



WEALD LIVING

BY SAXON WEALD

EXPRESSION OF INTEREST
FOR SHARED EQUITY
EXTRA CARE HOUSING

Thank you for your interest. In order to process your enquiry, please complete the whole form and send pages 2-7 to the sales team at Weald Living. Should your application be successful we will require the documents listed below, so please keep this page to refer to.

DOCUMENTATION REQUIRED:

- Memorandum of sale (if selling a property)
- Certified proof of identity (passport or driving licence)
- Certified proof of address (utility bill or annual pension letter from DWP)
- Proof of all 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.

I confirm that I have read the above and agree to Weald Living's terms and conditions.

I understand that before being offered an Extra Care property I will need to supply the above documentation and have a scheme manager assessment.

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.*

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

NATIONAL INSURANCE NO.:

Mr

Mrs

Miss

Ms

Mx

Other

FULL NAME:

ADDRESS:

POSTCODE:

DATE OF BIRTH:

TELEPHONE NO.:

MOBILE NO.:

EMAIL:

APPLICANT 2

NATIONAL INSURANCE NO.:

Mr

Mrs

Miss

Ms

Mx

Other

FULL NAME:

ADDRESS:

POSTCODE:

DATE OF BIRTH:

TELEPHONE NO.:

MOBILE NO.:

EMAIL:

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)

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

Please complete the person's details below

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:

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.

FINANCE CONTINUED...

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?

Please note this can be no more than £500,000 after purchasing the property to comply with our shared equity affordability criteria.

£ _____

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**

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

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**

HOW DID YOU HEAR ABOUT THIS SCHEME?

Search engine (Google etc.)	Weald Living/Saxon Weald website
Social media (Facebook etc.)	Newspaper/ magazine
Friend / family member	Social care or health professional
Other (please specify) _____	

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 have read and understood this form and agree to Weald Living's terms and conditions.

I/we declare that the answers given are true and complete and that no details have been left out that might affect the application.

I/we understand that before being offered an Extra Care property I will need to supply the documentation listed on page two and have a scheme manager assessment.

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:

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 documentation listed on page 2 of this form to assure you meet the financial requirements of living at the property.
- We will organise a scheme manager assessment to review your care needs

PLEASE RETAIN A COPY OF PAGE 2 FOR YOUR RECORDS.

PLEASE COMPLETE PAGES 2-8 OF THIS FORM AND RETURN IT TO:

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

OR email it to us at: sales@wealdliving.com.

If you have difficulty reading, understanding or completing this form, please contact us on 01403 226060 or email sales@wealdliving.com.