

Application Form For Shared Ownership

Part 1 - Property Plot Preference/s					
Development Name:					
Property Size (You can select more than one option)	One Bed □	Two Bed 🗆	Three Bed □		
Preferred Plot/s (Insert Plot No)	1 st Choice	2 nd Choice	3 rd Choice		
Thrive Homes cannot guarantee you will be allocated your preferred plot(s). If your preferred plot(s) is unavailable, are you happy to be offered any plot of your chosen Property Size subject to availability? (Please indicate your response by circling your choice below) YES / NO					

Part 2 - Your Personal Details				
Applicant One				
First Name (as per Gov ID)				
Middle Name (if applicable)				
Surname				
Date of Birth				
Mobile Tel No.				
Email				
Relationship to Applicant 2 (if joint)				
Current Residential Address & Postcode				
Local Authority				
If you have lived at this ad	dress for less than 3 years, please provide details of your previous address below			
Previous Address				
Duration at Previous Address				
Previous Local Authority				

Thrive

Applicant Two	
First Name (as per Gov ID)	
Middle Name (if applicable)	
Surname	
Date of Birth	
Mobile Tel No.	
Email	
Relationship to Applicant 1	
Current Residential Address & Postcode	
Local Authority	
If you have lived at this add	dress for less than 3 years, please provide details of your previous address below
Previous Address	
Duration at Previous Address	
Previous Local Authority	

Part 3 - Household Composition						
Please provide details of anyone else who will live with you but is not named as a main applicant (continue in Part 10 if needed)						
Full Name Relationship to Applicant/s Relationship to Applicant/s Relationship to Applicant/s Relationship to Applicant/s Age Gender Is this person a dependent (Y/N) gross income						
	nyone else who w (continue i Relationship	nyone else who will live w (continue in Part 10 Relationship	nyone else who will live with you but is r (continue in Part 10 if needed) Relationship	nyone else who will live with you but is not named as a mo (continue in Part 10 if needed) Relationship Age Gender Gender		

Part 4 - Your Current Home		
(Please mark Yes in applicable fields only)	Applicant One	Applicant Two
Do you rent from a Council?		
(If yes, please provide a copy of your		
tenancy agreement with your application)		
Do you rent from a Housing association?		
(If yes, please provide a copy of your		
tenancy agreement with your application)		

Thrive Homes

Do you rent from a private landlord?		STORY OF THE PROPERTY OF	
Part 4 - Your Current Home CONTINUED			
Do you live with family or friends?			
Do you own your home or are you named on the title deeds of any residential property?			
If you own your own home is it SSTC (Sold Subject to Contract)/Under Offer?			
Do you own a property abroad?			
Do you live in armed forces accommodation?			
Other form of accommodation (please provide details)			

Part 5 - Employment Details (Please mark Yes in applicable field)	A	pplicant One	Арр	olicant Two	
Full time employment					
Part time employment					
Self-Employed					
Unemployed					
Retired					
Please complete this section if yo	ou are em	ployed (full time/pa	art time)		
Occupation					
Employer's Name					
Employer's Address & Postcode					
Local Authority of employment					
Current Gross Income Per Annum	£		£		
How long have you worked there?	Years:	Months:	Years:	Months:	
Please complete this section if yo	Please complete this section if you are self-employed				
Occupation					



Self-Employment Address & Postcode				
Local Authority of Self- employment				
Average Gross Income (for last 2-3 years)	£		£	
How long have you been self- employed?	Years:	Months:	Years:	Months:

Part 6 – Benefits/Other Income	Applicant One (£ per month)	Applicant Two (£ per month)
Child Tax / Working Tax Credit		
Pension/s		
Personal Independence Payments		
Attendance Allowance		
Disability Living Allowance		
Disabled Persons Credit		
Incapacity Benefit		
Child Support / Maintenance		
Other benefits / Allowances (Please state benefit type and monthly amount)		

Part 7 - Savings	Applicant One	Applicant Two
How much do you have saved?	£	£
Please confirm source of savings (i.e monthly savings, gifted deposit etc)		

Part 8 - Adverse Credit History	Applicant One	Applicant Two
Please provide details of any adverse credit history that you may have		
(please write N/A if none applicable)		



Part 9 – Additional Information (Please highlight/mark bold applicable response)	Applicant One	Applicant Two
Are you a first time buyer?	Yes / No	Yes / No
Are you a British/EU Citizen?		
(If not, do you have a permanent right to reside in the UK - please provide details under part 10)	Yes / No	Yes / No
Do you have an immediate family connection to the local authority area of Watford?	Yes / No	Yes / No
Immediate family i.e mother/father/brother/sister/children only (If yes, please provide details under part 10, proof may be requested)	. 55 /5	. 55 / 1.15
Does anyone in your household have a disability? (If yes, please provide details under part 10)	Yes / No	Yes / No
Are you a serving/surviving member of the armed forces (MOD) or discharged from service in the past 2 years? (If yes, please provide details under part 10)	Yes / No	Yes / No
If you are on a council waiting list, please state Local Authority and provide your reference number		

Part 10 – Supporting Information (Please use this box to provide further details for any questions referenced in Part 9 or others or for any additional information you feel is relevant to your application)



Declaration / Authorisation	
Are you or do you have a close relative who is a board member or a staff member at Thrive Homes (please highlight/mark bold your chosen response)	YES / NO
Please confirm you agree to the following statements in order for your application to be processed (please tick)	AGREE

I/we confirm that the information provided is correct and accurate. I/We acknowledge that I/we may be asked to provide evidence to support the information provided on this form. I/we accept that if I/we deliberately give false information then our application will be rejected or we could be open to future action that could put our home at risk.

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.

I/we will notify Thrive Homes and/or Thrive's appointed agents of any changes in my/our circumstances relevant to this application.

I/we authorise the sharing of my/our financial circumstances between my/our broker and Thrive Homes I/we authorise the sharing of my/our data between Thrive Homes and/or their appointed agents I/we understand that the completion of this form does not guarantee the offer of a property, nor does it commit me/us to the purchase of a property.

Thrive Homes will only process the given personal data of all applicants for the purpose of processing your application for housing and other purposes outlined above and we'll hold your information in accordance with UK GDPR Regulations. We may use the information you have provided on this form to detect/prevent fraud.

	Applicant One	Applicant Two
Signature		
Date		



We kindly ask anyone who applies for our schemes to answer the following for our equality monitoring purposes. If, however, you are not comfortable with answering, please just mark/tick the 'prefer not to say' box – it will not affect your application in any way.

Ethnic Origin (Please tick one choice for each applicant)	Applicant One	Applicant Two
White:	English, Scottish, Welsh, Northern Irish, British		
	Irish		
	Gypsy, Irish, Traveller		
	Other		
Mixed:	White & Black Caribbean		
	White & Black African		
	White & Asian		
	Other		
Asian or Asian British:	Indian		
	Pakistani		
	Bangladeshi		
	Chinese		
	Other		
Black, African, Caribbean or Black British:	Caribbean		
	African		
	Other		
Other Ethnicity (please state):			
Prefer not to say			