

MORTGAGE

APPLICATION FORM



Housing Register number:

Name(s):

Applicant 1:

Applicant 2:

Date of Birth:

Address:

.....

Telephone Home: Work:

Mobile: Email:

Members of household to be housed:

| | |
|----------------------|--------------------|
| Name: | Relationship:..... |
| Date of Birth: | |
| Name: | Relationship:..... |
| Date of Birth: | |
| Name: | Relationship:..... |
| Date of Birth: | |
| Name: | Relationship:..... |
| Date of Birth: | |

Your current housing circumstances

Are you: please tick as appropriate

| | | | |
|--|--------------------------|------------------------|--------------------------|
| An owner occupier: | <input type="checkbox"/> | In HM Forces quarters: | <input type="checkbox"/> |
| A tenant of a housing association: | <input type="checkbox"/> | A shared owner lessee: | <input type="checkbox"/> |
| A tenant of housing provided with job: | <input type="checkbox"/> | A private tenant: | <input type="checkbox"/> |
| Living with friends/family/lodger: | <input type="checkbox"/> | | <input type="checkbox"/> |

If you are renting property please give the name and address of your landlord:
.....
.....
What is your current rent?..... Weekly/Monthly
Do you have any arrears? yes/no How much?

Have you or your partner ever owned a property? YES NO

If yes please give details including present property if applicable:
Address:

Do you have a financial interest or otherwise in any of the above properties? YES NO
If yes please give the:

Approximate value of the property

Amount of outstanding mortgage

Name of your mortgage company.....

Current mortgage repayments(if applicable)

Financial information

Employment Details

| 1st Applicant | 2nd Applicant |
|----------------------------|----------------------------|
| Employer's name | Employers name |
| Address | Address |
| | |
| | |
| | |

Income:

Income pa

Regular overtime

Any other income (eg 2nd job, child benefit, child tax credits, maintenance etc.)

Capital, savings, investments and other assets:

Current account: please include the name and address of your current account where your regular earnings are paid:

(Include internet banking)

1st Applicant

Balance of account

2nd Applicant

Balance of account

Savings account: please include the name and address of your account where you deposit your savings:

1st Applicant

Balance of account

Please include the name and address of your account where you deposit your savings:

2nd Applicant

Balance of account

Please provide details of any other savings, capital or investments below:

.....
.....
.....

Have you ever had a county court judgement against you? Yes No

Have you ever been declared bankrupt? Yes No

Other outgoings and/or commitments

Do you make maintenance payments for a dependant?

How much? Monthly/weekly

Do you make maintenance payments to a former spouse/partner?

How much? Monthly/weekly

Do you have any outstanding loans? Yes/No

How much? Monthly/weekly repayments

When does it end?.....

Do you have any other credit agreement (s)? Yes No

Declaration:

I/we hereby declare that the information given in this application is a true account of our income and savings and that no other resources are available to us in connection with our shared ownership purchase.

I/we authorise Bracknell Forest Council to make enquiries with my/our Employer as necessary in connection with the verification of details relating to this application.

I/we authorise Bracknell Forest Council to make enquiries relating to my/our financial situation.

NB: Please note that your application cannot be processed until you have given us the information we have requested.

Signed (applicant)

Signed (applicant)

Date

Monitoring

Bracknell Forest Council is concerned to ensure that it gives all applicants a fair and equal access to services. To make sure that we do treat everyone fairly, please answer the questions below. This information will be treated as strictly confidential.

Do you consider yourself to be?

| | You | Joint Applicant |
|--|--------------------------|--------------------------|
| White | | |
| British | <input type="checkbox"/> | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | |
| Mixed | | |
| White & Black Caribbean | <input type="checkbox"/> | <input type="checkbox"/> |
| White & Black African | <input type="checkbox"/> | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | |
| Asian or Asian British | | |
| Indian | <input type="checkbox"/> | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | |
| Black or Black British | | |
| Caribbean | <input type="checkbox"/> | <input type="checkbox"/> |
| African | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | |
| Other Ethnic Groups | | |
| Chinese | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | |
| What is your religion or belief? (Based on the census religious groups) | | |
| None | <input type="checkbox"/> | <input type="checkbox"/> |
| Christian (including Church of England, Protestant & all other Christian denominations) | | |
| Buddhist | <input type="checkbox"/> | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other religion or belief (please specify) | | |
| What do you consider to be your sexual orientation to be? | | |
| Bisexual | <input type="checkbox"/> | <input type="checkbox"/> |
| Gay | <input type="checkbox"/> | <input type="checkbox"/> |
| Heterosexual | <input type="checkbox"/> | <input type="checkbox"/> |
| Lesbian | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | |
| I do not want to answer this question | <input type="checkbox"/> | <input type="checkbox"/> |