

Low Cost Home Ownership

(LCHO)



Please read leaflet attached before completing all sections of this form. The Council will not be able to assess your LCHO application if you do not complete all sections of the form, it will be returned to you. If you require any assistance completing this form please contact the Housing Needs team on (01793) 463181.

For office use only

Date received:

LCHO Application No:

When completed, please return this form to:
Housing Needs Team
Housing, Swindon Borough Council
Civic Offices
Euclid Street
Swindon
SN1 2JH

Tel: (01793) 445500
Fax: (01793) 463307
Email: housing@swindon.gov.uk
Web: www.swindon.gov.uk

🔒 Data Protection

The information you provide will be entered on our Low Cost Home Ownership Database to help you access details of home ownership properties available in the Swindon area. In doing so your details will be shared with various housing providers including housing associations, developers or their agents. The details we hold will be subject to regular reviews and the sharing of details will stop when an enquiry is cancelled. Details of cancelled enquiries will only be retained for up to two years.

1. Applicant(s) Details: Please complete the boxes with the appropriate details:

	First Applicant	Second Applicant
Title (Please tick box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
First Names		
Surnames		
Address		
Postcode		
Date of Birth		
Home Telephone Number inc STD code		
Work Telephone Number		
Mobile Telephone Number		
E-mail Address		

2. Current Household details

Please provide details of everyone who **will** be living with you at the new address:

Full Name	Sex	Date of Birth	Relationship to you

Are you or anyone who will be living with you expecting a baby? (Please tick ✓ as appropriate)

Yes No

6. Details of Property Required

What size and type of accommodation do you require?
(Please tick ✓ relevant boxes)

No. of Bedrooms

One

Two

Three

Four

Type

House

Bungalow

Flat

Do you require Supported Housing Accommodation? Yes No if yes, which type:

Learning Disability

Sheltered Housing

Extra Care Housing

Preferred Area of Swindon

North South West (See map enclosed)

7. Income & Employment Details

a. Employment

First Applicant	Second Applicant
Employer and workplace location	Employer and workplace location
Occupation	Occupation

b. Please give details of your annual income:

	First Applicant	Second Applicant
Gross Annual Income (i.e. before stoppages)		

Reasons for Applying (Please tick ✓)

To secure a suitable home of your own (1)

Moving for job reasons (2)

Relationship Breakdown (3)

More suitable accommodation (4)

Can't afford to buy at full open market price (5)

Important Information

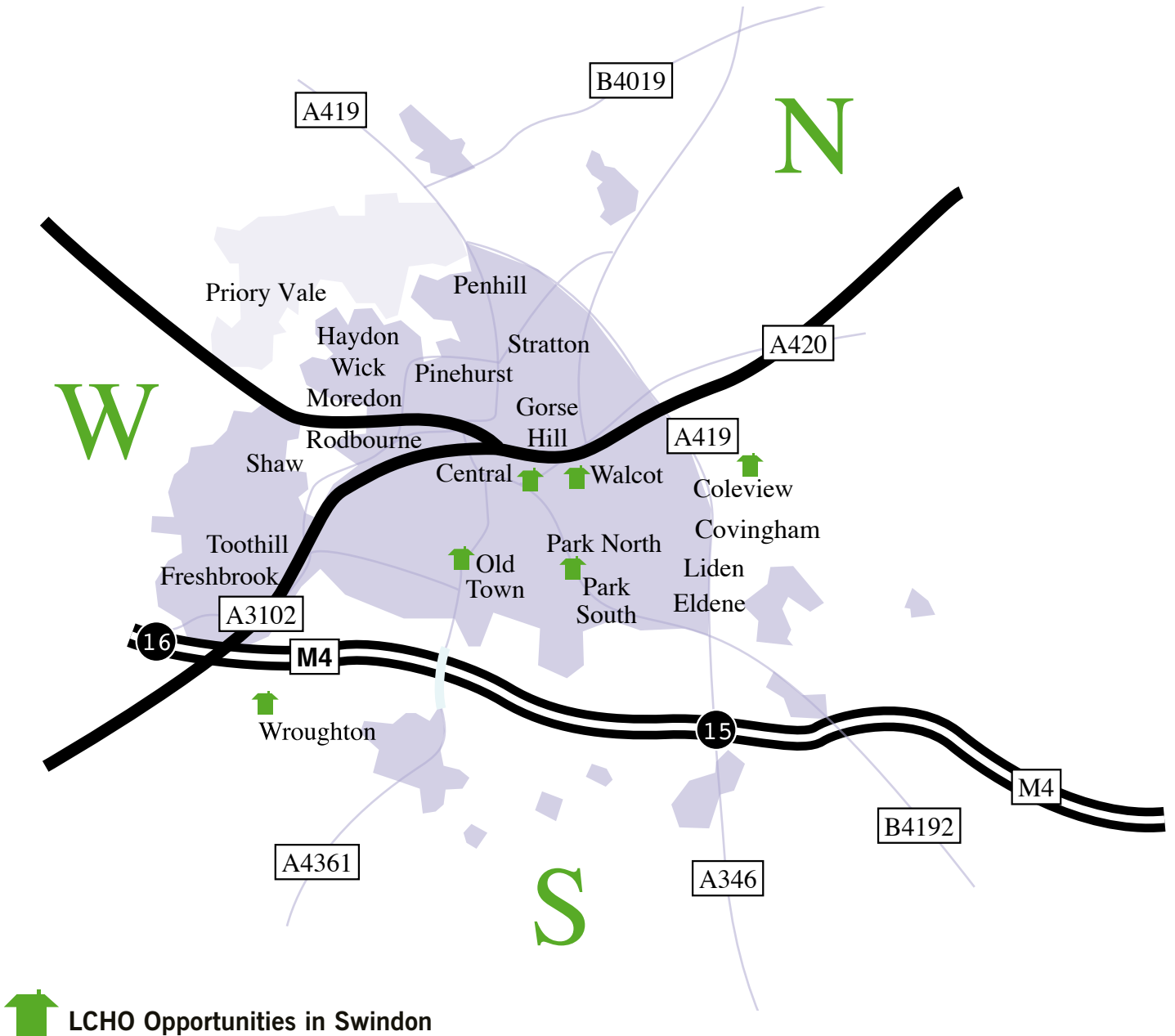
Home ownership involves considerable risk, responsibility and expense. A decision to buy should not be taken lightly or without careful thought and consideration.

Purchasers need to have sufficient savings to meet all the costs associated with house purchase, such as fees for legal services, searches, valuations and surveys etc.

If you fail to maintain payments for a mortgage, rent or any debt secured on the property, your home could be at risk.

	First Applicant	Second Applicant
Signatures
Date

Map of Swindon showing North, South and West Areas.



Please use this space for anything you would like to add.

Notes

For Office Use Only

Input by

Letter sent

Swindon Borough Council has a Corporate Equalities Strategy, which outlines our commitment to providing high quality, appropriate services which meets the needs of the local population. We aim to ensure that no one is discriminated against in the way they access or receive our services.

As part of that commitment, we are monitoring what we do and would be extremely grateful, if you could complete this questionnaire.

The information you provide will be used to improve service delivery and may be shared with other colleagues in the council for the purpose of monitoring our equalities policies and procedures.

Please place a tick in the boxes where applicable:

How would you describe your ethnic origin?

White

	Applicant	Joint Applicant
British	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Irish	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Polish	<input type="checkbox"/> 3P	<input type="checkbox"/> 3P
Italian	<input type="checkbox"/> 3i	<input type="checkbox"/> 3i
Any other White background	<input type="checkbox"/> 3	<input type="checkbox"/> 3

Black or Black British

	Applicant	Joint Applicant
Caribbean	<input type="checkbox"/> 12	<input type="checkbox"/> 12
African	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Any other Black background	<input type="checkbox"/> 14	<input type="checkbox"/> 14

Chinese or other Ethnic Group

	Applicant	Joint Applicant
Chinese	<input type="checkbox"/> 15	<input type="checkbox"/> 15
Any other ethnic group	<input type="checkbox"/> 16	<input type="checkbox"/> 16

Gypsy or Irish Traveller

	Applicant	Joint Applicant
Gypsy	<input type="checkbox"/> 17	<input type="checkbox"/> 17
Irish Traveller	<input type="checkbox"/> 18	<input type="checkbox"/> 18

Mixed

	Applicant	Joint Applicant
Black Caribbean	<input type="checkbox"/> 4	<input type="checkbox"/> 4
White and Black African	<input type="checkbox"/> 5	<input type="checkbox"/> 5
White and Asian	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Any other Mixed Background	<input type="checkbox"/> 7	<input type="checkbox"/> 7

Asian or Asian British

	Applicant	Joint Applicant
Indian	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Pakistani	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Bangladeshi	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Any other Asian background	<input type="checkbox"/> 11	<input type="checkbox"/> 11

Do you consider yourself to have a disability?

Yes No

If yes, please tick the appropriate box:

<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Blind/Partially Sighted
<input type="checkbox"/> Deaf/Hearing Impaired	<input type="checkbox"/> Mental Health Difficulties
<input type="checkbox"/> Wheelchair User/Mobility Impairment	<input type="checkbox"/> Unseen e.g. Diabetes, Epilepsy
<input type="checkbox"/> Other, please state	

This form is available on the internet at www.swindon.gov.uk.

It can be produced in a range of languages and formats (such as large print, Braille or other accessible formats) by contacting the Customer Services Department.