



GUERNSEY
HOUSING
ASSOCIATION

**PARTIAL OWNERSHIP
APPLICATION FORM**

For more information call
01481 245530

Or visit our website
www.gha.gg

Partial Ownership Application Form



You must complete every section of the application form clearly and in full. Please use blue or black ink and write in capital letters. This application form must be completed in conjunction with the Partial Ownership leaflet which includes guidance notes.

Please return it to Guernsey Housing Association (GHA) with the documentation we've asked for. There's a checklist on the last page to help you. If you do not provide all your supporting documentation, it will result in your application being delayed. You will be notified in writing of the outcome of your application.

If you have any questions or need more information, please contact the Allocations Officer on 240863, email allocations@gha.gg or visit our website www.gha.gg

1. Personal information

You must provide the personal information for all applicants.

You must hold local residential qualifications, otherwise known as an employment permit (previously known as a right to work document). The GHA will need a copy of this.

For office use

Ref no:

Date of application:

New application: Yes No

Date received:

	Applicant 1	Applicant 2
Title (please circle)	Mr / Mrs / Miss / Ms / Mx / Other	Mr / Mrs / Miss / Ms / Mx / Other
Surname		
First name(s)		
Previous names (including maiden names)		
Date of birth		
Relationship to Applicant 1 or 2		
Residential status Please insert your employment permit number here		
Address		
	Postcode	Postcode
Tel no (home)		
Tel no (work)		
Tel no (mobile)		
Email address		

1.1 Correspondence address

If you would like the GHA to use a different correspondence address, please give the details below.

	Postcode
--	----------

Partial Ownership Application Form



1.2 Your landlord

The GHA will need to contact your landlord to confirm if there have been any breaches of tenancy or rent arrears. Please give their contact details below.

	Applicant 1	Applicant 2
Landlord's name		
Landlord's address		
	Postcode	Postcode
Tel no (Landline or mobile number)		
Email address		

1.3 Rent currently paid

The GHA need to know how much rent you pay and details of any arrears or repayment agreements that you have.

	Applicant 1	Applicant 2
Amount paid weekly	£	
Or amount paid monthly	£	
Are you in arrears with your rent?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
If yes, by what amount?	£	£
Bed and board paid to household member	£	£

1.4 Ownership of property

This section is about whether you own any property or land in Guernsey or outside of Guernsey.

	Applicant 1	Applicant 2
Do you own any property or land?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Are you in the process of buying property or land?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Please give full details including address, date bought, value.		

If you have previously owned property or land which has been sold, please give details and provide proof of any money received.

	Applicant 1	Applicant 2
Have you previously owned property or land?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Address of property		
	Postcode	Postcode
Total sale price	£	£
How much did you or your partner receive?	£	£
When did the sale(s) take place?		

Partial Ownership Application Form



1.5 Previous addresses

Please give details of all previous addresses where you have lived for the last 5 years including any outside of Guernsey. If necessary, please continue on a separate sheet.

Please declare in section 1.6 if you have ever held a tenancy previously with States Housing or the GHA.

Applicant 1	Applicant 2
Address	Address
Postcode	Postcode
Date: From: / / To: / /	Date: From: / / To: / /
Tenant <input type="checkbox"/> Lodger <input type="checkbox"/> Owner <input type="checkbox"/> (please tick)	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/> Owner <input type="checkbox"/> (please tick)
Reason for leaving	Reason for leaving
Landlord's name, contact number and email address	Landlord's name, contact number and email address

Applicant 1	Applicant 2
Address	Address
Postcode	Postcode
Date: From: / / To: / /	Date: From: / / To: / /
Tenant <input type="checkbox"/> Lodger <input type="checkbox"/> Owner <input type="checkbox"/> (please tick)	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/> Owner <input type="checkbox"/> (please tick)
Reason for leaving	Reason for leaving
Landlord's name, contact number and email address	Landlord's name, contact number and email address

1.6 Previous tenancies with GHA or States Housing

Have you or anyone who will be housed with you, ever been a GHA tenant or lived in States Housing as an occupant?

Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	If yes, please tick the correct box and give details below. <input type="checkbox"/> GHA <input type="checkbox"/> States Housing
Name	
Address	
Tenancy start date / /	Tenancy end date / /
Reason for leaving	

Partial Ownership Application Form



2. About your household

This includes anyone who lives with you permanently or occasionally. It may include people who regularly stay overnight at the property even if it is only once a week.

Surname	First name(s)	Gender	Date of birth	Relationship to you	How often and how long are the visits

If any of the people named above do not live with you permanently, please provide details of who this applies to and the arrangements. If this relates to shared custody we will require evidence of the arrangement (eg Court Order or letter from other parent).

Are you pregnant?	Yes <input type="checkbox"/> (please tick)	No <input type="checkbox"/> (please tick)
If yes, when is the baby due?	Date / /	

3. Health

If someone in your household has specific housing needs because of their health or a disability, please answer the questions below in as much detail as possible. You will need to arrange for a letter to support this from a health professional.

Do you, or anyone else who wants to be housed with you, have a medical condition or disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
---	--

If yes, please complete the details below.

Surname	First name(s)	Medical condition or disability (please advise if you can access stairs, bath or shower)	Supporting letter provided to the GHA (please tick)
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Pets

Please let us know if this changes in the future as it will affect your application. You may be required to complete a pet application form.

Do you have any pets?				Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
Do you only wish to be considered for properties where you can take these pets?				Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
Type of pet(s)	Breed	Age of pet(s)	Sex	Are special enclosures needed inside or outside. What size?	Any other details e.g. has the animal been spayed or neutered?

Partial Ownership Application Form



5. Financial information

5.1 Your current jobs

Main job

Applicant 1		Applicant 2	
Job title		Job title	
Employer's name		Employer's name	
Employer's address		Employer's address	
Postcode		Postcode	
Employer's telephone or mobile number		Employer's telephone or mobile number	
Email address		Email address	
Date you started your job	/ /	Date you started your job	/ /
Are you still within your probation period?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Are you still within your probation period?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
If yes, when does it end?	/ /	If yes, when does it end?	/ /
Gross annual pay	£	Gross annual pay	£

Second job

Applicant 1		Applicant 2	
Job title		Job title	
Employer's name		Employer's name	
Employer's address		Employer's address	
Postcode		Postcode	
Employer's telephone or mobile number		Employer's telephone or mobile number	
Date you started your job	/ /	Date you started your job	/ /
Are you still within your probation period?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Are you still within your probation period?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
If yes, when does it end?	/ /	If yes, when does it end?	/ /
Gross annual pay	£	Gross annual pay	£

Partial Ownership Application Form



5.2 Other

Do you have a pension, benefits or other income?

Applicant 1		Applicant 2	
Pension	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Benefits	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Other income	Bank interest, dividends etc	Bank interest, dividends etc	
	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
	Maintenance payments	Maintenance payments	
	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
	Other	Other	
	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Amount £ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	

5.3 Savings and investments

Do you have any savings or other investments? Investments include premium bonds, stocks, shares, funds, RATs.

Applicant 1		Applicant 2	
Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)		Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	
Savings (1)	Amount £	Savings (1)	Amount £
Savings (2)	Amount £	Savings (2)	Amount £
Value of investments (premium bonds, stocks, shares, funds, RATs)	Amount £	Value of investments (premium bonds, stocks, shares, funds, RATs)	Amount £

6. Relationship to staff

Are you related to any member or Board Director at the GHA? Yes No (please tick)

Are you related to any States' Deputy on the Committee for Employment and Social Security? Yes No (please tick)

If 'yes', please specify the person's name, position and your relationship to them.

(We need to know this but it will not affect your application.)


7. Additional information

Please give any further information which you wish to be taken into account by the GHA in support of your application. This may include any additional financial information, property information or information needed for property adaptations.

(Please continue on a separate sheet as necessary.)

8. Declaration and Data Protection

Read the declaration carefully before signing and dating accordingly. The application form must be signed by the applicant, or in the case of a joint application, by both parties.

 The Guernsey Housing Association (GHA) processes personal data in order to carry out the functions of the GHA that relate to the provision of accommodation. Information collected will depend on your business with us, but will be no more than is required for that purpose. We may obtain information about you from others for any of our purposes if the law allows us to do so.

Any personal information you give to us will be processed in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017. If you wish to know more about the information we have about you, or about the way we process it, you can ask at the GHA or view the GHA Privacy Notice at gha.gg.

Consent

I/We consent to the Guernsey Housing Association processing, sharing and storing the information provided through this application process in accordance with the Data Protection (Bailiwick of Guernsey) Law, 2017 and the fair processing notices which can be found at gha.gg.

I/We declare that the information given in this application is true, complete and accurate.

I/We undertake to notify you within seven days, and in writing of any change in my/our circumstances that may affect this application.

I/We give consent for you to contact any States Committee, person or professional named in this application to discuss and share information related to any part of my/our application.

I/We give consent for you to contact my/our current or previous landlords.

I/We understand that I/we must provide all the information requested in this form.

I/We confirm that I/we have read and understood the Partial Ownership Policy, Application Form Completion Notes and Partial Ownership leaflet.

I/We understand that incomplete forms will be returned if I/we fail to provide the GHA with the required information and my/our application will not be processed.

I/We understand that if I/we deliberately or recklessly give false information to the GHA or withhold information from the GHA in connection with this application, then my/our name(s) may be removed from the waiting list, and once removed I/we will be barred from reapplication for a period of twelve months.

	Applicant 1	Applicant 2
Signature		
Print name		
Date	/ /	/ /

9. Checklist of documents needed

Please make sure that this completed form is sent to the GHA with ALL the supporting documentation. If you do not send in the correct documentation, it will delay us processing your application.

When you have completed the application form, you can

- post it or,
- bring it to our office at Guernsey Housing Association, First Floor, Newlands House, Lowlands Trading Estate, Braye Road, Vale GY3 5XJ,
- or send it electronically to allocations@gha.gg with scanned copies of the supporting documentation.

If you have any questions or need help to fill in this form, please contact the Allocations Officer on 01481 240863, call the office on 01481 245530 or email allocations@gha.gg

Checklist	Please tick if YES
Have you completed all the sections?	<input type="checkbox"/>
Have you signed and dated the declaration on page 8? If it is a joint application, you will both need to sign it.	<input type="checkbox"/>

Have you included:

A copy of your status declaration or employment permit number (previously right to work). If it is a joint application, you will both need to send copies in.	<input type="checkbox"/>
Your wage slips for the last 3 months or for 12 weeks and proof of any benefits. If joint applicants, proof of both incomes is required. If self employed, copy of finalised tax returns for last 2 years.	<input type="checkbox"/>
Proof of savings held (this needs to show at least £2,500) Please refer to the partial ownership policy for current figures.	<input type="checkbox"/>
Bank statements for last 3 months for ALL bank accounts held in your name(s).	<input type="checkbox"/>
Supporting letter from your doctor or health professional, if you have answered 'Yes' to section 3. Letter is enclosed /being sent directly to you (delete as applicable).	<input type="checkbox"/>
Photographic identification such as passport or driving licence (scanned copy and bring original to the office for verification).	<input type="checkbox"/>
Letter of consent from child's parent/ guardian to confirm that other children stay regularly with Applicant 1 if applicable.	<input type="checkbox"/>



For more information call
01481 245530

Or visit our website
www.gha.gg