

Apartment Number



Outright Sale Application Form

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Please complete all sections of this application form. The information provided will form the basis of your application.

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

SECTION 1 - ABOUT YOU AND YOUR SPOUSE/PARTNER

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	

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

Yes

No

If yes, please give details

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

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 benefits? _____ Please list the following amounts accordingly.

YOU

Are you in the receipt of the following:

State pension	£
Occupational pension	£
Inherited pension	£
Income from employment	£
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:

State pension	£
Occupational pension	£
Inherited pension	£
Income from employment	£
Income from investments	£
TOTAL INCOME	£
TOTAL SAVINGS	£
TOTAL INVESTMENTS	£
TOTAL DEBTS	£

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 disadvantaged 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

Do you own and drive a 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 The Chimes?

- | | | | |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Direct mailer | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Banner or sign | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Email | <input type="checkbox"/> Website | <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"/> Loneliness | <input type="checkbox"/> Health | <input type="checkbox"/> Security | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Downsizing | <input type="checkbox"/> Move closer to
family | <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 provided 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
<input type="text"/>

Print
<input type="text"/>

Date
<input type="text"/>

SPOUSE/PARTNER

Signature
<input type="text"/>

Print
<input type="text"/>

Date
<input type="text"/>



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.

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