



**Property Details**

Please tell us which resale property it is that you are interested in:	
How did you hear about this property?	

**Your Details**

	First Applicant	Second Applicant
Title		
Full Name		
Address		
Post Code		
Marital Status		
Date of Birth		
National Insurance Number		
Daytime Telephone Number		
Email Address		
What borough do you live in?		
What borough do you work in?		
Family Composition	No. Adults	No. Children

**Who else will be living with you?**  
Please include the full name, relationship status and state whether in full time education or working etc.

Name	Relationship	Gender	DOB	Education/Working	Gross Annual Salary
1.					
2.					
3.					
4.					

**Your Current Status (Tick where appropriate)**

App 1	App 2		App 1	App 2				
<input type="checkbox"/>	<input type="checkbox"/>	Council Tenant	<input type="checkbox"/>	<input type="checkbox"/>	Living with family or friends			
<input type="checkbox"/>	<input type="checkbox"/>	Housing Association Tenant	<input type="checkbox"/>	<input type="checkbox"/>	Renting from employer			
<input type="checkbox"/>	<input type="checkbox"/>	MOD Personnel	<input type="checkbox"/>	<input type="checkbox"/>	Temp Accommodation provided by your Local Council			
<input type="checkbox"/>	<input type="checkbox"/>	Renting Privately						
Are you a first time buyer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you a British or EU/EEA citizen?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have Indefinite Leave to Remain in the UK?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
When does your Leave to remain in the UK end?								

## Your Current Employment Details

	First Applicant	Second Applicant
What is your job title?		
What is your employer's name?		
Where do you work? <i>(Full address &amp; postcode)</i>		
What is your employment status?	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Self Employed
	<input type="checkbox"/> Permanently Employed	<input type="checkbox"/> Permanently Employed
	<input type="checkbox"/> Fixed Term Contract	<input type="checkbox"/> Fixed Term Contract
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
If applicable, on what date does your contract end?		
On what date did you start this job?		

## Your Financial Details

	First Applicant	Second Applicant
<b>YOUR INCOME</b>		
What is your total gross annual income before deductions? <i>(excluding overtime &amp; bonuses)</i>	£ p.a.	£ p.a.
What is your gross <u>monthly</u> overtime?	£ p.c.m	£ p.c.m
What is your annual bonus? <i>(please state if it is guaranteed)</i>	£ p.a.	£ p.a.
<b>OTHER INCOME</b>		
What other income and/or benefits do you receive? <i>(i.e. WTC, child benefit, investment income, CSA maintenance)</i>		
What is the monthly amount you receive?	£ p.c.m	£ p.c.m
<b>YOUR SAVINGS \ DEPOSIT</b>	PLEASE NOTE: YOU WILL NEED UP TO £4,000 TO COVER YOUR LEGAL AND MORTGAGE SET UP COSTS. THIS WILL BE IN ADDITION TO ANY DEPOSIT THAT YOU PUT TOWARDS THE PURCHASE	
What are your savings?	£	£
What is the source of your savings? <i>( e.g. inheritance, sale of previous home)</i>		
Please state how much of your savings you are using for your Mortgage Deposit?	£	£

YOUR DEBTS	First Applicant				Second Applicant			
Do you have any loans? (Incl. any Student Loans)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If yes, how much is the outstanding? £				If yes, how much is the outstanding? £			
How much are the monthly repayments?	£				£			
What is the loan for? (e.g. car loan)								
What date is the final payment?								
If applicable, what is the total balance on your credit cards?	£				£			
Do you clear the whole balance each month?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been in arrears, incurred County Court Judgements, defaults, made late payments or been declared bankrupt?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If 'yes' please provide full details:				If 'yes' please provide full details:			

### Diversity Monitoring

#### What is your ethnic group?

App 1	App 2		App 1	App 2	
		White			Mixed
<input type="checkbox"/>	<input type="checkbox"/>	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	<input type="checkbox"/>	Irish	<input type="checkbox"/>	<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	<input type="checkbox"/>	Gypsy/Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Refused	<input type="checkbox"/>	<input type="checkbox"/>	Refused
		Asian			Black
<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	African
<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Black British
<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Other	Other		
<input type="checkbox"/>	<input type="checkbox"/>	Refused	<input type="checkbox"/>	<input type="checkbox"/>	Arab

#### What is your religion?

App 1	App 2		App 1	App 2	
<input type="checkbox"/>	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	<input type="checkbox"/>	Sikhism
<input type="checkbox"/>	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>	<input type="checkbox"/>	Other Religion
<input type="checkbox"/>	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	<input type="checkbox"/>	No Religion
<input type="checkbox"/>	<input type="checkbox"/>	Judaism	<input type="checkbox"/>	<input type="checkbox"/>	Refused
<input type="checkbox"/>	<input type="checkbox"/>	Islam			

#### What is your sexuality?

App 1	App 2		App 1	App 2	
<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Gay or Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	Refused
<input type="checkbox"/>	<input type="checkbox"/>	Bisexual			

<b>Are you or a member of your household registered disabled?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<b>Are you or a member of your household a wheelchair user?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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## Declaration of Interest

<b>Is either applicant related to a current board member or employee of Optivo</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>If so, please tell us their name</b>				
<b>What is your relationship to this person</b>	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Partner
	<input type="checkbox"/>	Friend	<input type="checkbox"/>	Other
	<input type="checkbox"/>		<input type="checkbox"/>	Child
			<input type="checkbox"/>	Sibling

### IMPORTANT INFORMATION – PLEASE READ CAREFULLY

Information on this form will be stored electronically and maybe used by Optivo or its partners (e.g. Local Council, GLA, HCA) to provide them with information on who is applying for such housing.

I/we confirm that all the information given on this form is up to date and correct.

I/we understand that the information given on this form will be used to determine whether I/we meet the affordability requirements for the property and therefore I/we have provided all the required financial information. I/we understand that failure to declare all financial information may result in us failing the affordability test.

If it is found that false information has been given to obtain housing either knowingly or recklessly, I/we understand that appropriate legal action may be taken by Optivo and/or seek possession of any leasehold tenancy granted.

As a council, housing association or other public sector tenant, I/we will be required to give up my rented home on the day of completion if I buy a shared ownership property through Optivo

If/we own or have an interest in a property now or previously, I/we will be required to sell before exchange of contracts or taking up a lease.

<b>Applicant 1 Signature</b>		<b>Date</b>	
<b>Applicant 2 Signature</b>		<b>Date</b>	

**Once completed please return to:**

**The Sales Team**

**Optivo**

**Colwell House**

**376 Clapham Road**

**London SW9 9AR**

**Email: [sales@optivo.org.uk](mailto:sales@optivo.org.uk)**



May 2017