

SHARED OWNERSHIP APPLICATION FORM

Your application form must be fully completed before we can consider it.
If you are applying jointly, both applicants must complete this form.

SCHEMES

Please select which scheme you would like to apply for ☐ Shared Ownership ☐ Shared Ownership Resale

If known, please state the name of the development you are interested in

Please specify the plot number and/or address

ELIGIBILITY STATEMENTS

Is your application joint or single? ☐ Joint ☐ Single

APPLICANT 1

Is your gross (before tax) household income less than £80,000 per annum? ☐ Yes ☐ No

Do you or anyone living in your household currently own a property (*are listed on the title deeds*) in the UK or abroad? ☐ Yes ☐ No

If currently renting, are you in rent arrears? ☐ Yes ☐ No

Do you have a history of arrears, bankruptcy, or county court judgements? ☐ Yes ☐ No

APPLICANT 2

Is your gross (before tax) household income less than £80,000 per annum? ☐ Yes ☐ No

Do you or anyone living in your household currently own a property (*are listed on the title deeds*) in the UK or abroad? ☐ Yes ☐ No

If currently renting, are you in rent arrears? ☐ Yes ☐ No

Do you have a history of arrears, bankruptcy, or county court judgements? ☐ Yes ☐ No

ABOUT YOU

APPLICANT 1

Title

First name

Surname

Marital Status

Gender ☐ Male ☐ Female ☐ Question Refused

Date of birth / /

Are you a British or EU citizen? ☐ Yes ☐ No

Address

Postcode

Telephone number

Email address

Employment status

Are you a serving member of the armed forces?
☐ Yes ☐ No

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

Are you a shareholder, Board Member or employee of Rooftop Housing Group or are a closely connected person to anyone in these positions? ☐ Yes ☐ No

APPLICANT 2

Title

First name

Surname

Marital Status

Gender ☐ Male ☐ Female ☐ Question Refused

Date of birth / /

Are you a British or EU citizen? ☐ Yes ☐ No

Address

Postcode

Telephone number

Email address

Employment status

Are you a serving member of the armed forces?
☐ Yes ☐ No

Are you a surviving partner of a member of the armed forces?
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YOUR HOUSEHOLD

APPLICANT 1

Current household status
(i.e. rent, living with friends)

Who else will be living in your home?
Please provide name, relationship, date of birth, gross salary

Name

Relationship

Date of birth

Gross salary £

APPLICANT 2

Current household status
(i.e. rent, living with friends)

Who else will be living in your home?
Please provide name, relationship, date of birth, gross salary

Name

Relationship

Date of birth

Gross salary £

INCOME

Gross annual income from employment £

How much overtime, bonuses and
commission do you normally earn in a year? £

Gross annual income from employment £

How much overtime, bonuses and
commission do you normally earn in a year? £

OTHER MONTHLY INCOME

Please provide details, including benefits and child maintenance

£

£

£

£

Please provide details, including benefits and child maintenance

£

£

£

£

PAYMENTS AND LOANS

Total outstanding credit card balances £

Total monthly credit card payments £

Total monthly loan/HP payments £

Total outstanding credit card balances £

Total monthly credit card payments £

Total monthly loan/HP payments £

SAVINGS

How much do you have in savings? £

How much of your savings will be used
for your deposit? £

Are any of your funds being gifted? ☐ Yes ☐ No
(Please specify the amount and source)

How much do you have in savings? £

How much of your savings will be used
for your deposit? £

Are any of your funds being gifted? ☐ Yes ☐ No
(Please specify the amount and source)

ADDITIONAL INFORMATION

APPLICANT 1

Please use this section to provide supporting information and any other information relating to your application.

APPLICANT 2

Please use this section to provide supporting information and any other information relating to your application.

HEALTH AND WELLBEING

APPLICANT 1

If you have answered yes, please confirm who and why

Is there anyone in your household you consider vulnerable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone in your household registered blind.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have any hearing impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have a learning difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have a mental health condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household consider themselves to be disabled.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household use a wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have difficulty walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT 2

If you have answered yes, please confirm who and why

Is there anyone in your household you consider vulnerable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is anyone in your household registered blind.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have any hearing impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have a learning difficulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Does anyone in your household use a wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have difficulty walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

HEALTH AND WELLBEING (CONTINUED)

APPLICANT 1

If you have answered yes, please confirm who and why

Does anyone in your household have difficulty using the stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have a medical condition or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please tell us about any specific requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT 2

If you have answered yes, please confirm who and why

Does anyone in your household have difficulty using the stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does anyone in your household have a medical condition or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please tell us about any specific requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SUPPORT

Does anyone in your household need help or advice with		If you have answered yes, please give details
Managing money? This might include needing help or advice with budgeting, 'paying bills', managing your banking, finance, debts and applying for benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Literacy difficulties? This might include visual impairment; English may not be the first language or because of a medical condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any other support that you may need or are currently receiving?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EQUALITY & DIVERSITY

This information is requested to enable Rooftop Housing Group to make sure we treat all applicants fairly. It is also used for statistical returns to government agencies. All personal data is optional, and your application will not be affected if you choose not to disclose.

Age Gender
Ethnicity
Sexual orientation
Religion
Disability
Any special requirements

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Any special requirements

DISCLAIMER & DECLARATION

Rooftop Housing Group will only process the personal data provided in accordance with relevant data protection legislation, and with Rooftop Housing Group's privacy policy and privacy notices that are available on our website.

We may use the information you have provided in this form to detect and prevent fraud and the information may be disclosed for the purposes of crime prevention and detection.

It is an offence to make a false declaration or withhold information relating to my/our application for shared ownership.

I/we understand that if it is found that false information has been given to obtain housing either knowingly or recklessly, my/our application may be cancelled and any offer for accommodation already made may be withdrawn.

I/we agree to keep Rooftop Housing Group informed of any change in my/our circumstances relevant to this application.

I/we authorise Rooftop Housing Group to pass information to independent financial advisors, mortgage lenders, agents and solicitors who may be able to assist with the purchase of a property.

FIRST APPLICANT SIGNATURE

SECOND APPLICANT SIGNATURE

Date / /

Date / /