**HOUSING INTEREST FORM**

**Please complete and return if you have a strong connection with**

**Southwold**

Name: ………………………………………………………………………………………..

Address: ………………………………………………………………………………..........

…………………………………………………………………………………………………

Tel. No. : ………………………………: Email : ……….……………………………………

Are you on the Council’s Housing Register: Yes/No

If yes, what is your application number (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, you will need to complete an application form to join the Housing Register if you wish to be considered for a rented property.

## Family Details

Number of adults in family requiring accommodation: ……........ (+ ages): ......................

Number of boys: ………. (+ ages): …………………………………..

Number of girls: ………. (+ ages): …………………………………..

Number of bedrooms required: ……………………………………………..

## Local Connection

This scheme is being developed to meet the local housing need in ……………, therefore you will need to demonstrate that you have a local connection with the Parish. You will be considered to have a local connection if you or a member of your household: (please tick all those that apply)

( ) Currently lives in the Parish of ……………..... and has been resident there for ....... years

( ) Has lived in the Parish of ………….......... previously and were resident for ........ years

( ) Is employed in the Parish of …………………... and have been so for ........ years

( ) Has immediate family living in the Parish of ……............ who have been resident for ....... years

## Tenure

There will be a mix of both rented and shared ownership properties on the new affordable housing scheme. Please indicate which tenure of property you would like to be considered for:

**Rented: Shared Ownership:**

PTO

If you wish to be considered for shared ownership properties it is essential that you are registered with the Help To Buy scheme. For further information and to register please visit [www.helptobuyese.org.uk](http://www.helptobuyese.org.uk)

Please also complete the financial information below:

|  |  |
| --- | --- |
| **Income Details** | |
| APPLICANT 1  Income from Employment:  £  State weekly/fortnightly/monthly  (after tax)  Annual Gross Salary:  £ | APPLICANT 2  Income from Employment:  £  State weekly/fortnightly/monthly (after tax)  Annual Gross Salary:  £ |
| **Savings Details for Shared Ownership interests** | |
| Savings  £  State amount and type: | Savings  £  State amount and type |
| Please also indicate any value of pledges of support from any relatives (this should include capital sums which you know you will benefit from in the next 12 months) | Please also indicate any value of pledges of support from any relatives (this should include capital sums which you know you will benefit from in the next 12 months) |

## Other Details

Any other details you would like to be considered: ………….……………………............................

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**Please note:** To provide the relevant Local Authority with a clear understanding of the Local Housing Need, Hastoe will pass on your contact details, your local connection criteria and whether you are interested in a Rented or Shared Ownership property. All other information will remain private and confidential to Hastoe.

Signed: …………………………………………… Date: ……………………