



WEALD *Living*

by Saxon Weald

EXPRESSION OF INTEREST  
FOR SHARED EQUITY  
EXTRA CARE HOUSING

**Please complete all sections of this application form**

[www.wealdliving.com](http://www.wealdliving.com) | 01403 226060 | [sales@wealdliving.com](mailto:sales@wealdliving.com)

Saxon Weald, Saxon Weald House, 38-42 Worthing Road, Horsham, West Sussex RH12 1DT



**PRIVACY NOTICE:** We are collecting your information because you have asked us to take specific steps before entering into a contract. For more information on how we handle your data, go to [www.wealdliving.com/privacy](http://www.wealdliving.com/privacy).

**DATA PROTECTION AND INVESTIGATING FRAUD NOTICE:** We must protect our public funds and so we may use the information you have given on this form to prevent and detect fraud. We may also share this information with other public bodies for the same purpose. However, we will treat all information you provide in a confidential manner.

Are you happy for us to retain your details and contact you regarding purchase opportunities?

Yes     No

Name of scheme you are interested in: \_\_\_\_\_

**PERSONAL DETAILS**

Is this a single or joint application?     Single     Joint

**Applicant 1**

Mr     Mrs     Miss     Ms     Mx     Other

Full name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Applicant 2**

Mr     Mrs     Miss     Ms     Mx     Other

Full name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile No: \_\_\_\_\_



**PERSONAL DETAILS continued...**

Does anyone hold an enduring power of attorney or lasting power of attorney for you?  
(This is where you have nominated somebody else to act on your behalf)

Yes (please send us a copy and complete section A & C)

No (please read section B and complete section C)

**Section A**

Is this an enduring power of attorney or lasting power of attorney? (please state which)

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Has this been registered with the Office of the Public Guardian?

Yes

No

Please complete the person's details below

Name: \_\_\_\_\_ Relationship to applicant(s): \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

**Section B**

There may come a time when, because you are no longer able to manage your property, financial affairs or personal welfare, you will need someone to do this for you. You can formally appoint a friend, relative or professional to hold a lasting power of attorney that will allow them to act on your behalf. It has no legal standing until it is registered with the Office of the Public Guardian. Please speak to your solicitor for further details. We strongly recommend you put this in place.

**Section C**

Is someone else (not power of attorney) co-ordinating this property purchase on your behalf?  Yes  No

Are you happy for us to contact them directly?  Yes  No

Name: \_\_\_\_\_ Relationship to applicant(s): \_\_\_\_\_

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

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_



**FINANCE**

Do you have a property to sell?  Yes  No

Is your property on the market?  Yes  No  Under offer

If yes, how long has it been for sale? \_\_\_\_\_

Estate agent's details

Business name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

*Please note that you will not be able to purchase until you are under offer or sold. You may not purchase an extra care property whilst you own another property.*

If you do not have a property to sell, how are you funding this purchase?

Savings  Previous house sale

Other \_\_\_\_\_

How much capital do you expect to have? £ \_\_\_\_\_

What is your total annual income? £ \_\_\_\_\_

Do you require a mortgage in order to purchase this property?

Yes (please enclose Approved in Principle Certificate)  No

Do you have sufficient funds in the form of income, savings, pensions etc to pay service charges, utility bills and other living expenses?

Yes  No

Do you receive pension credit or other benefits?  Yes  No



## CARE & WELLBEING

Are you moving due to care / support needs?  Yes  No

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If you currently receive or are in need of care, how will this care be paid for?

I will pay for it privately  Adult social care funding

Other

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Do you have any specific disability related needs?  Yes  No

Do you have friends/family near the scheme?  Yes  No

## ACCOMMODATION

Would you prefer a one bedroom or two bedroom flat?

One bedroom  Two bedroom

If your choice is unavailable would you consider the alternative?  Yes  No

Do you have a preference for ground, first or second floor?

Ground floor  First floor  Second floor  No preference



**DECLARATION**

Are you or any member of your household related to an employee or Board Member of Saxon Weald?

Yes       No

If yes, please state their name and relationship to you.

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

I/We declare that the answers given are true and complete and that no details have been left out which might affect the application. I/We agree that Saxon Weald can contact and share information with care providers or solicitors, if the purchase goes forward.

Applicant's full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint applicant's full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have difficulty reading, understanding or completing this form, please contact us on 01403 226060 or email [sales@wealdliving.com](mailto:sales@wealdliving.com)

**Please return your completed form by post to:**

Shared Equity Home Ownership  
Saxon Weald House  
38-42 Worthing Road  
Horsham  
West Sussex  
RH12 1DT

**OR email it to us at: [sales@wealdliving.com](mailto:sales@wealdliving.com)**



**Thank you for completing the form.  
Please keep this sheet for your records.**

**What happens now...**

We will contact you to let you know if any properties are currently available and then make arrangements with you about viewing.

If nothing is available now, we will hold on to your information (for up to one year) and contact you if/when your preferred choice becomes available.

**Next steps...**

We will contact you to let you know if your application is successful. We will then require copies of the following documents:

- Proof of identity (passport or driving licence)
- Proof of address (utility bill or annual pension letter from DWP)
- Proof of savings/investments
- Itemised bank statements from the past three months
- Proof of identity from your certified power of attorney (if applicable)

After receiving all these documents, we will contact you within seven working days regarding any formal offer of purchase.