

# Equity Loan Application Form



Catalyst  
Housing



# Equity Loan Application Form

Office use only

Name of Equity Loan Scheme applied for

Ref No:

**PLEASE READ ALL ACCOMPANYING INFORMATION BEFORE COMPLETING THIS FORM.**

Your form will be processed and you will receive written notification of your eligibility status.

Please fill in this form in **BLOCK CAPITALS** and black ink then send it back to us at the address on the back of this form.

We cannot consider your registration unless all sections of this application are fully completed.

Applicant 2 relates to a partner. Applicant 2 should only be completed if that person is to be included on the proposed mortgage application. If they are not to be included please enter their details in the 'Family' section.

	Applicant 1	Applicant 2
Gender (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (Mr/Miss/Ms/Mrs/Other)		
First name		
Surname		
Date of birth	/ /	/ /
Relationship to applicant 1		
Current Address		
Postcode		
Home telephone number		
Mobile telephone number		
Work telephone number		
Email address (state clearly)		
Which local authority area do you work in?		
Please tick if you are:	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Living together <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Living together <input type="checkbox"/>

**What is your occupational sector? eg. Accounting, Human Resources, Retail**

<b>Applicant 1</b> <input type="text"/>	<b>Applicant 2</b> <input type="text"/>
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**If you are a key worker, which of the following sectors are you employed in?**

<p><b>Applicant 1</b></p> <p><input type="checkbox"/> Health (NHS)      <input type="checkbox"/> Prison service</p> <p><input type="checkbox"/> Education      <input type="checkbox"/> Local authority</p> <p><input type="checkbox"/> Police      <input type="checkbox"/> Environmental Health</p> <p><input type="checkbox"/> Fire service      <input type="checkbox"/> Connexions Staff</p> <p><input type="checkbox"/> MoD (<i>specify below</i>)      <input type="checkbox"/> Other (<i>please state</i>)</p> <p><input type="checkbox"/> Highways Agency      <input type="text"/></p> <p><input type="checkbox"/> Probation service</p>	<p><b>Applicant 2</b></p> <p><input type="checkbox"/> Health (NHS)      <input type="checkbox"/> Prison service</p> <p><input type="checkbox"/> Education      <input type="checkbox"/> Local authority</p> <p><input type="checkbox"/> Police      <input type="checkbox"/> Environmental Health</p> <p><input type="checkbox"/> Fire service      <input type="checkbox"/> Connexions Staff</p> <p><input type="checkbox"/> MoD (<i>specify below</i>)      <input type="checkbox"/> Other (<i>please state</i>)</p> <p><input type="checkbox"/> Highways Agency      <input type="text"/></p> <p><input type="checkbox"/> Probation service</p>
<p>MoD (Please tick which applies to you)</p> <p><b>App.1    App.2</b></p> <p><input type="checkbox"/>      <input type="checkbox"/> Regular Service Personnel</p> <p><input type="checkbox"/>      <input type="checkbox"/> Uniformed Staff in Defence Fire Service</p> <p><input type="checkbox"/>      <input type="checkbox"/> Clinical Staff (excluding doctors/dentists)</p> <p><input type="checkbox"/>      <input type="checkbox"/> Full-time Reserve</p>	<p><b>App.1    App.2</b></p> <p><input type="checkbox"/>      <input type="checkbox"/> MoD Police Officer</p> <p><input type="checkbox"/>      <input type="checkbox"/> Ex-Regular Service Personnel</p> <p><input type="checkbox"/>      <input type="checkbox"/> Surviving Partner of Regular Service Personnel who died in service within the last 12 months</p> <p><input type="checkbox"/>      <input type="checkbox"/> Service personnel that have successfully completed basic phase 1 training</p>

**Additional occupation questions**

	<b>Applicant 1</b>	<b>Applicant 2</b>
<b>NHS:</b> If you work for the NHS, which NHS Trust do you work for?	<input type="text"/>	<input type="text"/>
<b>EDUCATION:</b> If working as a teacher do you have Qualified Teacher Status?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If working in further education, do you have or are you working towards a Further Education Qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Classification of school	<input type="checkbox"/> Primary School <input type="checkbox"/> Special School <input type="checkbox"/> Secondary School <input type="checkbox"/> Nursery <input type="checkbox"/> Sixth Form College <input type="checkbox"/> Further Education College	<input type="checkbox"/> Primary School <input type="checkbox"/> Special School <input type="checkbox"/> Secondary School <input type="checkbox"/> Nursery <input type="checkbox"/> Sixth Form College <input type="checkbox"/> Further Education College
Is your school government funded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>SOCIAL WORKERS:</b> Do you have a recognised social work degree/diploma?	<input type="text"/>	<input type="text"/>

To be completed by ALL applicants

Employment details	Applicant 1	Applicant 2
What is your job title?		
What is your employer's name?		
Where do you work? (Full address and postcode)		
What is your employer's address? (If different from your work address)		
What is your employment status?	<input type="checkbox"/> Self employed <input type="checkbox"/> Fixed term contract <input type="checkbox"/> Permanently employed <input type="checkbox"/> Other	<input type="checkbox"/> Self employed <input type="checkbox"/> Fixed term contract <input type="checkbox"/> Permanently employed <input type="checkbox"/> Other
If applicable, on what date does your contract end?	/ /	/ /
On what date did you start this job?	/ /	/ /

Financial details	Applicant 1	Applicant 2
What is your total gross annual income before deductions? (Excluding overtime & bonuses)	£	£
What is your gross monthly overtime or bonuses?	£	£
If in receipt of any other monthly income and/or benefits, what is the monthly amount you receive?	£	£
What are your savings? (Please specify if any of your savings are 'gifted')	£	£

If you have any monthly loans or repayments (excluding mortgage) please complete the box below. If this is not completed Catalyst Housing will presume that you have no outstanding loans or repayments. Please use additional sheet if required.

**Applicant 1**

Description of loan or payment	Current balance	Monthly repayments	Date of final payment
_____	£ _____	£ _____	/ /
_____	£ _____	£ _____	/ /
_____	£ _____	£ _____	/ /

**Applicant 2**

Description of loan or payment	Current balance	Monthly repayments	Date of final payment
_____	£ _____	£ _____	/ /
_____	£ _____	£ _____	/ /
_____	£ _____	£ _____	/ /

## Where did you hear about the Equity Loan Scheme?

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Direct mail       | <input type="checkbox"/> Employer                  | <input type="checkbox"/> Press article   | <input type="checkbox"/> Financial Adviser            |
| <input type="checkbox"/> Event             | <input type="checkbox"/> Local Authority           | <input type="checkbox"/> Press advert    | <input type="checkbox"/> Hoarding/sign boards         |
| <input type="checkbox"/> Homes by Catalyst | <input type="checkbox"/> Estate Agent              | <input type="checkbox"/> Radio/TV advert | <input type="checkbox"/> Sponsorship                  |
| <input type="checkbox"/> HomeBuy website   | <input type="checkbox"/> Private Developer         | <input type="checkbox"/> Posters/flyers  | <input type="checkbox"/> Word of mouth                |
| <input type="checkbox"/> Other website     | <input type="checkbox"/> Other housing association | <input type="checkbox"/> Outdoor advert  | <input type="checkbox"/> Other (please specify below) |

Please supply any further details, e.g. Which HomeBuy event, which publication?

## Do these statements apply to you?

	Applicant 1	Applicant 2
Do you have access to or the ability to raise at least £3,500 to cover the cost of buying?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever failed to keep up payments on any loan or form of credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a County Court Judgement registered against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been subject to a repossession order or been declared bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been in rent arrears in the past 12 months? (We will require a statement or rent reference before you can exchange contracts on a property)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are self employed, can you provide at least two years' accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you cannot tick all the boxes we may later ask you for details of the circumstances involved.**

## Family \*

Who else will be living with you? Please include full name and relationship status.

Name	Relationship	Gender	DOB	Annual Income
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

\*To include those 18 years and above. Further information may be required.

Citizenship	Applicant 1	Applicant 2
Are you a British or EU/EEA citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, is your passport stamped with "Indefinite leave to remain"?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your country of origin?		

## Current housing status

Are you:	Applicant 1	Applicant 2										
A council tenant	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>If yes, please enter this information below. If no, please contact your local authority to obtain this.</i></p> <p>What is your local authority waiting list number</p> <input type="text"/>									
A housing association tenant	<input type="checkbox"/>	<input type="checkbox"/>										
Living with family or friends	<input type="checkbox"/>	<input type="checkbox"/>										
Renting privately	<input type="checkbox"/>	<input type="checkbox"/>										
In temporary accommodation provided by local authority	<input type="checkbox"/>	<input type="checkbox"/>										
Other	<input type="checkbox"/>	<input type="checkbox"/>										
Do you have a local authority waiting list number?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>What is the name of your local authority?</p> <input type="text"/>									
			<table border="1"> <thead> <tr> <th></th> <th>Applicant 1</th> <th>Applicant 2</th> </tr> </thead> <tbody> <tr> <td>How many bedrooms does your current home have?</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Is it a flat or a house?</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Applicant 1	Applicant 2	How many bedrooms does your current home have?	<input type="text"/>	<input type="text"/>	Is it a flat or a house?	<input type="text"/>	<input type="text"/>
	Applicant 1	Applicant 2										
How many bedrooms does your current home have?	<input type="text"/>	<input type="text"/>										
Is it a flat or a house?	<input type="text"/>	<input type="text"/>										

Continues overleaf

If you are a private tenant, council or housing association tenant, please provide details of your landlord below:

**Applicant 1**

Landlord name

Landlord address

Contact name

Contact telephone

**Applicant 2**

Landlord name

Landlord address

Contact name

Contact telephone

**Current and previous home owners and mortgages**

Have you ever owned or partly owned a property in the UK or abroad?

**Applicant 1** Yes  No

**Applicant 2** Yes  No

If yes, please provide the date the property was/is to be sold  /  /

Please provide details of full property address

What equity did you/will you receive?  £

Did you buy under the shared ownership scheme? Yes  No

If Yes, what % equity do you own?  %

Why do you need to move?

Do you have a legal right to share in a property (e.g. a property owned by partner or spouse)?

Yes  No

How much mortgage do you have outstanding?  £

What is the current value of the property?  £

**How many bedrooms are required for your current need?**

1  2  3  4+



## Diversity monitoring

It is against the law and our equality policy to discriminate against anyone because of their sex, colour, race, religion, disability or sexual orientation. In order to assist us with monitoring we would be grateful if you would provide details of your ethnic origin, sexuality, disability and religion. All information provided on this form is treated in confidence and used only for statistical monitoring. All information will be stored and used under the terms laid down under the Data Protection Act 1998. If you do not answer this section, it will not affect your application in any way.

Prefer not to answer?

### Ethnic origin

Please tick one of the following:

White	Applicant		Asian or Asian British	Applicant		Chinese	Applicant	
	1	2		1	2		1	2
British	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Did not disclose	<input type="checkbox"/>	<input type="checkbox"/>
			Other	<input type="checkbox"/>	<input type="checkbox"/>			

  

Mixed	Applicant		Black or Black British	Applicant	
	1	2		1	2
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>			

Religion	Applicant		Sikhism	Applicant		Sexuality	Applicant	
	1	2		1	2		1	2
Christianity	<input type="checkbox"/>	<input type="checkbox"/>	Other Religion	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	<input type="checkbox"/>	Gay or lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	<input type="checkbox"/>	Question refused	<input type="checkbox"/>	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	<input type="checkbox"/>				Other	<input type="checkbox"/>	<input type="checkbox"/>
Islam	<input type="checkbox"/>	<input type="checkbox"/>						

### Disability

Do you or a member of your household consider yourself to be disabled?

Yes  No

You may supply details if you feel it is relevant:

Are you or a member of your household a wheelchair user? Yes  No

Are you related to a current or former staff member or Committee/Board member of a Registered Provider (housing association)?

Yes  No  If yes, please tell us their name and which housing association

## Declaration

Catalyst Housing will only process your personal data for the purpose of processing your registration with the HomeBuy service and application for housing opportunities and will hold your information in accordance with the Data Protection Act 1998 and any amendments to this act.

All information you provide on this form (and information resulting from contact with any individual of whom you provide details e.g. your landlord and/or employer) may be shared with those parties only where they relate to the fore mentioned registration and application.

All information will be treated in the strictest confidence.

Catalyst Housing reserves the right to take up any references relating to applicants as we consider it necessary and may also search the files of any credit reference agency, if appropriate, who will then keep a record of any such request.

We must protect the public funds we handle and so may use the information you have provided on this form to prevent and detect fraud. Under section 29(3) of the Data Protection Act 1998 the information may be disclosed for purposes of crime prevention and detection.

Sensitive personal data such as racial or ethnic origin, offences (including alleged offences) and physical and mental disabilities is requested under the Equal Opportunities Monitoring statute. This information is for monitoring purposes only and does not directly affect your registration for the Equity Loan Scheme.

We may also share this information for the same purposes with other organisations that handle public funds. The information may be used for statistical surveys, which means we may pass this information in confidence to the Department for Communities and Local Government and agencies working on our and their behalf.

**Declaration:** It is a criminal offence to knowingly or recklessly make a false declaration or withhold information reasonably required in connection with your application. I/We have read the above and confirm that I/we have provided accurate and up-to-date information relating to my/our application for home ownership. I/We understand that if it is found that false information has been given to obtain housing either knowingly or recklessly, appropriate legal action may be taken and the Registered Provider or local authority may seek possession of any leasehold tenancy granted.

I/We understand that if I am an existing council, housing association or other public sector tenant, I/we will be required to relinquish my existing property on the day of completion if I/we buy or rent a home through any affordable homeownership initiative.

I/We authorise Catalyst Housing to share and exchange information with stakeholders as required, including but not restricted to, Government appointed Help to Buy Agents, partner Registered Providers, local authorities, the electoral register, solicitors, panel-approved independent financial advisors, your employer, credit reference agencies and estate agents who may be able to assist in locating properties for applicants.

Please check that you have completed all the relevant sections, otherwise the form will be returned to you. We may need to contact applicants regarding available properties or products.

Please tick the most appropriate method to contact you by:

Email  Phone call  Text message  Post

Signed (Applicant 1)

Date

/ /

Signed (Applicant 2)

Date

/ /



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