



Shared Ownership Application Form

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Please complete all sections of this application form. The information provided will form the basis of your application and could affect your offer of a home.

If you have difficulty understanding or completing this form, please contact us for further help.

SECTION 1 - ABOUT YOU AND YOUR SPOUSE/PARTNER

Is this a single or joint application

Single

Joint

Your details

Your spouse/partner's details

Title

Title

First names

First names

Surname

Surname

Date of birth

Date of birth

Current address

Current address

Postcode

Postcode

Email

Email

Main contact no

Main contact no

SECTION 2 - PREFERRED CONTACT

Preferred Contact

First names

Main contact no

Surname

Relation to applicant(s)

Current address

Power of attorney (specific type)

Postcode

Would you like us to speak to this person about your property and other related affairs?

Email

Yes

No

Is this person assisting you with completing your new home purchase?

Yes

No

Are we able to discuss purchase matters with the person above?

Yes

No

SECTION 3 - YOUR PRESENT HOUSING

What type of property do you live in?

Detached house

Bungalow

Semi-detached house

Retirement flat

Terraced house

Caravan/park home

Flat

Other

Are you a homeowner?

No of bedrooms

Yes

No

If no, are you

Renting privately

Renting socially

Living with family or friends

Is your home on the market?

Yes

No

Is this property under offer/sold subject to contract ?

Yes

No

If yes, please provide estate agent contact details property is being marketed with

SECTION 4 - FINANCIAL INFORMATION

This information will be treated as confidential and will help establish what level of ownership we can offer you. How often do you receive income or benefits? Weekly Monthly Annually
Please list the following amounts accordingly.

YOU

Are you in the receipt of the following:

Pension credit guarantee	£
Pension savings credit	£
State pension	£
Occupational pension	£
Inherited pension	£
Income from employment	£
Universal credit	£
Income support	£
Housing benefit	£
Council tax benefit	£
Employment and support allowance (ESA)	£
Attendance allowance	£
Disability living allowance	£
Personal independence payment	£
Carers allowance	£
Other benefits	£
Income from investments	£
TOTAL INCOME	£
TOTAL SAVINGS	£
TOTAL INVESTMENTS	£
TOTAL DEBTS	£

Outstanding mortgage, equity release, loans, credit cards, etc.

PROPERTY VALUE	£
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Please provide an estimate if you don't know the exact valuation

SPOUSE/PARTNER

Are they in the receipt of the following:

Pension credit guarantee	£
Pension savings credit	£
State pension	£
Occupational pension	£
Inherited pension	£
Income from employment	£
Universal credit	£
Income support	£
Housing benefit	£
Council tax benefit	£
Employment and support allowance (ESA)	£
Attendance allowance	£
Disability living allowance	£
Personal independence payment	£
Carers allowance	£
Other benefits	£
Income from investments	£

Does anyone claim Carers Allowance for looking after you?

SECTION 5 - CARE

YOU

SPOUSE/PARTNER

Are you currently in receipt of care?

Yes

No

Are you currently in receipt of care?

Yes

No

If yes, how many hours of care do you receive each week (approximately)

If yes, how many hours of care do you receive each week (approximately)

What kind of care do you currently receive?

What kind of care do you currently receive?

Do you have a pacemaker fitted?

Do you have a pacemaker fitted?

Please provide any further details of your care and support needs:

YOU

SPOUSE/PARTNER

Additional information about your care and medical conditions

Additional information about your care and medical conditions

SECTION 6 - EQUALITY AND DIVERSITY

We aim to promote equality, encourage and value diversity and prevent unlawful discrimination within Anchor. Anchor aims to ensure that everyone who comes into contact with us is treated equally and not in any way disadvantages because of age, disability ethnic origin, gender, marital status, race, sexuality or other factors which could prevent the implementation of fair policies and operations.

Information provided will be held, stored and processed by Anchor in accordance with UK GDPR and will not be shared.

What is your ethnic group? Choose one option that best describes your ethnic group or background

YOU

White

English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Any other White background, please describe	<input type="checkbox"/>
<hr/>	

Mixed/multiple ethnic groups

Mixed/multiple ethnic groups	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed/multiple ethnic groups background, please describe	<input type="checkbox"/>
<hr/>	

Asian/Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background, please describe	<input type="checkbox"/>
<hr/>	

SPOUSE/PARTNER

White

English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>
Any other White background, please describe	<input type="checkbox"/>
<hr/>	

Mixed/multiple ethnic groups

Mixed/multiple ethnic groups	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other Mixed/multiple ethnic groups background, please describe	<input type="checkbox"/>
<hr/>	

Asian/Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background, please describe	<input type="checkbox"/>
<hr/>	

YOU

Black/African/Caribbean/Black British

African

Caribbean

Any other Black/African/Caribbean background, please describe

Other ethnic group

Arab

Any other ethnic group, please describe

SPOUSE/PARTNER

Black/African/Caribbean/Black British

African

Caribbean

Any other Black/African/Caribbean background, please describe

Other ethnic group

Arab

Any other ethnic group, please describe

SECTION 7 - ADDITIONAL INFORMATION

Are you intending on bringing your car?

Yes

No

Are you a blue badge holder?

Yes

No

Do you have any pets that you wish to bring with you?

Cat

Dog

Other (please give details)

How many?:

How many?:

How many?:

We ask that owners maintain full care for their pets.

Do any of your pets support a disability? (i.e. visual impairment or hearing impairment)

Yes

No

Is there any additional information that you would like to share with us?

SECTION 8 - MARKETING

How did you first hear about Pemberley Place?

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Leaflet | <input type="checkbox"/> Email | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Website | <input type="checkbox"/> Banner or sign | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Online portal | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Passed site/live locally | |
| <input type="checkbox"/> Other (please state): | | | |
-

How would you rate the volume of information you received about the property?

- | | | |
|-----------------------------------|-----------------------------------|-------------------------------|
| <input type="checkbox"/> Too much | <input type="checkbox"/> Adequate | <input type="checkbox"/> Poor |
|-----------------------------------|-----------------------------------|-------------------------------|
-

What was your decision/driving factor when considering moving home? Tick all that apply.

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Move closer to family | <input type="checkbox"/> Health | <input type="checkbox"/> Security | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Downsizing | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Future proofing | <input type="checkbox"/> Care and Support |
| <input type="checkbox"/> Other (please state): | | | |
-

SECTION 9 - DECLARATION

I/we confirm that the details provide are correct to the best of our knowledge and that we understand the details within this document.

I/we confirm that we have seen and read through the key facts document.

YOU

Signature

Print

Date

SPOUSE/PARTNER

Signature

Print

Date

SALES ADVISOR

Signature

Print

Date

Are you, or any person who is going to live with you, related to any member of staff at Anchor

Yes

No

If yes, please give details



For ease this form can now be completed online at www.anchornewhomes.org.uk, you have any forms please complete this version which we will submit on your behalf.

V3 June 2024