

Braddan Parish Commissioners

Review Form

Date:		Ref:	
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Details of Applicant/s

Applicant 1:

Applicant 2:

Name:		Name:	
Address:		Address:	
Date of Birth:		Date of Birth:	
Tel:		Tel:	

If any of the above details are incorrect, please amend or advise in the space below:

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WEEKLY INCOME: Please enclose:

1. Last 3 payslips and/or benefit slips
2. Previous two years of audited accounts or tax returns (if self-employed)
3. Photographic ID (passport, driving licence or 60+ card).
4. Last 3 months of all bank statements, include current & saving accounts

Note: If we do not receive this information and the enclosures we cannot assess your eligibility for public sector housing.

Weekly Income	You	Your spouse/partner	
Basic Wage			
Regular Overtime			
Pension (widows or retirement)			
Benefits (Social Security etc.)			
Other income (<i>please specify</i>)			
Savings		YES	NO
Do you or your spouse/partner have savings in excess of £30,000?			
<i>(Savings includes shares, premium bonds, debentures, money on loan to another person or a trust fund, and also includes the proceeds of sale of property whether solely or jointly owned)</i>			
Property Ownership		YES	NO
Do you or your spouse/partner own or have a financial interest in a property or land?			
Address of property/land			
Current value of property/land	£		

OTHER PERSONS REQUIRING ACCOMMODATION

Children (pre-school & in full time education)				
Surname	First Name	Date of Birth	Male/ Female	Relationship to you
Any other person requiring housing with you				
	Name:		Name:	
	Relationship:		Relationship:	
Basic Wage				
Regular Overtime				
Pensions				
Benefits				
Other Income				

(Please specify your relationship with the applicant, e.g. son/daughter, relative, lodger, etc. and continue in a separate sheet if necessary)

Do you or any member of your family suffer from a disability or medical condition or special need which necessitates a particular type of location or accommodation?	YES	NO

If YES, please complete the Special Housing Needs Self-Assessment form available from the Housing Office – please ask.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE DECLARATION

Allocation of properties is undertaken using eligibility criteria common to all Housing Authorities on the Island. You must let us know of any significant change in your circumstances. Failure to do so may result in any offer of tenancy being withdrawn, or no offer being made.

DECLARATION

To the best of my/our knowledge and belief, the information provided in this form is correct and complete. I/we understand that if any information provided by me/us is found to be deliberately or carelessly misleading or false it will prejudice the granting or retention of any tenancy and may constitute an offence under Schedule 3 of the Housing (Miscellaneous Provisions) Act 2011.

I/we have no objection to the Landlord making any necessary enquiries to check that any information contained within this document is correct.

I/we authorise the Assessor of Income Tax to disclose particulars of my/our income to the Landlord.

Signature of Applicant		Date	
Signature of joint applicant		Date	

Reference no: HWL.....

Income Tax Division
2nd Floor
Government Office
Bucks Road
DOUGLAS
IM1 3TX

Tenancy Review – Income Tax authorisation

To be completed by the applicant(s)

Full name of Applicant

Date of birth

Full name of Spouse/Partner

Date of birth

Address

.....

Tax reference no

.....

I hereby authorise you to approach the Income Tax Division for verification of my/our income and any Income Tax liabilities I/we may have. I also hereby authorise you to approach the Income Tax Division for verification that my / our Income Tax Returns are up to date and the date that I/we became resident for Tax purposes.

Date Signature

Signature

TO BE COMPLETED BY BRADDAN PARISH COMMISSIONERS

The above named person if being reviewed for Public Sector Housing and I should be grateful if you would provide me with the relevant details overleaf in respect of the applicants Income Tax status.

Date..... Signature.....

Housing Department, Braddan Parish Commissioners

TAX REF NO

NAME (s)

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OUTSTANDING BALANCES

Income Tax Liability	Amount Owing
1. Assessment no.....20 / 20.....	£
2. Assessment no.....20 / 20.....	£
3. Assessment no.....20 / 20.....	£
4. Assessment no.....20 / 20.....	£

Class 4 Liability

1. Assessment no.....20 / 20.....	£
2. Assessment no.....20 / 20.....	£
3. Assessment no.....20 / 20.....	£
4. Assessment no.....20 / 20.....	£

2. Total Gross Income in year ended 5th April 20.....

(including where relevant the gross income of his/her spouse in the above year)

£

Applicant

£

Spouse

3. Date first registered residentially for Tax purposes

Applicant

Spouse

4. ANY OTHER RELEVANT INFORMATION

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Date Signature:

Income Tax Division