

Affordable home ownership application form

If you are interested in applying for one of our new Shared Ownership or Rent to Buy properties, please complete this application form and email it to nchasales@ncha.org.uk.

The information requested will be used to confirm your eligibility. If you would prefer to complete the application form over the phone, please call and a member of our team will be happy to assist you.

Fields marked with an asterisk (*) are mandatory. If these fields are not completed, your application will not be accepted or processed.

Get in touch with our
Sales team on:

-  0345 650 1204
-  nchasales@ncha.org.uk
-  www.ncha.org.uk

Please advise which Affordable Homeownership option you are applying for - select all that apply	Shared Ownership New Build Rent to Homebuy Rent to Buy
* Is your application Single or Joint?	Single Joint
* Is your gross (before tax) household income less than £80,000 per annum?	Yes No

Where would you like to live?

* Property address / development name	
Number of bedrooms	
What type of property are you looking for? <i>For example: house or flat</i>	
What area would you like to live?	
If you are eligible for shared ownership, offers will be based on your affordability and the available shares for the scheme which are indicated on the sales advert.	
Percentage share you would like to purchase	
Share value (if unknown leave blank)	

Personal details

	* Applicant one	Applicant two
* Title - Mr, Mrs, Ms, Miss		
* First name(s)		
* Surname		
Previous name(s) (if applicable)		
* Date of birth		
* National insurance no		
* Current address		
* Postcode		
* Number of years at the address		
Previous address if under three years		
Postcode		
Number of years at the address		
* Which local authority do you currently live in?		
* Which local authority area do you currently work in?		
* Contact telephone no		
* Email address		
* Do you own a property in the UK or overseas	Yes No	Yes No

If yes, you must sell your property either before or at the same time as your shared ownership purchase.

Your household

* When you move into your new home, how many people will be living in your household? (Please include the number of adults and children.)	
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Please provide details of people who will be living in your home (excluding Applicant two if applicable) Your form will be returned if incomplete.

Name	Relationship	DOB	Gender	Dependent Y/N	Income

Do you have any pets?	
If yes, please state what type of pet	

Your current home

Are you?	Applicant one	Applicant two
Renting privately		
Renting from your employer		
Living with family or friends		
A council tenant or housing association tenant		
A current homeowner in the UK or overseas		
A current shared owner		
A first time buyer		
Living in armed forces accommodation		
On the council's housing waitlist		
Other - please specify		

Please select any of the following that relate to your current living circumstances

	Applicant one	Applicant two
Poor health		
Partner of a deceased service personnel		
Poor condition of current property		
Harassment or neighbour dispute		
Threatened with homelessness		
Relationship breakdown		
Extreme financial difficulty		
Overcrowding in present home		
Job relocation from or to another part of the country		
None of the above, please specify		

Employment details

	* Applicant one	Applicant two
* Job title / occupation		
* Are you employed or self-employed?		
If you are self-employed, can you provide two years of audited accounts?		
Yes No		
* Contract type i.e. full-time, part-time, fixed term contract		
* Employer's name		
*Employer's address		
* Employer's postcode		
* What is your total gross annual income (before tax) from employment excluding overtime and bonuses?		
* How much do you normally earn in overtime, bonuses, or commission each year? (Enter 0 if none.)		
* What is your gross annual income from pension, investment or other non-benefit sources?		

Your benefits

	Applicant one £ per year	Applicant two £ per year
Working tax credits		
Child benefit		
Child tax credits		
Disability living allowance		
Guaranteed maintenance		
Housing benefit		
Universal credit		
State pension		
Private pension		
Any other income - please specify		

* Are you a serving member of the armed forces (MoD) Yes No

* Are you a surviving partner of a member of the armed forces? Yes No

* Are you an ex regular service personnel, honourably discharged within the last 24 months? Yes No

* Do you have indefinite leave to remain in the UK? Yes No

If no, when does your leave to remain in the UK end?

Financial commitments

Not applicable for new build shared ownership homes, please move onto Financial details.

	Applicant one Per month	Applicant two Per month
Rental payments (inc any service charge)		
Mortgage payments		
Loan and / or car finance payments		
Total outstanding credit card balance		
Other monthly commitments		

Financial details

	* Applicant one	Applicant two
* How much do you have in savings?		
* How much of your savings will be used for the deposit?		
Are you receiving any gifted fund?	Yes No	Yes No

If yes, please advise the amount being gifted, the relationship of the person gifting the funds to you and their contact details.

Equality and diversity

Please specify your preferred method of communication if it differs from written correspondence in standard-sized print.

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Please advise if you require any reasonable adjustments for the application process.

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	Applicant one	Applicant two
Are you a British or EU/EEA Citizen?	Yes No	Yes No
Which of the following options best describes your ethnicity?		
White British		
White Irish		
White other		
Mixed White and Black Caribbean		
Mixed White and Black African		
Mixed White and Asian		
Mixed other		
Asian or Asian British Bangladeshi		
Asian or Asian British other		
Asian or Asian British Indian		
Asian or Asian British Pakistani		
Asian or Asian British Chinese		
Black or Black British Caribbean		
Black or Black British African		
Black or Black British other		
Chinese or other Ethnic Group Chinese		
Chinese or Other Ethnic Group Other		
Gypsy		
Roma		
Irish Traveller		
Other Ethnic Group Arab		
Other, please specify		
Prefer not to say		

Equality and diversity continued...

What is your preferred language?		
What is your age?	18-29	18-29
	30-45	30-45
	46-59	46-59
	60+	60+
What is your sex?		
Female		
Male		
Prefer not to say		

	Applicant one	Applicant two
Which of the following options best describes your sexual orientation?		
Heterosexual or straight		
Gay or lesbian		
Bisexual		
Other		
Prefer not to say		

Which of the following options best describes your religion or belief?		
No religion		
Christian		
Buddhist		
Hindu		
Jewish		
Muslim		
Sikh		
Any other religion		
Prefer not to say		

Equality and diversity continued...

	Applicant one		Applicant two	
* The Equality Act 2010 defines disability as “a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day to day activities”. Do you consider yourself to have a disability or impairment that has (or would have without treatment) a substantial and long-term adverse effect on your ability to carry out one or more day to day activities?	Yes	No	Yes	No

If yes, please select all that apply:

	Applicant one	Applicant two
Sight impaired		
Hearing impaired		
Mobility impaired		
Difficulty in manual handling		
Requires time to process information		
May require translation		
Support by social services/volunteers		
Wheelchair user		
Long term illness		
Learning impairment		
Mental / emotional vulnerability		
Frail or elderly		
Dementia		
Other disability / impairment		
Prefer not to say		

Declaration of interest

* Is either applicant related to a current or former committee / board member or employee of NCHA? Yes No

If yes, please provide the employees details below;

Full name	Job title	Relationship

	* Applicant one	Applicant two
* Signature		
Date		

Need assistance?

Get in touch with our Sales team on:



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