



# Buy Back Application Form

Please complete this form in full and return to:

**Housing & Modernisation  
Sales & Acquisitions Group  
2<sup>nd</sup> Floor, Print hub 1  
PO BOX 64529  
London  
SE1P 5LX**

Please ensure you read the guidance notes and provide all supporting documentation, as applicable. Failure to do so will delay your application.

### Full Address of Property to be Bought Back


**I/We declare that I/we have completed this application to the best of my/our knowledge and that it is an accurate record of my/our financial position. I am aware that if I perpetrate any falsehoods in this document the Council will be entitled to end the buy back process forthwith and resume recovery of the outstanding property debts.**

Title	Surname	First Names	Signature	Date

*To be completed by all leaseholders.*

**REASONS FOR APPLICATION**

You must complete this part. If you cannot tick any of the boxes, your application will not be considered. You must provide a brief description of your circumstances beside each box you have ticked.

I/we owe service charges to the Council and cannot afford to pay them		
I/we have been charged for work done to my/our property and cannot afford to pay for it		
The Council has informed me/us that it is planning to do work to my/our property in the future and I/we will not be able to afford to pay for it		
I/we cannot re-mortgage or sell the property		
I/we are in financial difficulty and unable to manage the cost of home ownership		
Other reasons		

**WHO WILL BE LIVING IN THE PROPERTY IF YOUR APPLICATION IS SUCCESSFUL?**

You must list everyone who will be living in the property even if they are not leaseholders.


## Household Expenses & Debts Form

	Name of Company	Repayment amount		Outstanding Balance	Is the account in arrears? If yes, please specify amount in arrears
Mortgage		£	pa/pm/pw	£	Yes/No £
Mortgage		£	pa/pm/pw	£	Yes/No £
Secured Loan		£	pa/pm/pw	£	Yes/No £
Secured Loan		£	pa/pm/pw	£	Yes/No £

	Payment amount		Outstanding Balance	Is the account in arrears? If yes, please specify amount in arrears
Council Tax	£	pa/pm/pw	£	Yes/No £

	Total amount for last 6 months	Is the account in arrears? If yes, please specify amount in arrears
Electricity	£	Yes/No £
Gas	£	Yes/No £
Other Fuel	£	Yes/No £
Telephone (landline)	£	Yes/No £
Water Rates	£	Yes/No £
Household Contents Insurance	£	Yes/No £

	Amount	
TV Licence	£	pa/pm/pw
Satellite TV	£	pa/pm/pw
Internet Connection	£	pa/pm/pw

Other household expenses/debt (please specify):

Type of expense/debt	Name of Company	Repayment/payment amount		Balance Remaining	Is the account in arrears? If yes, please specify amount in arrears
		£	pa/pm/pw	£	Yes/No £
		£	pa/pm/pw	£	Yes/No £
		£	pa/pm/pw	£	Yes/No £
		£	pa/pm/pw	£	Yes/No £



## Personal Details Form

### 1. General Details

Full Name:	
Date of Birth:	
Telephone No:	

Are you a leaseholder of the property? Yes/No  
If no, what is your relationship to the leaseholder/s?

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Are you resident in the property? Yes/No  
If no, please state reason why you are not resident in the property:

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Do you have any illness or disability which you consider affects your ability to contribute towards the household income? Yes/No  
If yes, please give details

Name & Address of your GP:
Tel No:

### 2. Personal Income Details

#### **2a. Employment:**

Salary	
£	pa/pm/pw
£	pa/pm/pw
£	pa/pm/pw

#### **2b. Welfare Benefits:**

Name of benefit	Amount	
	£	pa/pm/pw
	£	pa/pm/pw
	£	pa/pm/pw

#### **2c. Private Pensions:**

Name of Company	Amount	
	£	pa/pm/pw
	£	pa/pm/pw
	£	pa/pm/pw

#### **2d. Other Regular Income:** (e.g. payment from previous partner, contribution from non-dependants)

Type of Income	Amount	
	£	pa/pm/pw
	£	pa/pm/pw
	£	pa/pm/pw
	£	pa/pm/pw
	£	pa/pm/pw



### **3. Personal Expenses**

	Company	Amount	
Life Insurance		£	pa/pm/pw
Car Insurance		£	pa/pm/pw
Mobile Telephone Bill		£	pa/pm/pw

	Amount	
Travel Costs	£	pa/pm/pw
Child Maintenance	£	pa/pm/pw

	Name of Company	Outstanding Balance	Payment	
Unsecured Loan		£		pa/pm/pw
Unsecured Loan		£		pa/pm/pw
Credit/Store Card		£		pa/pm/pw
Credit/Store Card		£		pa/pm/pw
Credit/Store Card		£		pa/pm/pw

Others (please specify):

	Amount	
	£	pa/pm/pw
	£	pa/pm/pw
	£	pa/pm/pw

### **4. Personal Debt**

	Name of Company	Outstanding Balance	Payment	
Court Fines	N/A	£		pa/pm/pw
Court Fines	N/A	£		pa/pm/pw

Others (please specify):

	Name of Company	Outstanding Balance	Payment	
		£		pa/pm/pw
		£		pa/pm/pw
		£		pa/pm/pw

