



PROPERTY INFORMATION FORM

SCHEME: HELP TO BUY

To: Help to Buy London (the **Help to Buy Agent**) as agent for Homes and Communities Agency (the **Agency**)

Contact: **Help to Buy London, Aldwyck Housing Group, 6 Houghton Hall Business Park, Porz Avenue, Houghton Regis, Bedfordshire, LU5 5UZ**

Tel: 0300 5000996
 Fax: 01582 869159
 Email: helptobuy@aldwyck.co.uk
 Web: www.helptobuylondon.co.uk

Help to Buy London opening hours are 9am to 5pm, Monday to Friday.

Please note all information clearly – unclear details will cause delays and result in forms being returned – Please enter all applicants names as they appear on their passports. Please complete all fields.

Part One

Applicant 1 Title: (Please circle)	Mr.	Mrs.	Miss	Dr.	Ms	Prof.	Rev.
First Name:							
Middle Name:							
Surname:							
Contact Telephone Number:							
Email address:							
Applicant 2 Title: (Please circle)	Mr.	Mrs.	Miss	Dr.	Ms	Prof.	Rev.
First Name:							
Middle Name:							
Surname:							
Contact Telephone Number:							
Email address:							

Lead applicant current property address:	
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Site Name:	
Selected Property Address: (the Property)	
Local Authority	
Plot No.	
Provider:	
Expected build completion date:	
Expected purchase completion date:	
House Type – (please circle)	Detached, Semi, Terrace, Flat
Tenure - (please circle)	Freehold, Leasehold
Number of Beds - (please circle)	1 2 3 4 5 6 6+
Provider's Conveyancer's Details: (including name, address, email, tel no and reference);	
Applicant's Conveyancer's Details: (including name, address, email, tel no and reference);	
Independent Financial Advisor Details: (including name, company, email, tel no);	
Full Purchase Price:	
Buyer's mortgage amount: [i.e. Maximum amount to be obtained by applicant]	
Mortgage Term:	
Applicant's Cash Contribution:	

The Applicant confirms to the Help to Buy Agent and the Agency that the above details are accurate and are agreed between the Applicant and the Provider - the buyer's mortgage amount and cash contribution must reach a minimum of 60%

PART 2 MUST BE PRINTED ON A SEPARATE PAGE TO PART 1.

Part 2

Financial Details

Help to Buy Equity Loan requested amount (please enter as a figure - max 40%)	
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Income - Applicant 1

Basic Employment Income (annual, gross):	
Overtime, Bonuses and Commissions:	
Student Loan MONTHLY Payment	
Other gross salary Monthly Deduction (childcare voucher, Pension, etc)	

Income - Applicant 2

Basic Employment Income (annual, gross):	
Overtime, Bonuses and Commissions:	
Student Loan MONTHLY Payment	
Other gross salary Monthly Deduction (childcare voucher, Pension, etc)	

Debt (to cover all Applicants if more than one)

Monthly loan/HP payments:	
Outstanding credit card balances:	

Additional household Income (monthly) (to cover all Applicants if more than one):

Working tax credits:	
Child tax credits:	
Child benefit:	
Disability allowance:	
Guaranteed maintenance income:	
Other income:	

Monthly Service Charge & Ground Rent:	
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Do any of the applicants own a residential property?	Y/N
If yes, please confirm the address:	

Personal Details

Applicant 1 date of birth:	
Applicant 2 date of birth:	
Number of adults to live in the Property	
Number of children to live in the Property	

NB Those of [18] years of age at the date of [] are adults and those below [18] years old at the date of [] are children.

The Applicant confirms to the Help to Buy Agent and the Agency that the above details are accurate and acknowledges that this information shall be used to determine the Applicant's eligibility for Help to Buy funding.

PART 3 – Applicants must read carefully

The Applicant (subject to acceptance for the Help to Buy Initiative and proceeding to completion of the purchase of the Property) agrees to and directs that the equity loan funding that the Agency will provide (comprising a contribution of up to 40% of the Full Purchase Price) is paid direct to the Provider to enable it to reduce the Full Purchase Price of the Property.

The Applicant acknowledges that the term of the Help to Buy equity loan is 25 years (subject to earlier redemption in accordance with the equity loan provisions).

The Applicant acknowledges that if they own a residential property that they will sell their interest in that property (or properties) in advance of completing their purchase of the Property with the assistance of a Help to Buy equity loan and that it is a condition of the equity loan that the Property which is the subject of the Help to Buy equity loan will be the only residential property they have any interest in for the duration of the Help to Buy equity loan.

The Applicant further acknowledges that the Agency has nominated an agent to administer Help to Buy equity loans (currently Metropolitan acting through its Housing Options Plus service (the Post Sales Agent)) and that all correspondence and payments required under Help to Buy equity loans will be addressed to the Post Sales Agent.

The Applicant declares for data capture purposes only (**or if there is more than one applicant in relation to each applicant**) that it is (they are) a:

- UK National
- EEA Citizen
- Person with indefinite leave to remain
- Other (please state)

The Applicant confirms (**or if there is more than one applicant in relation to each applicant is**) that it is (they are) a:

- Member of the armed (serving personnel)
- Social tenants
- Other

PART 4

The Applicant acknowledges that:

The Help to Buy Agent will only process the given personal data of the Applicant for the following purposes. The Help to Buy Agent will hold your information in accordance with the Data Protection Act 1998.

Firstly the processing and administering the Applicant's application to participate in the Help to Buy Initiative if the Applicant is approved.

Secondly, the Help to Buy Agent may also share this information for the same purpose with the Agency, the Post Sales Agent and other Help to Buy Agents, with other organisations that handle public funds and the Provider.

Thirdly, the information may be used for statistical surveys and analysis, which means the Help to Buy Agent may pass this information in confidence to local authorities, the DCLG (Department for Communities and Local Government), the Council of Mortgage Lenders and their members and other organisations working with the Help to Buy Agent and/or the Agency's in the delivery of the Help to Buy product. Any of these organisations may contact you in relation to this.

All information the Applicant gives to the Help to Buy Agent on this form (and information resulting from contact with the Applicant's landlord and/or employer) may be shared with the same only in relation to your application to participate in the Help to Buy Initiative.

All information will be treated in the strictest confidence. The Help to Buy Agent, other Help to Buy Agents, the Agency and the Provider, reserve the right to take up any references relating to applicants as the Help to Buy Agent considers necessary and may also search the files of any credit reference agency which will keep a record of any such request.

The Help to Buy Agent must protect the public funds it handles and so may use the information the Applicant has provided on this form to prevent and detect fraud. Under section 29(3) of the Data Protection Act 1998 the information may be disclosed for purposes of crime prevention and detection. Sensitive personal data such as racial or ethnic origin, offences (including alleged offences) and physical and mental disabilities are required under the Equal Opportunities Monitoring statute.

DECLARATION: -

It is a criminal offence to knowingly or recklessly make a false declaration or withhold information reasonably required in connection with this application.

The Applicant has read the above acknowledgement and confirms that the Applicant has provided accurate and up-to-date information relating to the Applicant's application for assistance under the Help to Buy Initiative.

The Applicant understands that if it is found that false information has been given to obtain assistance under the Help to Buy Initiative either knowingly or recklessly, appropriate legal action may be taken and the Agency may take action under its Equity Mortgage.

The Applicant authorises the Help to Buy Agent to pass information submitted as part of its application to:

other Help to Buy agents,

the Post Sales Agent,

the Agency,

Local Authorities,

partner housing providers (registered providers/the Provider/Private Developers),

Credit Reference Agencies,

the Department of Communities and Local Governance,

the Council of Mortgage Lenders (and their members); and

other organisations working with the Help to Buy Agent and/or the Agency's in the delivery of the Help to Buy product

for the purposes of processing this application and statistical surveys and analysis of the Help to Buy Initiative.

DIRECT DEBIT FORM: Please complete, sign and return the attached Direct Debit Form. This is to authorise your bank to debit the monthly fees which will fall due under the Equity Mortgage (which will be £1 per month for the first 5 years of the Equity Mortgage). We confirm that the Direct Debit form will only be used in the event that you purchase the Property and enter into an Equity Mortgage with the Agency.

I [] agree to the above terms and conditions and declare that all information provided in this form is true and accurate (1st applicant)

Signed

Dated

I [] agree to the above terms and conditions and declare that all information provided in this form is true and accurate (2nd applicant)

Signed

Dated

PROVIDER; PLEASE ATTACH A COPY OF YOUR RESERVATION FORM AND SEND IT TO HELP TO BUY LONDON WITH THIS PROPERTY INFORMATION FORM.



Please fill in the relevant details using a ball point pen and send it to:

TARGET HCA
 PO BOX 911
 NEWPORT
 NP20 9PA

Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of account holder(s)

Service User Number
 505077

Reference

Bank / Building Society account number:

Instruction to your Bank or Building Society

Please pay Elderbridge re: HCA Direct Debits from the account detailed in this instruction, subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with Elderbridge re: HCA and, if so, details will be passed electronically to my Bank or Building society.

Branch sort code:

Name and full postal address of your bank or building society

To the Manager: Bank/ Building Society

Address:

Postcode:

Signature(s)

Date: DDI1

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

This guarantee should be detached and retained by the Payer

THE DIRECT DEBIT GUARANTEE



- This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Elderbridge re: HCA will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Elderbridge re: HCA to collect a payment confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Elderbridge re: HCA or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Elderbridge re: HCA asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Equal Opportunities

The Help to Buy Agent operates a policy of equal opportunities in all aspects of its work. No person or group of people applying for housing will be treated less favourably than any other person or group of people because of their sex, age, race, colour, ethnic or national origin. To help the Help to Buy Agent maintain a record, it asks the Applicant to tick the group to which it considers it belong.

How would you, the Applicant, describe your ethnic origin?

WHITE		First App	Joint App	ASIAN OR ASIAN BRITISH		First App	Joint App			First App	Joint App
A1	British	<input type="checkbox"/>	<input type="checkbox"/>	C80	Indian	<input type="checkbox"/>	<input type="checkbox"/>	E15 CHINESE		<input type="checkbox"/>	<input type="checkbox"/>
A2	Irish	<input type="checkbox"/>	<input type="checkbox"/>	C90	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>				
A3	Other	<input type="checkbox"/>	<input type="checkbox"/>	C10	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	E16 OTHER ETHNIC GROUP		<input type="checkbox"/>	<input type="checkbox"/>
				C11	Other	<input type="checkbox"/>	<input type="checkbox"/>				
								F17 QUESTION REFUSED		<input type="checkbox"/>	<input type="checkbox"/>
MIXED				BLACK OR BLACK BRITISH							
B4	White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>								
B5	White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	D12	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>				
B6	White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	D13	African	<input type="checkbox"/>	<input type="checkbox"/>				
B7	Other	<input type="checkbox"/>	<input type="checkbox"/>	D14	Other	<input type="checkbox"/>	<input type="checkbox"/>				

Do you or any member of your household consider yourself to be disabled? Yes No

If yes, please give details _____

Do you or any member of your family use a wheelchair? Yes No

Are you related to a current or former Committee/Board member or officer of a Registered Social Landlord (Housing Association)? Yes No

If so, please give details _____

Name of member or officer _____

Name of Housing Association _____