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| **1.Personal Details** |
| **Are you over 16 and a British or European Union (EU) Citizen?**  Please tick (✓) Yes No  **or**  **Do you have indefinite leave to stay in the UK?**  Please tick (✓) Yes No |
| **Applicant** |
| Mr/Mrs/Miss/Other Forenames    Surname Date of Birth  Current Address    Postcode  How long have you    lived at this address?  Telephone (home)      Telephone (work)    National Insurance  Number    Email |
| |  | | --- | | **Partner/Joint Applicant** | | Mr/Mrs/Miss/Other Forenames    Surname Date of Birth  Current Address    Postcode  How long have you    lived at this address?  Telephone (home)      Telephone (work)    National Insurance  Number    Email | |
| **2. Residency** |
| Please give details of where you (and your partner/joint applicant) have lived over the past 6 years. (You will need to provide proof of previous residency, e.g bank statements, letter from electoral roll, utility bills etc)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Applicant** | | | | | | **Address** | **Date From** | **Date to** | **No of Bedrooms** | **Reason for leaving** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Partner/Joint Applicant** | | | | | | **Address** | **Date From** | **Date to** | **No of Bedrooms** | **Reason for leaving** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| **3.Current accommodation** |
| Please tick (✓)the relevant box for yourself and your partner/joint applicant:   |  |  |  | | --- | --- | --- | | **Are you currently:** | **Applicant** | **Partner/Joint Applicant** | | Renting from a local authority? |  |  | | Renting from a housing association? |  |  | | Renting from a private landlord? |  |  | | In accommodation tied to your employment? |  |  | | An owner-occupier with or without a mortgage or leasehold? |  |  | | Living with friends or family? |  |  | | Homeless |  |  | | In HM Forces |  |  | | Other  Please specify |  |  | |
|  |
| **4. Family Details** |
| Apart from the joint applicant, who else needs to live with you?   |  |  |  |  | | --- | --- | --- | --- | | **Full name** | **Male/**  **Female** | **Date of birth** | **Relationship to you** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Are you, or is anyone moving in with you expecting a child?  Please tick (✓) Yes No  If yes, please give the expected date the baby is due |
| **5. Additional Needs** |
| Do you, the joint applicant or any person(s) wishing to be housed with you, have any medical problems which require an additional bedroom, or who may require disabled adaptation to a property?  Please tick (✓) Yes No  **(You will be required to provide evidence such as a letter from an Occupational Therapist or doctor**)  Please specify details: |
| **6. Disability Discrimination Act 1995** |
| The Disability Discrimination Act 1995 (DDA), describes a disabled person as anyone with “a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities”  Do you, your partner/joint applicant or anyone else coming to live with you, consider you/themselves to be disabled under the terms of the DDA?  Please tick (✓) Yes No |
| **7. Employment Details** (You and your partner/joint applicant will need to provide your last 3 months payslips & latest P60. If Self-Employed please provide the last 2 years of accounts or an HMRC tax assessment certificate (form SA302) |
| Are you currently working? Please tick (✓) Yes No    If no, please specify what benefits/income you receive:   |  | | --- | |  |   If you are employed, please confirm the following the details of your current employment:   |  | | --- | | **Applicant** | | Name of Employer    Address of Employer  Occupation    Full Time Part-time    Permanent Temporary Contract Agency  Place of work      Gross Annual Salary    Employment Start Date | | **Partner/Joint Applicant** | | Name of Employer    Address of Employer  Occupation    Full Time Part-time    Permanent Temporary Contract Agency    Place of work  Gross Annual Salary      Employment Start Date | |
| |  | | --- | | **8. Financial Details** | | **How much do you have in savings and investments?**  This includes savings in all accounts including ISA’s, stock portfolios and equity in properties other than your current home(s) but excludes pensions.  **You will need to supply three months bank statements for every account held.**     |  |  | | --- | --- | | Applicant | Partner/Joint Applicant | |  |  |   Equity in current property  (If you or partner/joint applicant currently own your own home, please state how much estimated equity you have in the property. **You will need to supply the last mortgage statement and a letter or market appraisal from an estate agent**.     |  |  | | --- | --- | | Applicant | Partner/Joint Applicant | |  |  |   If equity is to be divided with a former partner, please state the estimated amount you will receive, and provide legal documentation to support this.   |  |  | | --- | --- | | Applicant | Partner/Joint Applicant | |  |  |   **Mortgage**  Please confirm how much mortgage you have been offered by a lender. You will need to provide a letter or certificate from a bank/building society or Independent Financial Advisor  Please tick (✓) to show if the mortgage is based on **single** or **joint** income   |  |  |  | | --- | --- | --- | | **Single** | **Joint** | **Amount Offered** | |  |  |  |   **Deposit**  Do you have at least a 5% deposit?   |  |  |  |  | | --- | --- | --- | --- | | **Yes** |  | **No** |  |   £  If yes, how much  Please indicate whether parents/family will be assisting with a deposit   |  |  |  |  | | --- | --- | --- | --- | | **Yes** |  | **No** |  |   Is there a reason why you/partner/joint applicant would not be offered a mortgage?  ie: Previous property repossessed, bad credit, CCJ, bankruptcy etc   |  | | --- | |  |   **Income**  Please give details of your monthly income:   |  |  | | --- | --- | | **Monthly Income** | | | Your net monthly salary | £ | | Second applicants monthly salary | £ | | Joint average monthly overtime, bonus etc. | £ | | **Other Income** | | | Child and Working Tax Credit | £ | | Child Benefit | £ | | Maintenance | £ | | Personal pension plan | £ | | Travel expenses | £ | | Other benefits | £ | | **Total Monthly Income** | £ |   **Monthly Outgoings**  Please give details of your estimated monthly expenditure:   |  |  | | --- | --- | | **Monthly Expenses** | | | Council Tax | £ | | Water rates | £ | | Phone (mobile, landline, internet) | £ | | Gas and electricity | £ | | Other fuel | £ | | Insurance (buildings and contents) | £ | | Household maintenance | £ | | Housekeeping (food, toiletries, cleaning materials) | £ | | Clothing and shoes | £ | | TV licence | £ | | Sky/other tv subscription | £ | | Petrol and diesel | £ | | Car insurance | £ | | Car tax | £ | | Pension | £ | | Life assurance | £ | | Hire purchase, loans, finance agreements (total) | £ | | *Please state final payment(s) date(s) 1. 2. 3.* | | | Credit and store cards (total) | £ | | *Please state credit limit(s) 1. 2. 3.* | | | **Other Expenses** | | | Birthdays and Christmas | £ | | Holidays | £ | | Childcare costs | £ | | Other | £ | | **Total Monthly Outgoings** | £ | | **Funds available (total monthly income less total monthly outgoings)** | £ | | |
| **9. Where do you want to live?** |
| Please state the area where you want to live within Denbighshire**:**      Please describe your ‘genuine or strong local connection’ to this area (please see guidance notes):   |  | | --- | |  | |
| **10. Suitability of Current Home** |
| Please explain why your current home provides ‘unsatisfactory accommodation’ (please see guidance notes):   |  | | --- | |  |   **If you are need of a home due to a house sale/leaving rented accommodation, you will be expected to demonstrate that you have made reasonable efforts to find alternative accommodation.** |
| **11. Type of Affordable Housing** |
| Please tick (✓) your **one** preferred option:   |  |  |  | | --- | --- | --- | | **Type of Property** | **State number of Bedrooms required** | **Preference** | | Apartment/Flat |  |  | | House |  |  | | Bungalow |  |  |     **We will only consider your need for a property, rather than what you would like. For example, It is possible that a single person would not be considered in need of a three bedroom property but only for a two bedroom property**.  Please tick (✓) if this form is (will be) accompanying an application for planning permission to provide affordable housing in a:   |  |  | | --- | --- | | Hamlet\* |  | | Small group/cluster of houses in open countryside\* |  | | Rural exception site\* |  | | Conversion of a rural building in open countryside\* |  |   If so please provide the planning application reference number (if known):   |  | | --- | |  |   \* Definitions and further detail are set out in the last Denbighshire Local Development Plan (2006-2021). This can be found at [www.denbighshire.gov.uk](http://www.denbighshire.gov.uk) |
| **12. Other Information** |
| Please give us any relevant information that you feel will support your application (Continue on a separate sheet if necessary).   |  | | --- | |  | |
| **12. Declaration** |
| * **I/We declare that to the best of my/our knowledge that the information given on this form is correct and complete. I/We understand that any false or misleading information supplied in this form will cancel our assessment application.** * **If you are successful, your personal information (supplied in this form and any additional information which you may give us for this purpose in the future), may be used for all purposes in connection with your application. The information may be disclosed to service providers and by signing this form, you consent to it being used for these purposes.** * **You have a right to ask for a copy of your information (for which we may charge a small fee) and to correct any inaccuracies.**   **Name (Applicant)**  **Signature**  **Date**  **Name**  **(Partner/Joint Applicant)**  **Signature**  **Date** |

This form and a fee of £75 (cheques to be made payable to **Grŵp Cynefin**) must be sent to:

**Grŵp Cynefin, Affordable Homes Team, 54 Vale Street, Denbigh LL16 3BW**

If you have any queries about this form, please contact Grŵp Cynefin, Affordable Homes Team on **0300 111 2122** or **affordablehomes@grwpcynefin.org**

For queries regarding a planning application (or applying for planning permission), please contact Denbighshire County Council’s Development Management Team on **01824 706727** or **planning@denbighshire.gov.uk**