



Please read the following information carefully:

- 1 By completing and submitting this form you are applying for one of the rental or shared ownership properties, also described as ‘affordable’ properties, which may be provided through Haddenham Community Land Trust (CLT) from time to time.
- 2 Haddenham CLT offers properties in accordance with The Allocations Policy and The Allocations Policy Guidelines and which Applicants are encouraged to read before applying. These documents are available on our web site at <http://www.haddenhamclt.org.uk/>
- 3 Submitted applications will be assessed and scored in line with the policy. The CLT will maintain a waiting list prioritised by this scoring. The CLT will offer properties when they become available to suitable applicants in line with this prioritised list.
- 4 Applicants should make sure they fully answer the questions as relevant to themselves at the date of completion.
- 5 Successful applicants will be asked to provide evidence to confirm some of the information provided, BUT this should NOT be submitted with the application. The CLT will ask applicants for this evidence when and if they are able to offer a property to the applicants.
- 6 The evidence which will likely be required is shown alongside the questions and there is also a detailed checklist at the end of the application form (applicants might find it helpful to make a copy when they apply).
- 7 The CLT Trustees or officers may also need to ask for additional verification evidence, or they may need to contact other parties – employers or public bodies for example – in order to fully verify applications. This will only be undertaken when a property is being offered and after the applicants have been informed.
- 8 Once applications have been submitted the CLT Trustees will acknowledge receipt (by email whenever possible) and evaluate applications within one month. The CLT will inform the applicants of the score awarded and where the applicants are placed on the waiting list.

- 9 Applicants may appeal the assessment if they consider an error has been made (by letter giving reasons for disagreement). Appeals will be considered within one month and the outcome will be advised to the Applicant(s).
- 10 The Decision of the Trustees, if necessary after an appeal, shall be final.
- 11 Applicants must inform the CLT if there is a significant change in their circumstances between application submission and the time of a possible offer of a property and if such change might affect the scoring assessment and / or their housing need.
- 12 Completed application forms may be submitted by hand or posted to:

HADDENHAM COMMUNITY LAND TRUST
HADDENHAM LIBRARY,
STATION ROAD
HADDENHAM
ELY
CB6 3XD

APPLICATION TO HADDENHAM CLT FOR AFFORDABLE HOUSING

Please answer ALL questions and place a tick (✓) in the boxes where provided. Please use BLOCK LETTERS.

PART 1 – PERSONAL DETAILS [Tick if Joint Application] <input type="checkbox"/>		
If Joint Application what is relationship of Applicant 2 to Applicant 1 ?		
	APPLICANT 1	APPLICANT 2 (if Joint Application)
NI Number		
First name(s)		
Surname / Family name		
Birth surname [if different]		
Date of Birth [dd/mm/yy]		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Nationality		
Current address		
Telephone/Mobile Nos		
E-mail address		
Marital Details	Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Ptnr <input type="checkbox"/> Separated <input type="checkbox"/> Co-habit <input type="checkbox"/>	Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Ptnr <input type="checkbox"/> Separated <input type="checkbox"/> Co-habit <input type="checkbox"/>

Evidence information to be required:
ID x 2 for each applicant, one photographic eg passport, driving licence
Proof of current address – eg Utility bill, rental statement
Certificate to confirm marital status may be required

PART 2 – EMPLOYMENT DETAILS

Please complete the following in respect of yourself and Applicant 2 (if applicable). Tick all that apply.

	APPLICANT 1	APPLICANT 2
Employed	Full-Time <input type="checkbox"/>	Full-Time <input type="checkbox"/>
	Part-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Self-Employed	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed [receiving benefit]	<input type="checkbox"/>	<input type="checkbox"/>
Pensioner/Retired	<input type="checkbox"/>	<input type="checkbox"/>
Lone Parent support only	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker [no income]	<input type="checkbox"/>	<input type="checkbox"/>
Student / Training	<input type="checkbox"/>	<input type="checkbox"/>
Other (give details) 	<input type="checkbox"/> 	<input type="checkbox"/>
Employer's name (if self-employed give business name)		
Employer's or workplace address		
Your Occupation		
Date employment (or self-employment) commenced [mm/yy]		

PART 2 - EMPLOYMENT DETAILS (continued)

If you have additional employment OR if the current employment above has been for less than 3- years please provide previous / additional employer (or self-employment) details to cover the 3-year period:

	APPLICANT 1	APPLICANT 2
Employer 2 Name		
Employer 2 Address		
Dates employed [mm/yy]	From To	From To
Employer 3 Name		
Employer 3 Address		
Dates employed [mm/yy]	From To	From To

PART 3 – AFFORDABILITY

3.1 NET INCOME Please provide figures for your gross income and deductions as applicable and as if on an annual basis – **£ per annum**

GROSS INCOME (as applicable)	APPLICANT 1		APPLICANT 2	
From Employment 1		£		£
From Employment 2		£		£
From Self-Employment		£		£
From Pensions (all including State)		£		£
From Benefits (give details by type)	£	£
	£	£
	£	£
From Any Maintenance Received		£		£
Any other income (give details)	£	£
	£	£
TOTAL INCOME		£		£
DEDUCTIONS				
All payroll deductions (tax, NI, pensions etc)		£		£
Other fixed deductions (eg maintenance paid, court-orders etc give details)	£	£
	£	£
	£	£
TOTAL DEDUCTIONS		£		£
NET INCOME (Gross Income less Deductions)		£		£

Evidence information to be required:

Each line of income and of deductions to be supported eg by P60, or 3 recent payslips, benefit statements including any child benefit, pension statements etc

Proof of current address – eg Utility bill, rental statement

Copy accounts may be required for self-employed – for last financial year

PART 3 - AFFORDABILITY (continued)

3.2 ASSETS and SAVINGS

	APPLICANT 1	APPLICANT 2
Do you own any property or land?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please give some details		

	APPLICANT(S)
Does the total value of any property or land above, plus savings (ISAs, Bank and Building Societies Savings, stocks and shares etc) and other assets of <u>ALL</u> applicant(s) combined exceed £25,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are applying for a shared-ownership CLT property do the applicant(s) have combined savings in excess of £5,000?	Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Evidence information to be required:

Evidence of savings in excess of £5,000 required if application is for shared ownership (to confirm that purchase costs can be covered).

PART 4 – CONNECTIVITY TO HADDENHAM

4.1 LIVING IN HADDENHAM (Parish including Aldreth and Hill Row)

	APPLICANT 1	APPLICANT 2
Have you lived in Haddenham during the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES give address(es) and dates below

Address 1 (or = Current)		
Dates [mm/yy]	From To	From To
Address 2		
Dates [mm/yy]	From To	From To
Address 3		
Dates [mm/yy]	From To	From To

PART 4 – CONNECTIVITY TO HADDENHAM (continued)

4.2 CLOSE FAMILY LIVING IN HADDENHAM (Parish including Aldreth and Hill Row)

	APPLICANT 1	APPLICANT 2
Have any of your close family lived in Haddenham during the last 7 years ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES give Name, address(es), dates and relationship:

Name		
Address 1		
Dates [mm/yy]	From	To
Relationship to applicant		

Name		
Address 2		
Dates [mm/yy]	From	To
Relationship to applicant		

Name		
Address 3		
Dates [mm/yy]	From	To
Relationship to applicant		

PART 4 – CONNECTIVITY TO HADDENHAM (continued)

4.3 LIVING IN A NEIGHBOURING VILLAGE

	APPLICANT 1	APPLICANT 2
Have you lived in a neighbouring village during the last 7 years ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES give Village, Address(es), and dates

Village		
Address 1		
Dates [mm/yy]	From To	From To

Village		
Address 2		
Dates [mm/yy]	From To	From To

Village		
Address 3		
Dates [mm/yy]	From To	From To

4.4 BORN IN HADDENHAM (Parish including Aldreth and Hill Row)

Were you born in Haddenham (or returned home to Haddenham after birth)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Evidence information to be required: Birth certificate required to support

PART 5 - SUSTAINABILITY

5.1 CHILDREN

If application successful how many children (under 18 years) would be living in the CLT property – for at least 50% of the time?

Children

.....

Give details below of all children (under 18 years) – their names ages and their gender. Also indicate if they already attend The Robert Arkenstall Primary School, or whether an application has been made for them to attend in the future.

NAME	AGE (years & months)	SEX (M/F)	Attend or have applied to Robert Arkenstall Primary School
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

PART 5 - SUSTAINABILITY (continued)

5.2 WORK IN HADDENHAM Please complete (tick) the following as applicable.

	APPLICANT 1	APPLICANT 2
IF employed do you work for 20 or more hours per week in Haddenham, or for a Haddenham based business?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
IF self-employed do you provide services for 20 hours or more per week from your Haddenham based business, or to Haddenham based clients?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in a role regarded as a Key Worker (see list in Guidelines)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART 6 - OTHER HOUSEHOLD MEMBERS

Total No. of Persons who will be in the proposed household?
Other than the Applicant(s) and Children (under 18) already detailed, any other household members?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES please give details below (as applicable):

Name (Person 1)	
Age [yrs]
Relationship to Applicant(s)	
Dependent on Applicant(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employed	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Self Employed	<input type="checkbox"/>
Unemployed [receiving benefit]	<input type="checkbox"/>
Pensioner/Retired	<input type="checkbox"/>
Lone Parent support only	<input type="checkbox"/>
Homemaker [no income]	<input type="checkbox"/>
Student / Training	<input type="checkbox"/>
Other (give details)	<input type="checkbox"/>

Name (Person 2)	
Age [yrs]
Relationship to Applicant(s)	
Dependent on Applicant(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employed	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Self Employed	<input type="checkbox"/>
Unemployed [receiving benefit]	<input type="checkbox"/>
Pensioner/Retired	<input type="checkbox"/>
Lone Parent support only	<input type="checkbox"/>
Homemaker [no income]	<input type="checkbox"/>
Student / Training	<input type="checkbox"/>
Other (give details)	<input type="checkbox"/>

PART 7 – HOUSING NEED	
For what type of CLT property do you wish to apply (note that CLT may only be able to offer in accordance with Policy and as related to need)?	1 Bed Bungalow (2 persons max) <input type="checkbox"/> 2 Bed Bungalow (4 persons max) <input type="checkbox"/> 2 Bed Terrace (4 persons max) <input type="checkbox"/> 3 Bed Semi (5 persons max) <input type="checkbox"/> 3 Bed Bungalow (6 persons max) <input type="checkbox"/>
If available would you prefer a CLT property with shared ownership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
YOUR CURRENT HOUSING – CAPACITY	
Is your current housing too small or with more than one household having to share?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your current housing too big or too expensive?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES give more details for either of the above (continue in Part 9 if you need):	
YOUR CURRENT HOUSING – ENVIRONMENTAL / HEALTH	
Is your current housing unsuitable for physical reasons (eg access, soundness etc)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your current housing unsuitable for environmental or health reasons?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES give more details for either of the above (continue in Part 9 if you need):	
OTHER REASONS	
Are there any other imminent changes which will impact on your housing eg you may lose current home, a new baby etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES give more details and timescales:\ (continue in Part 9 if you need):	

Evidence information to be required: Medical or Environmental statement to support any environmental or health reasons above.

PART 8 – MEDICAL OR DISABILITY NEEDS	
Does any member of your proposed household have a medical condition or disability which requires specific housing needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please give details including name of person, name of condition or disability and please indicate if condition is degenerative?	Person 1 name _____ Condition _____ Degenerative Yes <input type="checkbox"/> No <input type="checkbox"/>
What specific requirements or adaptations to a property are required to help this person? (eg ground floor needed for wheelchair and hence bungalow preferred etc)	
ADDITIONAL PERSON (if applicable)	
If YES please give details including name of person, name of condition or disability and please indicate if condition degenerative?	Person 2 name _____ Condition _____ Degenerative Yes <input type="checkbox"/> No <input type="checkbox"/>
What specific requirements or adaptations to a property are required to help this person? (eg ground floor needed for wheelchair and hence bungalow preferred etc).	

Evidence information to be required: A Consultant's or similar medical certificate to support the above.

PART 9 – OTHER SUPPORTING INFORMATION

Please provide any additional information below to clarify or expand on previous answers if required, or which you think may be supportive of your application.

For example, you may wish to include here details of specialist care requirements for a dependent relative, or perhaps further information if supported by a local public body such as the Police or Local Authority. Please also give here any other information showing your support for, or participation in the local Haddenham community – eg running a sport, social or charitable activity related to Haddenham and the locality.

PART 10 – OTHER ELIGIBILITY CRITERIA (Both applicants if applicable)	
Do you have any rent arrears of 3 months or more for any current or previous tenancies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes is there a payment plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details if applicable (continue in Part 11 if you need):	
Have you ever owned a property which has been repossessed by a mortgage provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes have the mortgage arrears since been repaid or is there a payment plan in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please give details if applicable (continue in Part 11 if you need)	
Have you ever been evicted from any previous home? (ie before end of a tenancy period)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please give details (continue in Part 11 if you need):	
Have you been declared bankrupt within the last 6 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please give details (continue in Part 11 if you need):	
Has any member of the proposed household been convicted in the last 3 years of any anti-social behaviour offence including but not limited to: disorderly conduct, threatening, abusive or insulting behaviour, or distribution of offensive material, riot, violent disorder, assault, or obstruction of a police officer or emergency service personnel, or is subject to an exclusion order, or has a conviction under any Act which seeks to protect Children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please give details (continue in Part 11 if you need):	
Do you have any court case pending which may impact on any answers given in this application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes please give details (continue in Part 11 if you need):	

PART 11 – COMMENTS / QUESTIONS

You may make any additional comments here if you wish – including questions if you have any to the CLT Trustees. We will endeavour to respond to matters raised as quickly as possible.

DECLARATION

I / We understand that in order to assess this application for a CLT property I/ we need to provide Haddenham CLT with personal information to enable validation and verification. I/We also understand that this information will only be used for the purposes and in the manner as described in the Haddenham CLT Privacy Policy (available from the web site <http://www.haddenhamclt.org.uk/>).

I / We declare that the information given by me / us in this application is true and correct. I/we authorise the CLT to make whatever enquiries it considers necessary to verify details of my / our application. I/ we will notify the CLT of any changes of my / our household circumstance which may impact upon this application.

Signed: {Applicant 1} Date

Signed {Applicant 2} Date

SUPPORTING DOCUMENTS REQUIRED – CHECKLIST FOR APPLICANTS

If you are offered a CLT property we will ask at that time for certain copy documentation to help verify your application. We will retain this information with your application and, should you be successful, for the duration of your subsequent tenancy.

The checklist below is to help guide you in preparation of this information. The list may not be exhaustive and full requirements will depend upon individual circumstances.

- | | |
|---|--------------------------|
| Fully completed application form – including signed declaration | <input type="checkbox"/> |
| Part 1 2 x ID for each Applicant – at least one to include a photo
eg passport, driving licence | <input type="checkbox"/> |
| Proof of current address(es) eg recent utility bill, rental statement | <input type="checkbox"/> |
| Copy certificate or similar to confirm marital status (if requested) | <input type="checkbox"/> |
| Part 3 Evidence of income to support each income line

eg payslips, P60, benefit statement incl child benefit
pensions statement | <input type="checkbox"/> |
| Evidence to support deductions (payslips etc) | <input type="checkbox"/> |
| Evidence of savings over £5,000 if applicable | <input type="checkbox"/> |
| Copy Accounts if self-employed | <input type="checkbox"/> |
| Part 4 Birth Certificate - required if born in Haddenham | <input type="checkbox"/> |
| Part 7 Medical or similar evidence to support application on health
or environmental grounds | <input type="checkbox"/> |
| Part 8 Consultant certificate or statement to verify medical or disability
condition. | <input type="checkbox"/> |
| Part 9 Possibly additional supporting information. | <input type="checkbox"/> |