

- Please complete this application form using block capitals in black ink.
- We will be unable to consider your application unless all sections are fully completed.
- Please note that all persons aged 18 or over (unless a child of the first applicant) must fill in their details as 'Second Applicant', even if they do not earn an income.

## Section 1: Property you are applying for

Property or plot number(s) if known	
Street or Development address	
Post code	

## Section 2: Your household

	First Applicant	Second Applicant
Title (Mr/Mrs/Ms/Miss/other)		
Surname		
First name(s)		
Date of birth		
Relationship to First Applicant		
Current address		
Post Code		
What date did you move into your current property?		

	First Applicant	Second Applicant
If you have lived elsewhere in the last three years, please list all of your previous addresses here		
Home telephone number		
Mobile telephone number		
Work telephone number		
e-mail address		
Which local authority area do you live in?		
Which local authority area do you work in?		
Which local authority area(s) do you want to live in?		
Are you registered on this Local Authorities Housing Register?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide your reference number:		
Are you registered online with Help to Buy? (for example BPHA).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify who you are registered with and your reference number if known		

	First Applicant	Second Applicant
Which solicitor will you be using?		

### Section 3: Other members of your intended household

#### People who will be living in your household?

Name	Relationship to First Applicant	Gender	Date of Birth	Education/Working	Annual Salary

How would you describe your household composition?

- Single
- Couple
- Single with children
- Couple with children
- Sharing
- Other (please state)

\_\_\_\_\_

Is anyone living in your household, expecting a baby?

Yes

No

If yes, please state who and due date

Name

Due Date

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Do you own a pet(s)?

Yes

No

Details of pet(s)	
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**Section 4: Your current housing and your housing needs**

	First Applicant	Second Applicant
Are you? (please select all that apply)	<input type="checkbox"/> A first time buyer <input type="checkbox"/> A council tenant <input type="checkbox"/> A housing association tenant <input type="checkbox"/> Renting from your employer <input type="checkbox"/> Living with family or friends <input type="checkbox"/> Renting privately <input type="checkbox"/> A previous home owner <input type="checkbox"/> On a council waiting list <input type="checkbox"/> A current home owner or own investment property <input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> A first time buyer <input type="checkbox"/> A council tenant <input type="checkbox"/> A housing association tenant <input type="checkbox"/> Renting from your employer <input type="checkbox"/> Living with family or friends <input type="checkbox"/> Renting privately <input type="checkbox"/> A previous home owner <input type="checkbox"/> On a council waiting list <input type="checkbox"/> A current home owner or own investment property <input type="checkbox"/> Other (please state) _____
If you are a council, housing association or private tenant, please give the name, address, telephone number of your landlord and, if applicable, the name of your Housing Officer		
How many bedrooms does your current home have?		

	First Applicant	Second Applicant
What type of property is your current home?	<input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> House <input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> House <input type="checkbox"/> Other (please state) _____
Why are you moving home? (please select all that apply)	<input type="checkbox"/> Financial difficulty <input type="checkbox"/> Threatened with homelessness <input type="checkbox"/> Job relocation <input type="checkbox"/> Relationship breakdown <input type="checkbox"/> Other (please provide details)	<input type="checkbox"/> Financial difficulty <input type="checkbox"/> Threatened with homelessness <input type="checkbox"/> Job relocation <input type="checkbox"/> Relationship breakdown <input type="checkbox"/> Other (please provide details)
Do you, or anyone living in your household, currently own a property in the UK or abroad?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details		
Are you in the process of selling a property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what stage is the sale process at?	<input type="checkbox"/> Offer accepted <input type="checkbox"/> Solicitors instructed <input type="checkbox"/> Contracts exchanged <input type="checkbox"/> Completed <input type="checkbox"/> Other (please provide details)	<input type="checkbox"/> Offer accepted <input type="checkbox"/> Solicitors instructed <input type="checkbox"/> Contracts exchanged <input type="checkbox"/> Completed <input type="checkbox"/> Other (please provide details)
What date are you expecting to complete the sale of the property		
Has, or will, your name be removed from the deeds of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	First Applicant	Second Applicant
If yes, what date was, or will, your name be removed from the deeds?		
What is the current full value of the property?	£	£
Please provide the amount of equity you have, or will, receive?	£	£
What is the minimum number of bedrooms you need?		
What type of property are you looking for (please select all that apply)	<input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> House <input type="checkbox"/> Other (please state) _____	<input type="checkbox"/> Flat <input type="checkbox"/> Bungalow <input type="checkbox"/> House <input type="checkbox"/> Other (please state) _____
Do you or anyone in your household have any specific housing need? (For example: requires ground floor accommodation due to restricted mobility).	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state what your specific needs are		
Please provide us with any other information you think is relevant to your application		

## Section 5: Your employment

	First Applicant	Second Applicant
Occupation/job title (if you are not working please indicate; retired, early retirement on health grounds etc.).		

	First Applicant	Second Applicant
Your National Insurance number		
Employer's name (please specify if self-employed)		
Employer's address		
Employer's telephone number		
What date did you start working with this employer?		
If less than 12 months, please provide further details of employment for past 12 months here		
Are you permanently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please advise when your contract is due to end		

### Section 6: Ministry of Defence personnel only

If you are a serving member of UK's Armed Forces please complete this section

	First Applicant	Second Applicant
Title/Rank		
Currently serving in	<input type="checkbox"/> Army <input type="checkbox"/> Royal Air Force <input type="checkbox"/> Royal Navy <input type="checkbox"/> MOD Civilian	<input type="checkbox"/> Army <input type="checkbox"/> Royal Air Force <input type="checkbox"/> Royal Navy <input type="checkbox"/> MOD Civilian
Current Location	<input type="checkbox"/> UK <input type="checkbox"/> Overseas	<input type="checkbox"/> UK <input type="checkbox"/> Overseas
Number of Years in Ministry of Defence employment		

## Section 7: Income and savings

	First Applicant	Second Applicant
What is your total gross annual income (before deductions)? Exclude overtime and bonuses but include pensions	£	£
How much overtime, bonuses and commission do you normally earn (in total) a year?	£	£
Are you in receipt of any benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify the type and how much you receive per month	Monthly Amount	Monthly Amount
Working Tax Credits	£	£
Child Tax Credits	£	£
Child Benefit	£	£
Disability Living Allowance	£	£
Guaranteed Maintenance Income	£	£
Other (please state)	£	£
Do you have access to at least £1,500 to cover the cost of moving and legal fees? (Stamp Duty, if applicable, is not included in this amount)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are your savings?	£	£
Have you been in rent or mortgage arrears in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a student loan	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state monthly payment	£	£
Do you have any other monthly deductions (for example childcare vouchers, pensions etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state monthly deductions	£	£
Do you have any other outstanding loans/HP agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is your total monthly payment? What are the repayments for? (for example car loan etc.)	£	£
When is your final repayment due?		
Do you have any outstanding credit cards?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much is the outstanding balance? (Please provide details of final payment dates)	£	£



	First Applicant	Second Applicant
Do you have regular monthly financial commitments? (For example: child maintenance)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify how much you pay per month and the reason	£	£
Have you ever had a home repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have you been discharged?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had any County Court Judgements? (CCJs)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, have they been satisfied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever defaulted on a loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been refused a mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently in an IVA (Individual Voluntary Arrangement)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 8: Declaration

	First Applicant	Second Applicant
Are you related to a current or former committee member, board member or officer of a Registered Provider (housing association)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify:		
Name of the person		
Position		
Relationship		
Name of the Registered Provider		

All of the information you provide is made safe and secure in accordance with the Data Protection Act 1998 (Act). It will be used to update your records and will be securely stored on our computer and paper based filing systems. Victory may use this information to contact you about your tenancy, send newsletters and inform you about other resident opportunities. Where necessary we will share relevant information with partners e.g. maintenance contractors, to assist them and you to make appointments, attend your property to carry out the repairs and/or services. We will share information in a secure manner to ensure your needs are met and to meet the health and safety obligations we have as an employer when delivering a service. We will share relevant information with third parties where we are legally required to do so and in line with the Act. You may request a copy of your personal information, for more details please contact the Data Protection Co-ordinator at Victory Housing Trust. Our Data Protection policy is published on our website.

I/we have read the above and confirm that I/we have provided accurate and up-to-date information relating to my/our application for home ownership. I/we understand that if it is found that false information has been given to obtain housing either knowingly or recklessly, appropriate legal action may be taken and the Registered and/or Local Authority may seek possession of any leasehold tenancy granted.

I/we authorise my/our landlord(s) to supply a rent and/or tenancy reference to Victory Housing Trust in support of my application. I/we authorise my/our employer(s) to disclose to Victory Housing Trust any information relevant to this application.

### First Applicant

Signed: .....

Date: .....

### Second Applicant

Signed : .....

Date: .....

Please return your completed application form to:

**Victory Housing Trust**  
**Tom Moore House**  
**Cromer Road**  
**North Walsham**  
**NR28 0NB**

Or, if you prefer, please email your completed application form to:  
**info@victoryhousing.co.uk**