

FOR OFFICIAL USE ONLY

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|-------|--------------------------|
| Ref: | 1st 2nd 3rd Application? |
| Date: | Registered By: |



Affordable Housing Gateway Application

Data Protection Law Fair Processing Statement

We need the items of your personal data requested in this form in order to process your application for "affordable housing". Where relevant to your application, your personal details will be verified with the Population Office, your employer, the Social Security Department, Income Tax Department, your Parish authority, your GP or other medical agencies as part of this application process. In administering your application, we may share this information with the Social Security Department, Income Tax Department, Population Office, registered social housing providers or their managing agents. Your information will not be disclosed to any other party, or used for any other purpose, without your prior consent. Statistical data from the Gateway will be used to inform the Department of the Environment and Strategic Housing Authority on future demand.

Section 1 – What form of affordable housing are you seeking (please tick preference)

Rental Purchase Social Housing transfer Agency referral

Section 2 – Applicants details

| Surname | First names | Maiden name | Title | Date of birth | Marital status |
|------------------------|-------------|-------------|-------|--------------------------|----------------|
| (1) | | | | | |
| (2) | | | | | |
| Present address | | | | Telephone numbers | |
| | | | | Home: | |
| | | | | Work: | |
| | | | | Mobile: | |
| Email address: | | | | | |

How do you occupy your current address (please tick)

Tenant Owner Occupier Other

If other, please give further details

If you are a tenant, are you already the tenant of an affordable housing provider?

No Yes

Andium Housing Trust Parish Other

If a Housing Trust, please tell us which Trust:

Section 3 – Family details

Details of ALL PERSONS for whom accommodation is required.

| Surname | First name | Relationship to applicant | Date of birth | Gross weekly income | School/earning/unemployed/retired |
|---------|------------|---------------------------|---------------|---------------------|-----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

If pregnant please give expected due date:

Reasons for application:

Section 4 – Financial details

We will make routine checks including petty debts court judgments and the land registry. Information obtained through these checks may be used to manage any prospective tenancy or sale or lease of property through an affordable housing scheme.

Income details

Please state below your GROSS weekly income. Please note that confirmation must be provided, this is listed on the back of this form.

| | | | |
|-----------|---|----------------|---|
| Applicant | £ | Spouse/Partner | £ |
|-----------|---|----------------|---|

Savings and investments

Please state the total value of all savings and investments in sole and/or joint names. Please note that confirmation must be provided, this is listed on the back of this form.

| | | | |
|-----------|---|----------------|---|
| Applicant | £ | Spouse/Partner | £ |
|-----------|---|----------------|---|

Income support

Is your household in receipt of Income Support from the Social Security Department?

| | | | | | | |
|-----|--------------------------|----|--------------------------|----------------------------------|---|-----------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | If YES, how much do you receive? | £ | per week / FOUR weeks |
|-----|--------------------------|----|--------------------------|----------------------------------|---|-----------------------|

Guarantor requirement

If you are applying for social rented accommodation you may be required to provide an independent guarantor (other than your spouse or partner).

Property details

Do you, or have you or any person living with you ever owned land, property or business in Jersey or elsewhere? (Freehold, flying freehold, share transfer, timeshare, holiday home etc.)

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If YES, please give details of address, field number etc. Confirmation of ownership/sale proceeds will be required as explained in the attached notes.

| |
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Section 5 – Housing qualification details

| | | |
|---|------------------------------|-----------------------------|
| Has your residential status already been approved by the Population Office? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|

Please note that if you have not previously had your residential status confirmed you should contact the Population Office on 448905 to avoid any unnecessary delays in processing your affordable housing application.

If applying to purchase a property as a First Time Buyer you must also sign the following declaration

In signing this form I/we also confirm that I/we do not own, nor have we ever owned, property in Jersey or anywhere else. I am a/We are First Time Buyer(s) (please see definition of a First Time Buyer on the rear of the notes page).

| | |
|----------------|-------|
| Signature (1): | Date: |
| Signature (2): | Date: |

Application notes – Please read this carefully before submitting your application form.

RENTAL, TRANSFER OR PURCHASE APPLICATIONS

If you are applying for a transfer within social rented accommodation, or if you are a new applicant for social rented accommodation with the States, Housing Trusts or Parish, you must supply the following documentation with your application.

| Document | Enclosed (Tick) |
|--|--------------------------|
| Copy of either Birth Certificates, Passport or Driving Licence for ALL household members. | <input type="checkbox"/> |
| Salary slip/letter from employer confirming current salary – or if self employed your last THREE years of year-end business accounts. | <input type="checkbox"/> |
| Last THREE months bank statements for ALL accounts held by you and your spouse/partner and any recent investment statements. | <input type="checkbox"/> |
| Last THREE years Income Tax Assessments. | <input type="checkbox"/> |
| If you have previously owned or inherited property, or currently own property either in Jersey or elsewhere, purchase and/or sale details must be enclosed. | <input type="checkbox"/> |
| Medical Information – if you have a medical condition that should be taken into account when considering your housing needs, please provide confirmation from your GP or Hospital Consultant/Specialist. | <input type="checkbox"/> |
| Confirmation of your expected due date if pregnant | <input type="checkbox"/> |

If you have already submitted the above documents highlighted in bold to the Social Security Department it is not necessary to provide them again.

DECLARATION

I/We hereby declare that the information given in this application is, to the best of my/our knowledge and belief, accurate. I/We authorize the Affordable Housing Gateway to make any necessary enquiries in order to verify the information provided. I understand that in order to process my application, the Affordable Housing Gateway may share my/our personal data with the Social Security Department, Income Tax Department, Population Office, Registered social housing providers and their managing agents, Law Officers' Department and/or Parish authorities.

I/We understand that giving false information or failing to notify any changes in my/our financial or family circumstances, which could affect my/our application, may render me/us liable to prosecution or cause my/our application to be cancelled or an offer of accommodation withdrawn.

| | |
|----------------|-------|
| Signature (1): | Date: |
| Signature (2): | Date: |

| | |
|---|--------------------|
| FOR OFFICIAL USE ONLY – AFFORDABLE HOUSING GATEWAY | |
| CANCEL | ACCEPTED |
| BAND | APPLICATION REASON |
| SIGNED OFF BY: _____ (Officer) | DATE: _____ |

Please return your application form and supporting documentation to:
 The Affordable Housing Gateway, Social Security, Phillip Le Feuvre House, PO Box 55, La Motte Street, St Helier, Jersey, JE4 8PE

