtime/ bonuses				
Monthly take home pay after deductions				
Total savings				
Have you any outstanding loans or other regular payments. If yes how much are the total monthly repayments				
CSA payments				
Outstanding balance				
Monthly repayment				
Final repayment date				
Loans & HP				
Outstanding balance				
Monthly repayment				
Final repayment date				
Credit/store cards				
Outstanding balance				
Monthly repayment				
Final repayment date				
How much debt do you have				
Are you an undischarged bankrupt or do you have a bankruptcy petition pending	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes we need full details				
Do you have any county court judgements currently against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Have you been in rent / service charge arrears in the past six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you own or have a mortgage on any other property	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Do you have indefinite leave to remain in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
What share are you hoping to purchase?	25% <input type="checkbox"/>	50% <input type="checkbox"/>	75% <input type="checkbox"/>	100% <input type="checkbox"/>

Equalities Monitoring Form

Why do we monitor? We have a moral and legal responsibility to make sure that everyone is treated in the same way and is not discriminated against. As part of our duty, we need to monitor who we are consulting with about our services. With this information we are able to:

- Better understand our tenants and service users to meet their specific needs

- Identify discrimination or barriers that affect people giving their views about our services

You can refuse to complete ALL or PART of this monitoring form.

Data Protection

All data is confidential and will only be used under the strict controls of the Data Protection Act 1998

Age Profile

Declined to Comment

16 - 24

25 - 40

41 - 64

65+

Gender

Declined to Comment

Male

Female

Ethnic Origin (Please tick one only)

Declined to Comment

White

British ⁽¹⁾

Irish ⁽²⁾

Other white background ⁽³⁾

Asian or Asian British

Indian ⁽⁴⁾

Bangladeshi ⁽⁵⁾

Pakistani ⁽⁶⁾

Other Asian background ⁽⁷⁾

Black or black British

Caribbean ⁽¹²⁾

African ⁽¹³⁾

Other black background ⁽¹⁴⁾

Mixed

White/black Caribbean ⁽⁸⁾

White/Asian ⁽⁹⁾

White/black African ⁽¹⁰⁾

Other mixed background ⁽¹¹⁾

Chinese or other ethnic

Chinese ⁽¹⁵⁾

Other ⁽¹⁶⁾

Other ethnic/minority group

Gypsy, Romany, Irish Travellers ⁽¹⁷⁾

Refugee or Asylum seeker ⁽¹⁸⁾

Faith (Please tick one only)

Declined to Comment

Buddhist ⁽¹⁾

Christian ⁽²⁾

Hindu ⁽³⁾

Jewish ⁽⁴⁾

Muslim ⁽⁵⁾

Sikh ⁽⁶⁾

Any Other religion ⁽⁷⁾

None

Sexual Orientation (Please tick one only)

Declined to Comment

Heterosexual / Straight ⁽¹⁾

Bisexual ⁽²⁾

Gay man ⁽²⁾

Gay women / Lesbian ⁽⁴⁾



**For further information
please contact:**

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