



LOW COST HOUSING APPLICATION

1. Details of applicant/s and others who will live with you

Surname	First Name	Date of Birth	Relationship to main applicant	Gross Income (including Benefits)	Total savings /Investments
			SELF		

2. Employment Details

Applicant 1, name and address of employer _____

_____ No of years in this employment _____

Applicant 2 (if applicable), name and address of employer _____

_____ No years in this employment _____

3. Applicant/s address and details of present accommodation

<p>Applicant 1 address:</p> <p>Postcode: Tel: E-mail:</p> <p>Tenure of above (please circle) owner renting lodger shared ownership</p> <p>Rent, Mortgage or Board paid each *week/month (*delete where appropriate) £</p> <p>How long have you lived there?</p>	<p>Applicant 2 address (if different to Applicant 1):</p> <p>Postcode: Tel: E-mail:</p> <p>Tenure of above (please circle) owner renting lodger shared ownership</p> <p>Rent, Mortgage or Board paid each *week/month (*delete where appropriate) £</p> <p>How long have you lived there?</p>
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4. Details of previous accommodation

Have you ever owned a property; if yes please provide details below:

Property Address	Date Bought	Date Sold

5. Ability to purchase

Have you enquired about a mortgage (please circle) Yes No

What is the maximum you can borrow? £ _____

If you have not declared any savings/investments above please state how you intend to pay your deposit, legal fees and stamp duty etc.

Do you have a property to sell? (please circle) Yes No

What is the current market value of your property? £ _____

How much is the outstanding mortgage on this property? £ _____

6. Your housing requirements

What type of accommodation are you looking for (please tick, you can select more than 1).

- House Ground floor flat Maisonette
 Bungalow Upstairs flat Other (please specify) _____

7. Please state minimum and maximum number of bedrooms you require?

Min	Max
<input type="text"/>	<input type="text"/>

8. If you secure a property through the low cost housing scheme will you use this property as your main and only home - that is you will live there for no less than ten months of any one year? (please circle)

Yes No

9. Is anyone in your household registered disabled? Yes No (go to question 10)

10. Do you/they receive any benefits in relation to this disability e.g. DLA. Yes No

11. For which areas/developments (see list on next page) do you want to be considered for discounted sale housing?

One of the qualifying criteria for some (not all) schemes is that you have a local connection to the area (e.g. you were born in the parish/ward, or you have lived or worked there for over 3 years). If you have stated above that you would like to be considered for a particular area or development please provide any additional details of your local connection in the box below.

Low Cost Housing Areas

Urban Areas	Do you have a Local Connection (✓)	Please Provide Details of Your Local Connection
All / Any Area		
Belah		
Belle Vue		
Botcherby/ Durranshill		
Botchergate		
Caldewgate		
Castle		
City Centre		
Currock		
Denton Holme		
Etterby		
Carlton/ Garlands		
Harraby		
Kingstown		
Morton		
Newtown		
St. Aidans		
Stanwix		
Upperby		
Yewdale		
Rural Areas		
All / Any Area		
Brampton		
Burgh by Sands		
Cargo		
Cummersdale		
Cumwhinton		
Dalston		
Great Corby		
Houghton		
Irthington		
Linstock		
Longtown		
Rickerby		
Stanwix Rural		
Scotby		
Tarraby		
Wetheral		

(You can provide additional details in the box at the bottom of the previous page.)

12. Please provide any other information you think would be useful.

13. Declaration

Please read this statement carefully ticking the boxes on the left to indicate you have read and understood each statement and then sign in the box below.

- This is my/our claim for Low Cost Housing.
- I/we declare that the information I/we have given on this form is correct and complete to the best of my knowledge.
- I/we authorise Carlisle City Council's Housing Department to make any enquiries to verify the information on this form.
- I/we authorise the Council to cross check the information I/we have given with other agencies.
- I/we understand that if the information I/we have given is incorrect or incomplete or fail to report any changes which might effect my/our application for low cost housing the council may take legal action against me/us.

Name (please print)

Signature

Name (please print)

Signature

Data Protection Act 1998

The information provided on this form will be used to process your application for 'Low Cost Housing' which is administered through Carlisle City Council. This information may be checked with other information held by Carlisle City Council and maybe used to prevent and detect fraud.

Date Reg/No _____ Names _____

Ward/s _____ Total Funds £ _____

DATE	For office use only COMMENTS	INITIALS
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