**ASHFIELD DISTRICT COUNCIL**

Broadway,

Brook Street Tel: 01623 457500

Sutton in Ashfield

Nottingham l.kenworthy@ashfield-dc.gov.uk

Ng17 1AL

**Right to Buy**

**Additional Information**

**This form must be completed by all applicants and returned with the RTB1 form**

**Please supply with your application**

Picture ID – passport or driving licence

Documents with your current address – utility bills, council tax, bank statements – anything with your name and address on.

**If there is a family member (not tenant ie on rent book)**

Picture ID – passport or driving licence

Documents with your current address – utility bills, council tax, bank statements – anything with your name and address on,

**going back OVER 1 YEAR.**

**If you have no picture ID, then provide a birth or marriage certificate.**

Ring on 01623 457500 if you need any help or advice to help you with filing out the application form

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| **Your details, and details of any person applying jointly with you** | | |
|  | **You** | **Your Joint Applicant** |
| Surname |  |  |
| First Name |  |  |
| Title (Mr, Mrs, Ms or other) |  |  |
| Sex (male or female) |  |  |
| Date of Birth |  |  |
| National Insurance Number |  |  |
| Address of your current home |  |  |
| Daytime Phone Number |  |  |
| Mobile Number |  |  |
| Email address |  |  |

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| **Other people who will be housed with you** | | | | | |
| Tell us about other people who live with you now and will be housed with you when you buy. (Your own details should be given in Section 1 under ‘Your Details’) | | | | | |
| Surname | First Name | Sex M/F | Date of Birth | National Insurance Number | Relationship to you |
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| **Other Properties and tenancies** |
| Do you own or part own or have an interest in a residential property or land in the UK or abroad? Please complete this section whether or not you currently live in the property.  **You**  Yes No **Joint Applica** Yes No *if yes, please give details:*   |  |  |  |  | | --- | --- | --- | --- | | Your Name | Address of Property | Value of Property | If you don’t live there, why not? | |  |  |  |  | |  |  |  |  | |
| Have you ever purchased a Local Authority property through the Right to Buy scheme?  **You** Yes No **Joint Applicant** Yes No *if yes, please give details:*   |  |  |  |  | | --- | --- | --- | --- | | Your Name | Address of Property | Value of Property | If you don’t live there, why not? | |  |  |  |  | |  |  |  |  | |
| Do you intend to let the property once completion has taken place?  **You** Yes No **Joint Applicant** Yes No  *If yes, please provide details of when you intend to let it out and to whom.*  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| Other than your current tenancy, do you hold another tenancy or joint tenancy anywhere in the UK?  **You** Yes No **Joint Applicant** Yes No *if yes, please give details below*   |  |  |  | | --- | --- | --- | | Your Name | Address of Property | If you don’t live there, why not? | |  |  |  | |  |  |  | |

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| **Declaration** |
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| I/We declare that all the information given in this application is true to the best of my/our knowledge.  I/We understand that any misleading or false statements may result in the cancelling of this application.  I/We grant Ashfield District Council permission to make any enquiries needed to confirm the information given on this form.  I/We understand that to give false information, or withhold information, is an offence and that a person found guilty of an offence may be liable to a substantial fine.  I/We agree to inform the Council, in writing, of prosecutions and/or any changes in my/our circumstance. Failure to do so may result in my/our application being cancelled.  **Data Protection Act**  Ashfield District Council is a Data Controller under the Data Protection Act. We hold information for the purposes specified in our notification made to the Information Commissioner.  Your information will be shared with our internal departments. We will not give information about you to anyone else outside Ashfield District Council unless the law permits us to do so.  We may get information about you from others, or we may give information to them. If we do, it will only be as law permits to check accuracy of information; prevent or detect crime; protect public funds.  We may check information we receive about you with what is already in our records. This can include information provided by you as well as by others such as government departments and agencies.  Please contact the Council’s Data Protection Officer if you require further information.   |  |  | | --- | --- | | Signature of applicant: | Date: | | Signature of joint applicant: | Date: | | Signature of joint applicant: | Date: | | Signature of joint applicant: | Date: |   **This section must be completed if this application form has been filled in by someone else at your request.**  I declare that this form has been completed for me at my request. The form has been read to me and I agree that all the details filled in on behalf of me are the correct details as stated by me.   |  |  | | --- | --- | | **Signature of applicant:** | **Date:** | | **Signature of joint applicant:** | **Date:** | | **Signature of person who has completed the form:** | **Date:** | | Name and address of person who completed the form:  ………………………………………………………………………………………………………..…………………………………………………………………………………………………….................................................................................................................................................................................................................................................................................................................. | | |

**PLEASE USE THIS SHEET FOR ANY OTHER INFORMATION**