Exmoor National Park Authority Local Occupancy Questionnaire for Affordable Housing



(1) APPLICANT DETAILS

| Name: |
|---------------------|
| Current Address: |
| Postcode: |
| Telephone Number/s: |
| Email: |
| LOCAL CONNECTION |

Affordable homes are provided for people who can demonstrate that they cannot afford to rent/buy a home on the open market and have a genuine local connection.

(2) Please answer all that apply to you. See map on page 7 for boundaries of the parish and adjoining parishes. You will need to provide evidence to support this local connection.

| - | Have you lived in the parish or an adjoining parish for 10 years or more continuous the previous 30? | ly in | | | |
|----|---|-------|--|--|--|
| | YES/NO | | | | |
| | b) Or have you lived anywhere in the National Park for 10 years or more and have a strong reason for needing to live in the parish or an adjoining parish? | | | | |
| | YES / NO | | | | |
| | Please state reason | | | | |
| Fo | r a) or b) please state how many years and provide addresses in (3) below | years | | | |
| Ev | idence to be provided to cover the qualifying period: | | | | |
| • | Electoral Register. ENPA will ask for this evidence on behalf of the applicant. | | | | |
| • | Utility Bills, bank/building society letters, property leases etc. These must show name, address, and date. | | | | |
| • | Letters from a professional who is regulated by a code of ethics/professional conduct (e.g. Doctors, MPs, Councillors, solicitors etc.). Where these individuals can certify that they have known the applicant throughout the 10-year period and that they have lived in the parish or adjoining parish giving addresses over the period, a letter confirming this information will be acceptable. An example of a letter to show the kind of information that is needed can be provided if necessary, by the Authority. | | | | |
| • | Letter from parents. For applicants who have lived in the parental home for some or all of the period, a letter confirming this will be accepted. Evidence as set out elsewhere in this list should also be provided wherever appropriate. An example of a letter to show the kind of information that is needed can be provided if necessary, by the Authority. | | | | |
| • | Other formal correspondence which shows the applicants name, address and date. | | | | |
| c) | c) Can you demonstrate that you have a real need to live in the parish (or an adjoining parish) because you have permanent paid employment in the parish or adjoining parish and that employment requires you to live close to your place of work? | | | | |
| | YES / NO | | | | |

Please describe the nature of that work and why you need to live nearby to carry out your work effectively.

Continue on a separate sheet if necessary

ENPA needs to see that the applicant has a very strong reason for needing to live in that location, e.g. the work is of value to the National Park and its communities. Copies of job descriptions, contracts of employment, contracts with other businesses relating to services being provided, may be suitable evidence.

| one) and wh | o still live | has 10 years or more residence in the parish (or an adjoining s there, who needs you to live nearby in order for one of you to re for a proven age or medical reason? |
|------------------|--------------|---|
| | | YES / NO |
| Please state hov | v many ye | ars, their relationship to you, and provide their addresses in (3). |
| years | Their re | elationship to you: |
| Evidence to be p | provided: | Written medical evidence will be required from an applicant's General Practitioner, Social Services or other appropriate professional source/s. |

(3) Please provide all addresses and dates of residence for the person claiming 10 years or more residence in (2) above, covering the whole of that 10 year period.

| Address (including postcode, where known) | From (month/year) | To (month/year) |
|---|----------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Continue on a separate sheet if necessary

| (4) Housing Requirements | - please tick those choices that apply to you | |
|--------------------------|---|--|
| Your Present Home is (✓) | | Type of home you need (\checkmark) |
| | Owned by you (with or without a mortgage) | |
| | Shared ownership | |
| | Self build | |
| | Conversion of existing building | |
| | Private rented | |
| | Housing association rented | |
| | Tied to employment | |
| | Someone else's home (e.g. family) | |
| | Other (please specify) | |
| Size of present home (✓) | | Size of home you need (\checkmark) |
| | 1 bedroom | |
| | 2 bedrooms | |
| | 3 bedrooms | |
| | 4 bedrooms | |
| | 5+ bedrooms | |

| Relationship to you (e.g. wife, partner, son) | Age |
|---|-----|
| Myself | |
| | |
| | |
| | |
| | |
| | |

| a) Family break up | b) For family care/support |
|--|---|
| c) First independent home | d) Couple setting up home together |
| e) Living in parents/someone else's home | f) Renting but would like to buy |
| g) Moved away and wish to return | h) Private tenancy, need more security |
| i) Neighbour problems | j) Harrassment/violence issues |
| k) Present home in poor condition | I) To be near work |
| m) Present home too large | n) Health/disability/adaptations needed |
| o) Present home too small/crowded | p) In tied housing, need more security |
| q) Present home too expensive | r) Other (please explain below) |

Which of the above is your main reason? Please state letter only

| What is preventing you from owning your own home? Please tick | | | |
|--|----|--|--|
| a) Suitable housing to rent is not available locally | b) | Suitable housing to buy is not available locally | |
| c) Suitable rented housing is available locally but I/we cannot afford it | d) | Suitable housing to buy is available locally but I/we cannot afford to buy it | |
| e) Other – please explain: | | | |

(5) Income and Savings

In order to fully assess the type of housing you can afford, it is necessary to know about your current income, savings, capital and investments. This information should be combined for couples/households.

Which of the following ranges of annual income does your household have? (gross income, before deductions) – please tick which range applies.

| Less than £20,000 per annum | |
|-----------------------------|--|
| £20,000 - £24,999 per annum | |
| £25,000 - £29,999 per annum | |
| £30,000 - £39,999 per annum | |
| £40,000 - £49,999 per annum | |
| Over £50,000 per annum | |

If you are interested in purchasing or building a home, how much deposit could you raise? (round up or down to nearest £1,000):

£_____

Evidence of income

If you are not already registered with Homefinder Somerset or Devon HomeChoice and you intend to build/own your own local affordable home or rent a local affordable home from a private landlord, please provide supplementary evidence of your household income with this form. This will help to demonstrate that you are in local *affordable* housing need. If you are intending to jointly own a local affordable home with your spouse/partner then income evidence for each person will apply.

- If you are employed this could be in the form of a recent payslip or P60 form;
- If you are self-employed and complete a self-assessment form this could be in the form of a self-assessment tax return or a SA302 form from HMRC that can be obtained through your accountant;
- If you are a company director, evidence of any salary and/or dividends paid from your company, and recent accounts will be required;
- If you are retired, you should provide evidence of income from any pensions you may have; or
- Evidence of any other form of income you may receive.

Housing Register: If your household needs affordable housing, it is essential that you have applied to the council home-finding service to be able to access their lists of available properties and make applications.

| Are you currently registered on the council housing waiting list? (Homefinder Somerset or Devon HomeChoice) – Please tick as appropriate | | |
|--|--|--|
| Yes | | |
| No | | |
| Application submitted | | |
| Intend to apply soon | | |

What happens now?

Please sign the declaration on the next page. This completed form, along with copies of evidence demonstrating local connection, must be returned to:

Policy & Community Team, Exmoor National Park Authority, Exmoor House, Dulverton, Somerset TA22 9HL.

This form will be assessed by Exmoor National Park Authority (ENPA) as to whether you appear to meet the local plan definitions of affordable housing need and local connection. ENPA will make a final decision and provide written confirmation.

If you need help with completing this form or with providing suitable evidence of local connection, please contact:

Policy & Community Team at Exmoor National Park Authority Tel: 01398 323665 localplan@exmoor-nationalpark.gov.uk

DECLARATION

Data protection

All the information provided in this application form will be transferred to, and held on, a computerised database and will be used by the Exmoor National Park Authority and the district housing authority for:

- research purposes, in assessing the level of need for local affordable housing in Exmoor National Park
- assessment of your eligibility for local needs affordable housing, if you wish to be considered for housing in such accommodation.

Declaration

I have read the above statement (or it has been read to me) and I understand it. I consent to the information that I have provided in this application form being used for the purposes described.

I CONFIRM THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS FORM AND ANY OTHER SUPPORTING EVIDENCE IS CORRECT AND COMPLETE.

I UNDERSTAND that if any of the information I have given is false, incomplete or misleading, and is used to support an application for local affordable housing within Exmoor National Park, my application could be cancelled and any tenancy which has been granted on the basis of such false information could be terminated, or occupancy of a dwelling with a local affordable tie could be invalidated.

| Your signature: | Date: | | |
|--|---------------------------|--|--|
| Name: | Please use BLOCK CAPITALS | | |
| Signature of joint applicant: (if any) | Date: | | |
| Name: | Please use BLOCK CAPITALS | | |
| | | | |
| Did you complete this application form yourself (please tick) YES \Box NO \Box | | | |
| If not, please give details of who completed this form and the reason you have not | | | |
| completed it yourself: | | | |
| | | | |
| | | | |
| Thank you for taking the time to complete this form | | | |

