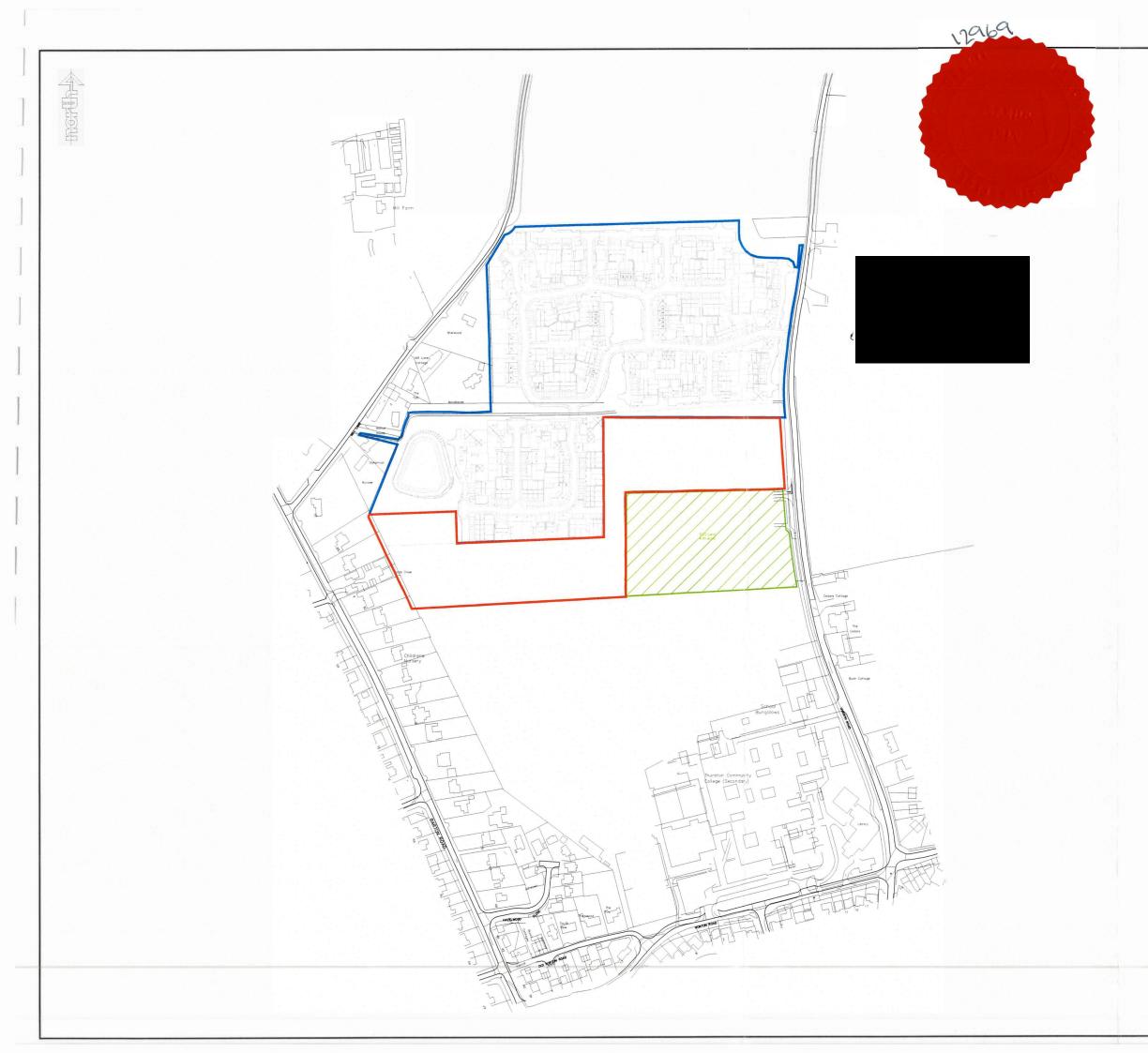
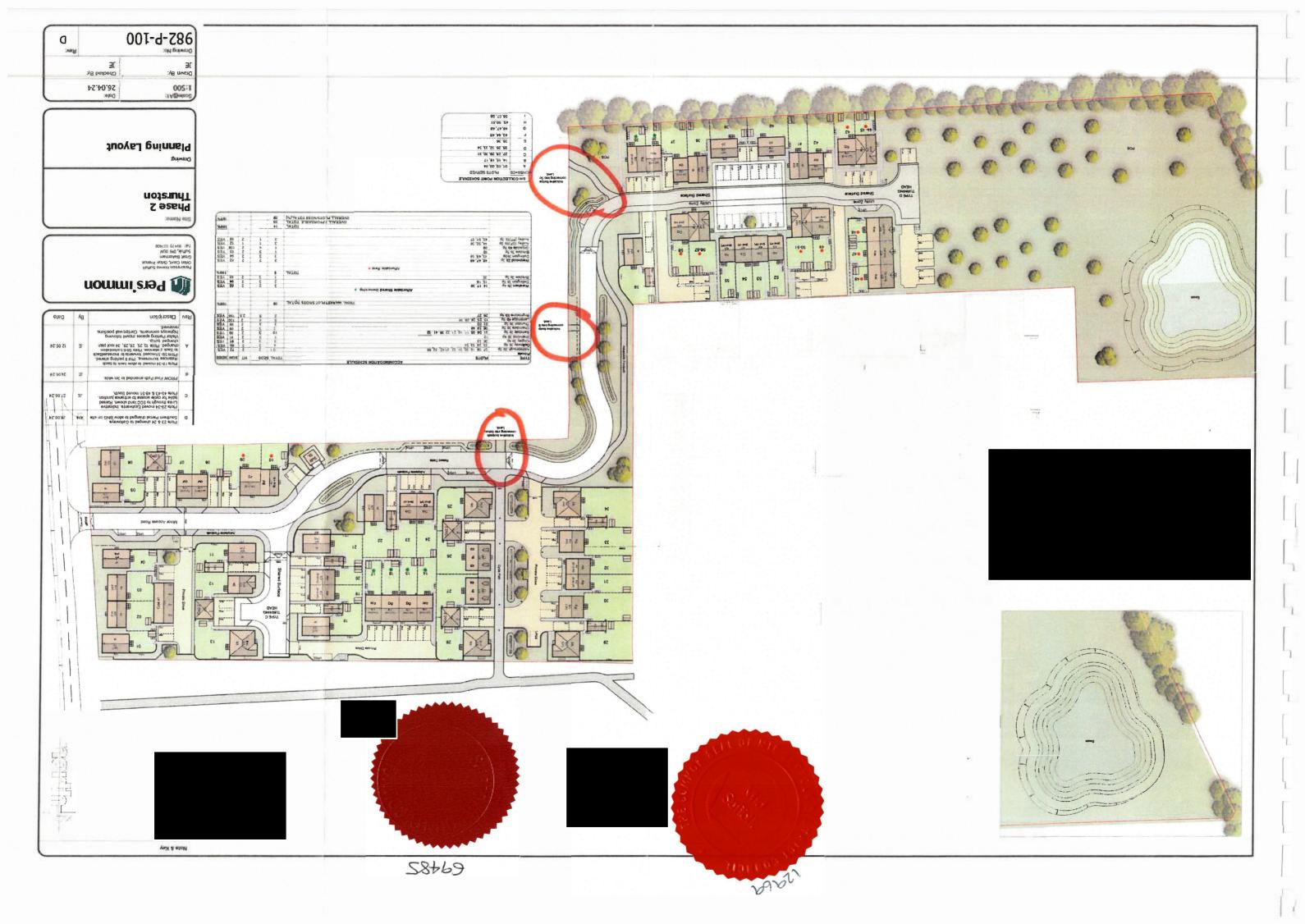


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DRAFT CERTIFICATION SALE OF DISCOUNTED MARKET HOUSING

FORM 1 - SALE AGREED

For completion by a Conveyancer

To: Strategic Housing (<u>strategic.housing@baberghmidsuffolk.gov.uk</u>) Planning application reference:

On behalf of my client ("the Seller"), we confirm that the property known as [*insert full address*

Prior to Marketing

Prior to Exchange of Contracts

- 2. By completing this form, I am notifying the Council of the intention to sell the property to a qualifying person who meets the eligibility criteria, and I will request that the buyer's legal representative submits the relevant information to the Council to demonstrate their eligibility. I understand that, without this step being completed, the Council will not be able to approve the sale.
- 3. The purchase price of the Property will be no more than 80% of the Open Market Value (or such other discount as defined in the S106 and/or* the DOV) in line with the maximum price agreed above including any rent or interest.

Signed by Seller's Conveyancer :

Title/Position :

Full name of Conveyancer :

*Delete as appropriate

Date:
[Please print on headed paper or insert details below:]
Firm Name & Address:
Contact details: Telephone number: Email address:

*Delete as appropriate

DRAFT CERTIFICATION

FORM 2: Declaration – Discount Market Sale Property Eligibility

For completion by a Conveyancer

Relating to the property known as: [insert fu	
address]	"the Property" [Land Registry Title
Number SK].	

Please answer <u>all</u> the questions below accurately and sign the declaration at the end of the document.

Affordable Housing Need

On behalf of my	
client/s	
I confirm that:	

1. My client/s gross 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 the name of the Financial Advisor who has verified this).

2. I confirm that my client/s are unable to afford a suitably market property in the area, as measured by the following calculation:

For single purchasers:	For joint purchasers:
a) Gross Annual Income multiplied by 4 =	a) Gross Annual Income multiplied by 3.5 =
b) Deposit =	b) Deposit =
Add together parts a) and b). £	
The result must be less than the C	Open Market Value of the property being

- 3. I confirm that my client/s total savings do not exceed 65% of the purchase price of £_____, and this has been verified by the following Independent Financial Advisor; _____
- 4. I confirm that my client/s do not have an interest in another property in the UK and abroad (including, but not limited to shares, registered title or mortgage).
- 5. My client/s 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 (change in accordance with the s106/DoV)

I confirm that my client/s have a local connection to Mid Suffolk in one of the following ways, and I have seen evidence as set out in the box below.

Please tick at least one box [only one connection is required to prove the local connection]

Local Connection	Evidence
Buyer/s currently have our only or principal home in the district of Mid Suffolk and have lived there for at least two (2) years.	 Utility bills covering the whole period Evidence from the electoral register Council tax records
Buyer/s have a member of our household who has a parent, adult child, brother or sister whose only or principal home is in Mid Suffolk and has been for at least two (2) years.	-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.
Buyer/s are employed in the district of Mid Suffolk at the date of this application and have been continuously so employed for two (2) years.	-Payslips -Letter from employer
Buyer/s previously lived in the district of Mid Suffolk and were resident in the area for either: a) Six (6) of the previous twelve (12) months Or b) Three (3) of the previous five (5) years	 Utility bills covering the whole period Evidence from the electoral register Council tax records
Buyer/s requires substantial care from a relative who has lived in the District of Mid Suffolk for at least the last six months Or needs to provide substantial care to a relative who has lived in the District	-Details of the relative, 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. - Evidence of substantial care
	Buyer/s currently have our only or principal home in the district of Mid Suffolk and have lived there for at least two (2) years. Buyer/s have a member of our household who has a parent, adult child, brother or sister whose only or principal home is in Mid Suffolk and has been for at least two (2) years. Buyer/s are employed in the district of Mid Suffolk at the date of this application and have been continuously so employed for two (2) years. Buyer/s previously lived in the district of Mid Suffolk and were resident in the area for either: a) Six (6) of the previous twelve (12) months Or b) Three (3) of the previous five (5) years Buyer/s requires substantial care from a relative who has lived in the District of Mid Suffolk for at least the last six months Or needs to provide substantial care to

Declaration

Signed by Buyer's Conveyancer :
Title/Position :
Full name of Conveyancer :
Date:
[Please print on headed paper or insert details below:]
Firm Name & Address:
Contact details: Telephone number Email address:

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<u>DRAFT CERTIFICATION</u> <u>PURCHASE OF DISCOUNTED MARKET HOUSING</u> <u>For completion by a Conveyancer</u>

To: Strategic Housing (<u>strategic.housing@baberghmidsuffolk.gov.uk</u>) Planning application reference:

Post-sale

1. Within 14 days of completion of the sale of the Property a notice was sent to the Council on

..... (insert date) stating the purchase price of the Property enclosing a copy of the transfer

Contact details: Telephone number: Email address:

*Delete as appropriate