



HILLINGDON  
LONDON

**Application for shared ownership**

Hillingdon Shared Ownership register is a list of people who are eligible for affordable home ownership opportunities in the borough of Hillingdon. To join the register, you must be a first-time buyer living or working in the borough. Owner occupiers going through a relationship breakdown can also apply.

Once your application has been processed, you will receive written notification of your eligibility status. We cannot consider your registration unless all sections of this application are fully completed. Please complete this form in BLOCK CAPITALS.

**When you have filled in this form, return it to:**

Low Cost Home Ownership Team  
London Borough of Hillingdon  
2N/03 Civic Centre  
Uxbridge  
UB8 1UW

For enquiries email [lchoteam@hillington.gov.uk](mailto:lchoteam@hillington.gov.uk) or telephone 01895 558308/ 556831

**FOR OFFICE USE ONLY**

1. Received date :	2. Priority:
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Have either of you previously registered for shared ownership with the London Borough of Hillingdon?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was your reference number?	HIL .....
How many bedrooms are required for your current need?	
If you are interested in a particular development or property, please state which one.	.....
If you know the name of the housing provider building the development, please give details.	.....

## Section 1 - Personal details

	First applicant	Second applicant
Title (Mr/Mrs/Miss/Ms)		
First name(s)		
Surname		
Date of birth		
Address (including postcode)		
Home telephone		
Mobile telephone		
Email address		
Marital status (single / married / separated / living together)		
Local authority area you live in		
Local authority area you work in		

## Section 2

Please provide details of others (including children, expected children) requiring accommodation with you.

	First name	Second name	Sex	Date of birth	Relationship to first applicant
1.					
2.					
3.					
4.					
5.					
6.					

**Section 3 - Present accommodation ( Please tick the box that describes your current living situation)**

	First applicant	Second applicant
Local authority tenant	<input type="checkbox"/>	<input type="checkbox"/>
Housing Association tenant	<input type="checkbox"/>	<input type="checkbox"/>
A living with friends/relatives	<input type="checkbox"/>	<input type="checkbox"/>
Renting privately	<input type="checkbox"/>	<input type="checkbox"/>
In accommodation tied to your job	<input type="checkbox"/>	<input type="checkbox"/>
Owner Occupier	<input type="checkbox"/>	<input type="checkbox"/>
In temporary accommodation provided by the council	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Are you threatened with homelessness at your present address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details.		
Have you had an interview with a housing advisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you made an application to the council under the Homelessness legislation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>FOR OFFICE USE ONLY</b>		
LCHO team referral to HAO team for advice Date:		

	First applicant	Second applicant
How many bedrooms does your current home have?		
Is it a flat or a house?		
Do you share a kitchen or toilet with other households?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**TENANCY - If you are a private, council or housing association tenant, please provide details of your landlord below.**

	<b>First applicant</b>	<b>Second applicant</b>
Landlord's name		
Landlord's address		
Contact name		
Contact telephone		

Please provide details of all rooms used in your current accommodation by you and members of your household.

	<b>First applicant</b>	<b>Second applicant</b>
<b>Bedroom 1 or bedsit</b>	Full name:	Full name:
<b>Bedroom 2</b>	Full name:	Full name:
<b>Bedroom 3</b>	Full name:	Full name:
<b>Bedroom 4</b>	Full name:	Full name:
<b>Bedroom 5</b>	Full name:	Full name:
<b>Living room 1</b>	Full name:	Full name:
<b>Living room 2 or dining room</b>	Full name:	Full name:

## Section 4 - Employment, income and savings

	First applicant	Second applicant
Job title		
Employer's name		
Place of work (Full address and postcode)	Postcode	Postcode
Employer's address and telephone number? (If different from your work address)	Postcode	Postcode
<b>Employment status</b> (self employed / permanently employed / fixed-term contract / retired / other)		
Length of employment here	__ years __ months	__ years __ months
Date contract ends (if applicable)	DATE	DATE
Total gross <b>annual</b> income before deductions ( <i>excluding overtime and bonuses</i> )	£	£
Gross <b>monthly</b> overtime or bonuses	£	£
Other monthly income and/or benefits	£	£
Total amount of savings ( <i>please specify if any of your savings are gifted</i> )	£	£
If you work for Ministry of Defence, are you MoD serving personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION 5

Do these statements apply to you? *(Please tick where applicable)*

	First applicant	Second applicant
Do you have access to or the ability to raise at least £3,500 to cover the cost of buying?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed to keep up payments on any loan or form credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever has a County Court Judgement registered against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been subject to a repossession order or been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 6 - Current and previous homeowners and mortgages

	First applicant	Second applicant
Have you ever owned or partly-owned 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 give the date the property was/is to be sold.	DD/MM/YYYY	DD/MM/YYYY
What is the address of the property?	<p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode .....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>Postcode .....</p>
Did you buy under the shared ownership scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what percentage equity do you own?	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %
Why do you need to move?	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
How much mortgage do you have outstanding?	£	£
What is the current value of the property?	£	£
If the property is to be sold, how much do you expect to have left AFTER it is sold and you have paid off your mortgage, legal fees, estate agent fees etc?	£	£

## Section 7

To support your application please describe your reasons for applying and provide any other details about conditions and/or problems at your present address i.e. potential homelessness, notice to quit, harassment, domestic problems.

## Section 8 : Connections with us ( please tick )

Are you or a member of your household employed by us (including private contractors or agencies) or related to a member of staff or a councillor?

YES

NO

If 'Yes', please give details



**Section 9 - Declaration** (Please delete where appropriate)

London Borough of Hillingdon has a duty to protect the public funds it administers and may use the information provided on this form for the prevention and detection of fraud. We may also contact a credit reference agency to assist with our enquiries.

It is a criminal offence to knowingly give false information, withhold information and fail to inform us of any changes in your circumstances that may affect your right to housing.

The London Borough of Hillingdon (LBH) is the data controller in regards to any personal data you submit using this form. LBH processes personal data in line with its obligations under data protection legislation. For more information on how LBH will process your personal data please visit Tenancy Services under [www.hillingdon.gov.uk/privacy](http://www.hillingdon.gov.uk/privacy)

In line with the general data protection regulations (GDPR) this is to confirm that you are happy to continue to receive news about developments and properties in the borough, such as:

- Viewing invitations from our registered providers (listed on [www.hillingdon.gov.uk/hsgproviders](http://www.hillingdon.gov.uk/hsgproviders) )
- Sales information on new build/resale shared ownership properties available
- Development sales launches and events

**DECLARATION**

I declare that to the best of my knowledge and belief the information I have given to the council is correct in every detail. In submitting this application, I give you my permission to share the information in this form with other internal departments and outside organisations, as far as the law allows.

I wish to apply for Shared Ownership and confirm that the above details are true. Should there be a change in my circumstances I will notify the Council immediately.

**WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT YOU MAY BE LIABLE TO PROSECUTION. Please check this form is filled in correctly before you sign. Incomplete or inaccurate forms will cause delay**

	First applicant	Second applicant
Signed		
Date		

**PLEASE COMPLETE THE EQUAL OPPORTUNITIES INFORMATION ON THE NEXT PAGES**

## Section 10 : Equal opportunities in housing

We collect sensitive personal information about you, such as your ethnic origin and any disabilities you might have, under the equal opportunities monitoring laws.

It is against the law, and our equal opportunities policy, to discriminate against anyone. We need to keep records to ensure that we do not discriminate. If you choose not to answer Section 10B it will not affect your application in any way.

<b>10A: Disability</b>		
	First applicant	Second applicant
Does anyone on this form have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please tick appropriate box.		
Visually impaired	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>
Speech impaired	<input type="checkbox"/>	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Mental disability	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Disability</b>		
Mobility problems	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>
Other physical disability	<input type="checkbox"/>	<input type="checkbox"/>
Please give any details about your disability that are relevant in assessing your housing needs.	..... ..... .....	..... ..... .....

*Please continue to Section 10B*

The following question is optional but if you provide an answer we will regard this as you giving LBH consent to gather this information

**10B: Ethnic origin**

• Asian or Asian British    (B) Black or Black British    (M) Mixed Heritage

- |                |                          |              |                          |                    |                          |
|----------------|--------------------------|--------------|--------------------------|--------------------|--------------------------|
| 1. Bangladeshi | <input type="checkbox"/> | 1. African   | <input type="checkbox"/> | 1.Asian/White      | <input type="checkbox"/> |
| 2. Indian      | <input type="checkbox"/> | 2. Caribbean | <input type="checkbox"/> | 2.African/ White   | <input type="checkbox"/> |
| 3. Pakistani   | <input type="checkbox"/> | 3. Somali    | <input type="checkbox"/> | 3.Caribbean/ White | <input type="checkbox"/> |
| 4. Any other   | <input type="checkbox"/> | 4. Any other | <input type="checkbox"/> | 4. Any other       | <input type="checkbox"/> |

(W) White or White British    (O) Any other group      
 (Please specify below )

- |              |                          |
|--------------|--------------------------|
| 1. British   | <input type="checkbox"/> |
| 2. European  | <input type="checkbox"/> |
| 3. Irish     | <input type="checkbox"/> |
| 4. Any other | <input type="checkbox"/> |

If you want to discuss this information with someone who speaks your language please tick the language you need and fill in your name, address and phone number. Send this form back to the address given or hand it in at any Council office or library.

English

এই খবরা খবরের জন্য আপনি যদি কারো সঙ্গে বাংলায় আলাপ করতে চান তা'হলে বাংলাভাষার ব্যক্তির জায়গায় একটা চিহ্ন দিন এবং আপনার নাম, ঠিকানা ও ফোন নাম্বার নিচে লিখে দিন। তারপর যে ঠিকানা লেখা আছে সেখানে পাঠিয়ে দিন অথবা লাইব্রেরীতে বা কাউন্সিলের অফিসে জমা দিন।

Bengali/ বাংলা

જો તમે આ માહિતી વિશે કોઈ એવી વ્યક્તિ સાથે વાતચીત કરવા ઇચ્છતા હો કે જે તમારી ભાષા બોલતુ હોય, તો કૃપા કરીને તમારી ભાષા આગળ ટિપ્પની નિશાની કરો અને તમારું નામ, સરનામું તેમજ ફોન નંબર લખી દો. આ ફોર્મ જણાવેલા સરનામે પાછું મોકલી આપો અથવા કાઉન્સિલની કોઈ પણ ઓફિસ કે લાઇબ્રેરીમાં આપી દો.

Gujarati/ ગુજરાતી

अगर आप इस जानकारी के बारे में किसी हिन्दी बोलने वाले व्यक्ति से बातचीत करना चाहते हैं, तो कृपया अपनी भाषा वाले खाने में सही का निशान लगा दें और अपना नाम, पता व टैलीफोन नम्बर लिख दें। फिर इस फॉर्म को इस पर दिये गए पते पर वापस भेज दें या इसे काउन्सिल के किसी भी दफ्तर या लाइब्रेरी में खुद जा कर दे दें।

Hindi/ हिन्दी

ਜੇਕਰ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਸੰਬੰਧੀ ਪੰਜਾਬੀ ਵਿਚ ਕਿਸੇ ਵਿਅਕਤੀ ਨਾਲ ਗੱਲਬਾਤ ਕਰਨੀ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਪੰਜਾਬੀ ਅੱਗੇ ਸਹੀ ਦਾ ਨਿਸ਼ਾਨ ਲਗਾਓ ਅਤੇ ਆਪਣਾ ਨਾਮ, ਪਤਾ ਅਤੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਲਿਖੋ। ਇਸ ਫਾਰਮ ਨੂੰ ਦਿੱਤੇ ਹੋਏ ਪਤੇ 'ਤੇ ਵਾਪਸ ਭੇਜੋ ਜਾਂ ਕਿਸੇ ਵੀ ਕੌਂਸਲ ਦਫਤਰ ਜਾਂ ਲਾਇਬ੍ਰੇਰੀ ਵਿਚ ਜਾ ਕੇ ਦੇ ਦਿਓ।

Punjabi/ ਪੰਜਾਬੀ

اگر آپ ان معلومات کے بارے میں کسی ایسے فرد سے بات چیت کرنا چاہتے ہیں جو آپ کی زبان بولتا ہو تو براہ کرم اپنی اس زبان پر تک کا نشان لگائیے اور اپنا نام، پتہ اور ٹیلیفون نمبر نیچے لکھ دیجئے۔ اس فارم کو دیئے گئے پتے پر واپس بھیجواد بھیجئے یا کونسل کے کسی بھی دفتر یا لائبریری میں جا کر دید دیجئے۔

Urdu/ اردو

Si vous voulez discuter ces renseignements avec quelqu'un qui parle votre langue, veuillez indiquer quel est votre langue, et écrivez votre nom, adresse et numéro de téléphone. Vous pouvez soit envoyer ce formulaire à l'adresse indiquée, soit déposer-le à n'importe quel bureau de la municipalité ou bibliothèque.

French/Francais

如果你想與會說你的語言的某人討論這些信息，請在註明你語言的方格畫勾，同時寫下你的姓名、地址和電話號碼，遂把這張表格寄交有註明的地址，或者交給任何一間市政辦事處或圖書館。

Chinese/ 中文

Haddii aad dooneysid inaad macluumaadkan kala hadashid qof afkaada ku hadla fadlan sax ku dhig luqadda aad dooneysid isla markaana qor magacaada, addareeskaada, iyo lambarka telefoonkaada. Foomkan ku soo celi addareeska lagu siiyey ama gacanta ku gee kownsilki kasta ee aad doontid ama laybareerigi kasta ee aad doontid.

Somali

I require a copy  in Braille  on tape  in large print

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_