

EXPRESSION OF INTEREST IN SOCIAL HOMEBUY



Please complete the enclosed forms and return them to the **Moves Team, Genesishomes, 4th Floor, International House, 7 High Street, Ealing, London W5 5DB** with a signed cheque for £25 made payable to PCHA.

This form will give us the information we need to get an idea of the value of your home through an internet-based valuation service. Once we have a comparable of the value we can provide you with a guide to the costs of buying a share in your home.

In exceptional cases we may not be able to get information about the likely value of your home, in this case we will return your cheque to you. In the meantime, we recommend that you get an idea of how much your home is worth from your local estate agent, property papers or the internet.

If you decide to proceed with Social Homebuy once you have considered your guide to the costs, then you will need to complete a full application form at a later stage.

Personal details

Title:	<input type="text"/>
First name:	<input type="text"/>
Last name:	<input type="text"/>
Name of any joint applicant:	<input type="text"/>
Your postal address:	<input type="text"/>
Full post code:	<input type="text"/>
Email address:	<input type="text"/>
Daytime contact number(s)	<input type="text"/>

Background information

Which Borough do you live in?

How many years have you been PCHA tenant?

Has it always been at the above address? If not please give previous address

How many years have you been a tenant of a Housing Association or Local Authority?

(If possible) your payment reference number

This appears on the top right hand corner of your rent statement

Please confirm the information we have about your home and help us to improve the accuracy of your guide to the costs of Social HomeBuy by answering the following questions:

How many bedrooms does your property have?

Number of Reception Rooms

Is your property a House/ flat/ Bungalow

If it is a house or bungalow, circle the description that best applies:

Detached

Semi-Detached

Terraced

End of Terrace

If your property is a flat, circle the description which best applies:

Purpose built

Converted

Please state number of reception rooms

Is there parking space Yes / No

Signed:

Date:

Equalities Monitoring

We use this information to help us deliver an effective and fair service, and to ensure our services meet the needs of all our customers in all the communities we serve.

Please note that this form is optional – you do not have to return it to PCHA. Any information you do give us will be treated in confidence and in line with the Data Protection Act 1998.

Please tick the boxes that apply to you. Tick one box per question only.

To which of the following age groups do you belong?

- | | | | |
|--|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> Over 75 |
| <input type="checkbox"/> Prefer not to state | | | |

What is your ethnic background?

White

- British
- Irish
- Other

Other

- Chinese
- Middle Eastern
- East European

Black or Black British

- Caribbean
- African
- Other

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Other

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other

Other ethnic group

Prefer not to state

What is your sex?

- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Prefer not to state | | |

What is your religious belief?

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to state |
| <input type="checkbox"/> None | <input type="checkbox"/> Sikh | <input type="checkbox"/> Other - Please state: |

How would you define your sexual orientation?

- | | | |
|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Prefer not to state |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Bisexual | |

Do you consider yourself to have a serious illness or disability?

The term disability covers both physical and mental impairments that have a substantial and long term (i.e. has lasted or is expected to last at least 12 months) effect on a persons ability to carry out normal day to day activities

Examples of a disability include:

- People with HIV, cancer and multiple sclerosis
- Mental health conditions such as schizophrenia
- Learning disabilities such as Down's Syndrome

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to state |
|------------------------------|-----------------------------|--|
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