**HOUSING CONTACT FORM**

**Please complete and return this form if you are interested in applying to live in one of the proposed homes and you have a strong local connection with** **Saxlingham Nethergate**

Name/s: ……………………………………………………………………………………………………

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

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

## Family Details

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

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

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

Number of bedrooms required based on current household size: ……………………………………

## Local Connection

This scheme is being developed to meet the local housing need in Saxlingham Nethergate, therefore you will need to demonstrate that you have a local connection. You will be considered to have a local connection if you or a member of your household meet one or more of the following: (please tick all those that apply and write in where applicable)

( ) Currently lives in Saxlingham Nethergate and has been resident there for ....... years

( ) Has lived in Saxlingham Nethergate previously and lived there for ........ years

( ) Is employed in Saxlingham Nethergate and have been so for ........ years

## ( ) Has immediate family living in Saxlingham Nethergate who have been resident for ....... years

## Tenure

Please indicate which tenure/s of property you would like to be considered for:

Rented ( ) Shared Ownership ( ) Unsure/Either( )

If you wish to be considered for shared ownership you must be registered with the Help To Buy scheme. For further information and to register please visit <https://www.helptobuyagent3.org.uk/apply-page/>

## Other Details

Any other details regarding your housing needs you would like to be considered:

………………………………………………………………………………………….............................

………………………………………………………………………………………….............................

## Affordability

Please 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)  £ |

**Please note:** To provide the relevant Local Authority with a clear understanding of the Local Housing Need, Hastoe may 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: …………………………………………