**Declaration**

**Affordable Housing Need**

The information I/we have provided in this application form is correct to the best of our knowledge.

Household income does not exceed eighty thousand pounds (£80,000) per annum for single or joint purchasers.

The joint gross earnings of our household is £\_\_\_\_\_\_\_\_\_\_\_\_ and this has been verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name of either a Financial Advisor or solicitor).

I/we confirm that we are unable to afford a suitably market property in the area (Gross Income\*4 + deposit for single purchaser | Gross Income\*3.5 + deposit for joint purchaser).

I/we confirm that my/our total savings do not exceed 65% of the purchase price, and this has been verified by (solicitor) \_\_\_\_\_\_\_\_\_\_

I/we confirm that we do not have an interest in another property in the UK and abroad (including, but not limited to shares, registered title or mortgage).

I/we agree that the above information and supporting evidence can be passed to Babergh and Mid Suffolk District Councils if required for further clarifications.

**Local Connection Criteria**

|  |  |  |
| --- | --- | --- |
| **Tick** | **Local Connection** | **Evidence (copies required)** |
|  | I /We currently have our only or principal home in the district of Babergh and Mid Suffolk District Councils and have lived there for at least two (2) years. | -Utility bills covering the whole period  -Evidence from the electoral register |
|  | I/we have a member of our household who has a parent, adult child, brother or sister whose only or principal home is in the Babergh and Mid Suffolk District Councils. | -Details of immediate family, i.e. name, address and relationship to applicant/s  -Evidence that the relative lives at the given address for the requisite time  -Council tax records. |
|  | I/we are employed in the district of Babergh and Mid Suffolk at the date of this application and have been continuously so employed for two (2) years. | -Payslips  -Letter from employer |
|  | I/we need to live in the districts because I/we require substantial care from the relative who has lived in the district for at least the last six (6) months or I/we need to provide substantial care to a relative who had lived in the district for at least the last six (6) months. | -Medical records  -Letter from GP |

Applicant 1

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant 2 (for joint purchasers)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_