FOR OFFICIAL USE ONLY		
Ref:	1st 2nd 3rd Application?	
Date: Registered By:		



Affordable Housing Gateway Application

Data Protection Law Fair Processing Statement

We need the items of your personal data requested in this form in order to process your application for "affordable housing". Where relevant to your application, your personal details will be verified with the Population Office, your employer, the Social Security Department, Income Tax Department, your Parish authority, your GP or other medical agencies as

part of this application proces Income Tax Department, Pop disclosed to any other party, o inform the Department of the	ulation r used	Office, registered social for any other purpose,	al housi without	ing providers your prior cor	or their man nsent. Statist	aging a ical dat	gents. Your	informati	on will not be
Section 1 – What form of aff	ordab	le housing are you se	eking (please tick p	reference)				
Renta	I	Purchas	se	Social Housing transfer		transfer Agency referral			
Section 2 – Applicants detail	Is								
Surname	First r	names	Maiden name Title Date of birth Marital st		status				
(1)									
(2)									
Present address					Tel	ephone	numbers		
					Но	me:			
					Wo	ork:			
					Mo	bile:			
Email address:									
How do you occupy your cur	rent ac	ddress (please tick)							
Tenant		Owr	ner		Оссир	oier			Other
If other, please give further d	etails		'	'					'
If you are a tenant, are you a	lready	the tenant of an afforda	able ho	using provide	r?		N	0	Yes
Andium		Housing Tr	ust	Parish Othe		Other			
If a Housing Trust, please tell us which Trust:									
Section 3 – Family details Details of ALL PERSONS for	whom	accommodation is requ	ired.						
Surname	First	name		Relationship to applicant Date of birth		Gross weekly income		School/earning/ unemployed/retired	

If pregnant please give expected due date:

Reasons for applicat	ion:				
	checks including	g petty debts court judgments tive tenancy or sale or lease o			
Income details					
Please state below y form.	our GROSS we	ekly income. Please note that	confirmation	must be provided, this is	s listed on the back of this
	Applicant	£		Spouse/Partner	£
Savings and investr	nents				
Please state the tota provided, this is liste		vings and investments in sole f this form.	and/or joint na	ames. Please note that	confirmation must be
	Applicant	£		Spouse/Partner	£
Income support					
Is your household in	receipt of Incon	ne Support from the Social Se	curity Departr	ment?	
Yes	No	If YES, how much do yo	u receive?	£	per week / FOUR weeks
Guarantor requirements of you are applying for (other than your spou	r social rented a	ccommodation you may be re	quired to prov	vide an independent gua	arantor
Property details					
		iving with you ever owned land sfer, timeshare, holiday home		business in Jersey or e	
If VES, please give of	letails of addres	s field number etc Confirmat	ion of owners	hin/sale proceeds will be	Yes No Per required as explained in the
attached notes.		s, note humber etc. Committee	ion or owners	mp/sale proceeds will be	e required as explained in the

Section 5 - Housing qualification details

Has your residential status already been approved by the Population Office?	Yes	No	

Please note that if you have not previously had your residential status confirmed you should contact the Population Office on 448905 to avoid any unnecessary delays in processing your affordable housing application.

If applying to purchase a property as a First Time Buyer you must also sign the following declaration

In signing this form I/we also confirm that I/we do not own, nor have we ever owned, property in Jersey or anywhere else. I am a/We are First Time Buyer(s) (please see definition of a First Time Buyer on the rear of the notes page).

Signature (1):	Date:
Signature (2):	Date:

Application notes - Please read this carefully before submitting your application form.

RENTAL, TRANSFER OR PURCHASE APPLICATIONS

If you are applying for a transfer within social rented accommodation, or if you are a new applicant for social rented accommodation with the States, Housing Trusts or Parish, you must supply the following documentation with your application.

Document	Enclosed (Tick)	
Copy of either Birth Certificates, Passport or Driving Licence for ALL household members.		
Salary slip/letter from employer confirming current salary – or if self employed your last THREE years of year-end business accounts.		
Last THREE months bank statements for ALL accounts held by you and your spouse/partner and any recent investment statements.		
Last THREE years Income Tax Assessments.		
If you have previously owned or inherited property, or currently own property either in Jersey or elsewhere, purchase and/or sale details must be enclosed.		
Medical Information – if you have a medical condition that should be taken into account when considering your housing needs, please provide confirmation from your GP or Hospital Consultant/Specialist.		
Confirmation of your expected due date if pregnant		

If you have already submitted the above documents highlighted in bold to the Social Security Department it is not necessary to provide them again.

DECLARATION

I/We hereby declare that the information given in this application is, to the best of my/our knowledge and belief, accurate. I/We authorize the Affordable Housing Gateway to make any necessary enquiries in order to verify the information provided. I understand that in order to process my application, the Affordable Housing Gateway may share my/our personal data with the Social Security Department, Income Tax Department, Population Office, Registered social housing providers and their managing agents, Law Officers' Department and/or Parish authorities.

I/We understand that giving false information or failing to notify any changes in my/our financial or family circumstances, which could affect my/our application, may render me/us liable to prosecution or cause my/our application to be cancelled or an offer of accommodation withdrawn.

Signature (1):	Date:
Signature (2):	Date:

FOR OFFICIAL USE ONLY – AFFORDABLE HOUSING GATEWAY				
CANCEL		ACCEPTED		
BAND		APPLICATION REASON		
SIGNED OFF BY:	(Officer)	DATE:		

Please return your application form and supporting documentation to:

The Affordable Housing Gateway, Social Security, Phillip Le Feuvre House, PO Box 55, La Motte Street, St Helier, Jersey, JE4 8PE