Glebe
Housing Association

Expression of Interest Form

Applicant ID No

Date Form Received

Please complete the questions below and sign and return the form to us. All questions relate to all those who will live in the Glebe HA property should you move.
For assistance please contact us on 020 8777 1122 or by email: lettingsandsales@glebeha.org.uk

Personal Information

Full Name

Date of Birth

Email

Tel No

Address

Housing History

Do you own or rent your home? **Homeowner** ☐ **Rent** ☐ **Other** ☐

How long have you lived at your present address?

Have you lived anywhere else in the last 10 years? **Yes** ☐ **No** ☐ If yes, please provide address(s)

Why did you leave?

Do you live now, or previously, in a council or housing association property? **Yes** ☐ **No** ☐ If yes, please provide the following:

Name of Organisation
Address of property
When did you live there?

Housing Preferences & Readiness to Purchase

Please select the size of property you wish to buy? 1 bed Bungalow ☐ 2 bed Bungalow ☐ Either ☐

Do you have any other specific requirements or preferences? Please note, we cannot guarantee to meet these preferences.

Please select the earliest (year) you would like to purchase? 2024 ☐ 2025 ☐ 2026 ☐ 2027 ☐ Later than 2027 ☐

Do you intend use the bungalow as your primary residence? Yes ☐ No ☐ Not Sure ☐

Income Details & Financial Ability to Purchase

What is your weekly or monthly income?

Source of your income. State Pension ☐ Private Pension ☐ Employment ☐ Other ☐

Are you a cash buyer? This means you have the funds in cash to purchase without having to sell your home? Yes ☐ No ☐

Do you need to sell your current home before purchasing? Yes ☐ No ☐

If yes, have you had your home valued? Yes ☐ No ☐

If yes, will the proceeds cover purchase costs? Yes ☐ No ☐

Have you immediate plans to sell your home? Yes ☐ No ☐

If your home is currently on the market - what stage is it at?

Independent Living

Do you have a medical, mobility or support requirement which may affect the type of accommodation you need and/or your ability to live independently and maintain a home? If so, please state.

We may ask for supporting information from your health professional.

Yes ☐ **No** ☐

Connection to the West Wickham/Bromley area

What is your connection to the West Wickham or Bromley area?

☐ I currently live in the area

☐ I have no direct connection with the area

☐ I lived in the area previously.

Please describe when & why you moved and why you wish to return

☐ I have a son/daughter living in the area who will support me to live independently if I purchase a bungalow.

Relative's name and contact details

Other connection(s)

Please describe

Are you a UK citizen/have UK residency **Yes** ☐ **No** ☐

Do you hold any criminal convictions? **Yes** ☐ **No** ☐

Have you previously lost your home due to debt or anti-social **Yes** ☐ **No** ☐

Have you applied to rent a home from us? **Yes** ☐ **No** ☐

Family or other support

If someone has helped with the completion of this form and you would like us to include them in any future communications about your interest in purchasing, please provide their details.

Name **Relationship to you**

Email **Tel No**

Address

Has this person Lasting Power of Attorney? **Yes** ☐ **No** ☐

Declarations

Please tick the boxes to indicate you have read, understand and agree with the statements:-

☐ **I understand that any personal information provided in this form or supporting documentation will be used by Glebe HA for the purposes of processing this expression of interest, entering into a legal agreement (if applicable), planning and delivering housing support services (if applicable) and for statistical information.**

☐ **I consent for Glebe HA to contact any agency it deems necessary for the purposes of processing my expression of interest. Such agencies may include, Health Services, Social Services, Landlords, Police or Benefits Agency. I give these agencies my consent to share any information they hold on me with Glebe Housing Association for this purpose.**

☐ **I agree to Glebe HA contacting my relative to confirm the information provided and for them to share this information (only relevant where you only connection the area is a son or daughter - see earlier sections)**

☐ **I certify that the information provided in this Expression of Interest is true and accurate and understand that if this information is deemed to be false or misleading, I may be disqualified from purchasing a bungalow.**

Signature **Signature**

Date **Date**

Additional Information

If there is anything else you would like to tell us in relation to your application, please do so here.

Return form to

A :Glebe House, Bencurtis Park, Corkscrew Hill
West Wickham, Kent, BR4 9QD
E : lettingsandsales@glebeha.org.uk

Thank you for registering your interest with us

We will contact you in due course to discuss further. Please note that the completion of this form does not guarantee that you will be added to our Register of Interest or have the opportunity to purchase a property from us.

Equal Opportunities Monitoring Form

You do not have to complete this form but doing so enables us to monitor the effectiveness of our Equal Opportunities Policy. We are committed to treating all housing applicants with dignity and respect and we welcome housing applications from all sections of the community.

The information provided on this monitoring form will not be used in any decision-making in relation to the purchase of a property.

1. How would you describe yourself?

- ☐ Asian or Asian British
- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ White
- ☐ British
- ☐ Irish
- ☐ Black or Black British
- ☐ African
- ☐ Carribean
- ☐ Mixed Heritage
- ☐ White and Asian White
- ☐ White and Black African
- ☐ Chinese or other ethnic group
- ☐ Chinese
- ☐ Any Other
- ☐ Any other White Background
- ☐ Any other Black Background
- ☐ Any other Asian Background
- ☐ Prefer not to say

2. What is your gender?

☐ Male ☐ Female ☐ Prefer not to say

3. What is your gender?

☐ Male ☐ Female ☐ Prefer not to say

4. What is your age group?

☐ 60-64 ☐ 65-69 ☐ 70-79 ☐ 80-89 ☐ 90+
☐ Prefer not to say

5. What is your sexual orientation?

- ☐ Hetrosexual/straight
- ☐ Homosexual/gay man
- ☐ Lesbian/gay woman
- ☐ Bisexual
- ☐ Other
- ☐ Prefer not to say

6. What is your religious or belief system?

- ☐ Buddhist
- ☐ Jewish
- ☐ No Religion
- ☐ Christian
- ☐ Muslim
- ☐ Other
- ☐ Hindu
- ☐ Sikh
- ☐ Prefer not to say

7. Do you consider yourself to have a disability or long-term health condition?

☐ Yes ☐ No ☐ Prefer not to say