LOCHABER HOUSING ASSOCIATION Ltd.

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Fort William
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DATA PROTECTION ACT 1998

The information you provide on this form will only be used for purposes in connection with considering your application. By signing this form, you agree to your personal information being used for these purposes.

All information you provide will be held in secure manual and computerised files. You may ask to see a copy of the information about you and your application held in these files.

SHARED EQUITY INITIAL ASSESSMENT

Applicant(s) Full Name(s) 1

2

Current Address

Telephone Number(s)

E-mail

Current Accommodation (Please tick)

Home Owner ☐ Sharing Owner ☐ Council Tenant ☐ Housing Association Tenant ☐

Private Tenant ☐ Lodger ☐ Living with parents/relatives ☐

Tied Accommodation ☐ Other

Are you registered for housing with the Highland Housing Register? Please tick YES ☐ NO ☐

Qualifying Criteria (Please tick all relevant boxes)

You are a first time buyer ☐

You are disabled and your current property no longer meets your needs ☐

You have particular needs and are unable to purchase a suitable property ☐

You are an existing or previous home owner who is unable to sustain or move back Into home ownership due to significant changes in your household circumstances ☐

You are in the Armed Forces or have left the Armed Forces in the past year ☐

You have lived in the area 2 years or more ☐

Details of Household Members

NAME	SEX	DATE OF BIRTH	RELATIONSHIP

INCOME DETAILS PER ANNUM		**Applicant 1**	**Applicant 2**
Gross Income	**£**		
Any other income	**£**		
TOTAL	**£**		
TOTAL SAVINGS/CAPITAL	**£**		

Are you or anyone of your household a member or related to a member of staff or committee of the Association? Please tick YES ☐ NO ☐

If yes please give details.

Signed **1……**

2……

Date **……..**

IMPORTANT

Please note that this form does not constitute an offer of a property – it is only the first stage in the LIFT process to establish if the applicant(s) qualify for the next stage.

Any Further Comments: (Please use this box to provide any further relevant information regarding your living circumstances, qualifying criteria, or income)

Please state Development you are interested in	

Where did you hear about Shared Equity properties? Please tick					
LHA Leaflet	**Work**	**Community Notice Board**	**Received in post**	**Open Day**	**Received other**
Highland Council		**LHA Website**		**Other Website**	
Newspaper Advert		**Site Sign Board**		**Word of mouth**	
Other – Please state					