

**Downsizing Incentive Scheme
Application Form**

The answers that you provide on this form will be used to assess your eligibility for the Downsizing Incentive Scheme. Further Information on the scheme can be found in the policy document available from the Basildon Council website.

If you would like to find out more about how Basildon Borough Council use your personal data please go to www.basildon.gov.uk/privacy

Please complete this form in black ink using block capitals and return it to:

BASILDON BOROUGH COUNCIL
HOUSING CHOICE DEPARTMENT
THE BASILDON CENTRE, ST MARTIN'S SQUARE, BASILDON, ESSEX, SS14 1DL
TELEPHONE: (01268) 533333

The information that you supply on this form will be held on computer and used in accordance with the provisions of the Data Protection Act 1998. It will be used for housing purposes and may be passed to Registered Social Landlords and other Council departments. By signing this form you agree that data on your current and previous tenancies or applications may be cross checked with departments within the Council or other Authorities for the purpose of fraud prevention and detection.

You are also required to complete an online Homeseeker Application form on www.basildonchoice.gov.uk

SECTION 1 – ABOUT YOU

Please provide the names of the main and if applicable joint tenants as well as the address of your current property.

Name of Main tenant:

Name of Joint tenant:

Current address:
.....

Postcode:

Home Telephone number:

Mobile Telephone number:

Work Telephone number:

E-mail address:

SECTION 2 - DETAILS OF THE PROPERTY YOU ARE MOVING FROM
Type of property you currently live in. (please tick relevant box)

Studio Flat Flat Maisonette House Bungalow

Number of bedrooms your current property has:

Does your current property have any adaptations? Yes No

If yes, please indicate what adaptations you currently have:.....
.....
.....

Does your current property have a garden? Yes No

Do you have any pets? Yes No

If yes, please indicate what pets you have:
.....

HOUSEHOLD DETAILS				
Name	Date of Birth	Gender	Relationship to tenant	Moving with you?
/..../....		Tenant	N/A
/..../....			
/..../....			
/..../....			

If anyone listed above will not be living with you following your move to a smaller property, please detail their new housing situation:
.....

Please note: You will not be eligible for the Downsizing Incentive Scheme if your application results in the homelessness of a householder presently living with you.

SECTION 3 – CURRENT HOMESEEKER APPLICATION

Have you completed an online Homeseeker Register Application? Yes No

If yes, what is your application number?

SECTION 4 – TYPE OF PROPERTY YOU WANT TO MOVE TO

Sheltered Housing (aged 55 and over)

Do you have any mobility issues? Yes No

Can you manage stairs? Yes No

Do you require any adaptations to be made to the new property? Yes No

If yes, please explain what adaptations you feel you need
.....
.....

SECTION 5 – BANK DETAILS

Incentive Payments are paid direct into your bank account.

We will request the following details at the time of a successful offer of a property.

- Name of bank
- Sort code
- Account number

Please do not provide the above bank details until we request them.

Please note – payment will be made payable in the names held on the tenancy. If the tenancy is a joint tenancy then the payment will be split equally between the joint tenants but can be paid into one bank account on receipt of written authority from both tenants.
If you do not have a bank account and have to use another person’s account written authority will be required from the tenant and account holder.

We/I have read and understand the Downsizing Incentive Scheme and confirm that the information we/I have given is true to the best of our/my knowledge and that we/I will notify the housing department if any circumstances related to the application change.

We/I understand that any housing related debts (current/former rent arrears, use and occupation charges, housing benefit overpayment, court costs, rechargeable repairs and repayable rent deposits) and any Council Tax arrears will be deducted from the incentive payment and that we/I may not be eligible for the scheme if the level of arrears exceeds the amount of financial incentive we/I am entitled to.

We/I understand checks will be undertaken by the Rehousing Team with other internal departments to establish if we/I have any housing related debts and if the information provided on this application is correct. We/I acknowledge by signing this application form, we/I are giving permission for the information to be shared between departments in relation to this application.

We/I understand that if we/I am granted a tenancy because the information we/I have given is false or misleading or because we/I have withheld information from the Council then the tenancy may be terminated and the incentive payment will need to be repaid to the Council. I/we also agree not to intentionally create overcrowding in the new property.

Tenant: signed:

Date: / / 20.....

Joint Tenant/

Household member: signed:

Date: / / 20.....

If you wish to have someone that is not part of the application to act on your behalf, please sign this section also and complete their contact details.

I/ we / applicants signature (s)

authorise the following people to discuss anything related to our housing application

Name (s) : _____

Relationship _____

Phone : _____

Email: _____