|  |  |
| --- | --- |
| **The property I am/we are applying for is:** | **An Toll Bàn, Applecross** |
|  | |

Please only complete this form if you wish to make a full application. **Details of supporting documents you need to supply are detailed on the back page.**

If you require any assistance to complete the form or need to request a copy in large print, please contact us on 01463 233 549

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Name** |  |  |
| **Address** |  |  |
| **Email** |  |  |
| **Phone** |  |  |
| **Mobile** |  |  |

**Please tell us how many people are included in this application: (permanent residents only)**

|  |  |
| --- | --- |
| Number of adults |  |
| Age of adults |  |
| Number of children |  |
| Age of children |  |
| Gender of children |  |

**Please tick which priority group applies to you**

|  |  |
| --- | --- |
| 1st priority group: Elderly or vulnerable residents\* with special needs whose current accommodation is not suitable |  |
| 2nd priority group: Local residents\* who are unable to rent or buy housing suitable for their needs supplied by the private sector |  |
| 3rd priority group: People with a community connection who can demonstrate the need to reside/return to live in the community |  |

**Please tell us about your current housing**

|  |  |  |  |
| --- | --- | --- | --- |
| Local Authority (Council) |  | Housing Association |  |
| Living with relatives |  | Home owner |  |
| Private rent |  | Other (please state) | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of bedrooms in current home | | | |  |
| Number of bedrooms needed | | | |  |
| Does your current housing meet your needs? | **Yes** |  | **No** |  |
| **If you have ticked No, please give more information:** | | | | |
| Does your current property require upgrading or adapting? | **Yes** |  | **No** |  |
| **If you have ticked Yes, please give more information:** | | | | |

**Please tell us why you would like to be considered for this property, particularly the ways in which your current situation fits with the priority groups listed above**

|  |
| --- |
| (continue on a separate sheet if necessary) |

**About your income – please state all figures as annual incomes**

**If you are currently not working or retired, please complete the section below:**

|  |  |
| --- | --- |
| Universal Credit |  |
| Any other benefits |  |
| Pension payments |  |
| Child benefit |  |
|  | |
| Savings (please state total) |  |
|  | |
| Debt (please detail payment terms) |  |
| **If you are working, please fill out all relevant sections:** | |
| Applicant 1 - Job Title |  |
| Salary before tax |  |
| Hours worked per week |  |
| Any other income (eg: 2nd job) |  |
|  | |
| Applicant 2 - Job Title |  |
| Salary before tax |  |
| Hours worked per week |  |
| Any other income (eg: 2nd job) |  |
|  |  |
| Please add any notes on your financial circumstances here | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Data Protection Statement** | | | | |
| In accordance with GDPR, the information that you provide on this form and will be used to process and assess your application.  We may check the information collected with third parties or with any other information that is already held by us. We may also use or pass your information to third parties or use it in other ways as permitted by law.  By signing this application form we will be assuming that you agree to the processing of your personal data and any sensitive personal data disclosed in accordance with the Information Commissioner’s Office (ICO) guidelines. | | | | |
| Tick the box to acknowledge your understanding of, and agreement with, the Data Protection Statement and Declaration above. | | | |  |
| **Declaration** | | | | |
| I declare to the best of my knowledge and belief, all particulars I have given in all parts of this application form, are complete and true. I understand that if I am made an offer and information I have provided is found to be false or misleading, the offer will be withdrawn. If I am not successful in my application, I understand that my application will be retained for 6 months. | | | | |
| Tick the box to acknowledge your understanding of, and agreement with, the Data Protection Statement and Declaration above. | | | |  |
| **By signing this application form I give consent to CHT to the processing of my personal data and any sensitive data in accordance with ICO guidelines.** | | | | |
| Signed (1) |  | Print name |  | |
| Signed (2) |  | Print name |  | |
| Date |  |  |  | |

Communities Housing Trust is a Company Limited by Guarantee (SC182862) and a Scottish Charity (SC027544)

ACC Landlord Registration No: 1480312/270/27092 • CHT Letting Agent Registration No: LARN1906024 VAT Registration No: 980 7002 27

**Checklist of items to include with your full application**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Item** | **Suitable Documents** | **Included (tick)** |
| 1 | Photographic ID  *(For both applicants if a joint tenancy)* | Either:   * Copy of driving licence(s) * Copy of passport(s) |  |
| 2 | Proof of **ALL** applicant(s) income | * Copies of last 3 months’ wage slips * Copies of your accounts (if you are self-employed) * Child tax credit or working tax credit award letters |  |
| 3 | Proof of savings | * Copy of bank statement(s) * Letter advising of parental gift |  |
| 4 | Bank statements | * Copies of the last 3 months’ bank statements for **ALL** accounts held |  |
| 5 | A reference | * Letter supporting your connection/need to reside in the community (eg: employer, family) |  |
| 6 | Proof of current housing tenure | Eg:   * Copy of your current lease * A letter from your parents |  |

Please email to [helen.mackie@chtrust.co.uk](mailto:helen.mackie@chtrust.co.uk) or post to

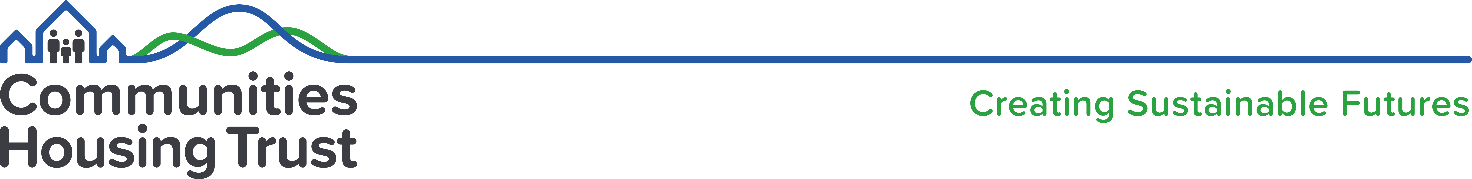
**Communities Housing Trust, 7 Ardross Terrace, Inverness, IV3 5NQ**

**The closing date for applications for the An Toll Bàn, Applecross development is Monday 6 December 2021. Applications must be received by this date.**

Please call **01463 233 549** or email **info@chtrust.co.uk** if you require any assistance.

|  |  |
| --- | --- |
| **To help us better advertise our properties in the communities we work with, please state how you heard about this housing opportunity** *(tick all that apply)*: | |
| CHT/ACC website |  |
| Registered interest in area and were contacted by CHT |  |
| Advertising in local community *(posters, community company, etc)* |  |
| Social media *(CHT & ACC use Facebook, Twitter and Instagram – please state which platform you saw our marketing on)* |  |
| Word of mouth |  |
| Other |  |

** We aim to make our business as environmentally friendly as possible. With this in mind, we would prefer that you submit as much of your application as possible to us electronically



**Reference Request Mandate**

Communities Housing Trust will only pursue a reference if your application for a property has been successful.

We would seek references in support of your application from your named persons.

|  |  |
| --- | --- |
| **Name:** |  |

|  |  |
| --- | --- |
| **Current address:** |  |

**\*delete as applicable**

This is to confirm that **I/we** give permission for Communities Housing Trust to contact persons for a reference in support of **my/our** application for housing.

|  |  |
| --- | --- |
| **Applicant 1** |  |
| Name: |  |
| Signed: |  |

|  |  |
| --- | --- |
| **Applicant 2** |  |
| Name: |  |
| Signed: |  |
| Date: |  |