Application to Purchase Property

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Address of Property you wish to Purchase:** |  | |
| **2** | **Preferred Date of Conclusion:** |  | |
| **If the property is not available on standard terms and conditions please answer questions 3 and 4.** | | | |
| **3** | **Offer Amount (£):** |  | |
|  |  |  | |
| **5** | **Name of Purchaser:** |  | |
| **6** | **Date Of Birth of Purchaser: (must be filled in for a valid application)** |  | |
| **7** | **National Insurance Number of Purchaser : (must be filled in for a valid application)** |  | |
| **8** | **Address:** |  | |
| 9 | Home/Correspondence Address: |  | |
| 10 | Home Phone No: |  | |
| 11 | Work Phone No: |  | |
| 12 | Mobile Phone No: |  | |
| 13 | E-Mail Address:  (Please note: Invoices may be issued electronically to the email address given) |  | |
| 14 | Preferred method of contact: | **Email** |  |
|  | (please √ box as appropriate) | **Telephone** |  |
|  |  | **Letter** |  |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 19 | Status of business  (please √ box as appropriate) | | | **Limited Company or PLC**  **(Please answer questions 18 to 19)** |  |
| **Firm or Partnership**  **(Please answer questions 20 to 27)** |  |
| **Sole Trader** |  |
| **Please provide further details for a Limited Company or PLC incorporated under the Companies Act:** | | | | | |
| 20 | Registered Number | |  | | |
| 21 | Registered Office | |  | | |
| **Please provide further details for a Firm or Partnership:** | | | | | |
| 22 | Name of Firm or Partnership | |  | | |
| 23 | Place of Business | |  | | |
| 24 | Name of Partner (#1) | |  | | |
| 25 | Date of Birth & National Insurance Number of Partner #1 : (must be filled in for a valid application) | |  | | |
| 26 | Home address of Partner #1 | |  | | |
| 27 | Name of Partner (#2) | |  | | |
| 28 | Date of Birth & National Insurance Number of Partner #2: (must be filled in for a valid application) | |  | | |
| 29 | Home address of Partner #2 | |  | | |
| 30 | Name of Partner (#3) | |  | | |
| 31 | Date of Birth & National Insurance Number of Partner #3: (must be filled in for a valid application) | |  | | |
| 32 | Home address of Partner #3 | |  | | |
| **If there are further partners please provide names and addresses on a separate sheet of paper** | | | | | |
|  | | | | | |
| 33 | Previous address (if less than 3 years at current address): | |  | | |
| 34 | If leased, name and address of landlord | |  | | |
|  | | | | | |
| 35 | Full details on past business dealings as partner/ director/ sole trader: | |  | | |
| 36 | | Nature of business: |  | | |
| 37 | | Full details of operations proposed to be carried out in the property: |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 38 | Where did you hear of the council’s property? |  | | |
| **39** | Confirming Identity & Address | **We need to see original copies of two documents which you confirm your identity and address one document from each list** | | |
|  | Identity Documents | * **Valid Passport** * **Valid photo-card driving licence (full or provisional)** * **EU Identity Card** * **Firearms certificate or shotgun licence** * **Identity card issued by the Electoral Office for Norther Ireland** * **Valid (old style) full driving licence** * **Recent evidence of entitlement to a state or local authority-funded benefit(including housing benefit or council tax benefit), tax credit, pension.** * **Most recent HM Revenue & Custom Tax Coding Notification, Assessment or statement or other grant.** | | |
| Name (block capitals): | Evidence of Address | * **Valid photo-card driving licence (full or provisional) if not used in list 1.** * **The most recent mortgage statement from a recognised lender.** * **Local authority rent card or tenancy agreement.** * **Instrument of a court appointment** * **Current Council Tax demand letter or statement.- valid for one year.** * **Current bank statements or credit/debit card statements issued by a regulated financial sector firm in the UK – not more than three months old.** * **Utility bills not than 3 months old.** * **Benefit book, or original notification letter from the Benefits Agency or the Department of Work and Pension confirming the right ot benefits. In not use in list 1** * **Most recent HM Revenue & Customs Tax Coding notification, assessment or Statement if not used in list 1.** | | |
|  | Council officer to confirm documents seen |  | | |
| Position: |  |  | | |
| Signature: | Date: |  |  |  |

**Declarations:**

1. I/we understand that in applying to acquire the above property that I/we agree to the council either obtaining a financial reference in respect of the bank or building society account detailed above; and/or obtaining a credit reference agency search relating to the proposed purchaser(s) details given above; and/or obtaining a reference from a previous landlord.
2. I/we understand that any of the information obtained in connection with this application maybe shared with other service areas within West Lothian Council, and where requested utility service companies, and that in signing this application form I/we give our consent for these purposes.
3. West Lothian Council is committed to the prevention and detection of crime. Any information you provide on this application form may be shared with the Police Service of Scotland for the purposes of the prevention or detection of crime, in accordance with the provisions of the Data Protection Act 1998, section 29.
4. I/we understand that completion of this form does not guarantee that I/we will be offered the purchase of the above property but that the council will have absolute discretion in this decision.
5. I/we hereby declare that the information given on this application form is correct in every respect. I/We understand that if any of the foregoing information is subsequently discovered to be false then this may lead to termination of any lease agreement which has been entered into on the basis of the information supplied and may prejudice any subsequent dealings, which I/We have with the council in respect of any commercial or industrial property.

**Tel: 01506 281836**

**E-mail: propertymanagement@westlothian.gov.uk**

### Equality Monitoring Questionnaire – Prospective tenant

Property Management and Development is keen to ensure that it operates fairly, and without discrimination, in the letting of commercial property under its management. By completing and returning this form with your application you will help us to ensure that this is the case. The information you provide will be used solely for this purpose and not used to allocate property. [NB Where a lease is to be taken by a company, this form should be completed by the principal contact.] Thank you for your co-operation.

|  |  |
| --- | --- |
| Name |  |
| Property applied for |  |

Please **✓** boxes below as appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| GENDER | Male |  |  | Female |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AGE** | Under 30 |  | 31 to 50 |  | Over 50 |  |

## ETHNIC ORIGIN

1. **White**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Scottish Scottish |  | Other British |  | Irish |  | Other white background |  |

##### B. Mixed

|  |  |
| --- | --- |
| Any Mixed background: |  |

C. Asian, Asian Scottish, or other Asian British

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Indian |  | Pakistani |  | Bangladeshi |  | Chinese |  |

|  |  |
| --- | --- |
| Other Asian background |  |

##### D. Black, Black Scottish, or other Black British

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caribbean |  | African |  | Other black background |  |

**E. Other ethnic background**

|  |  |
| --- | --- |
| Any other ethnic background: |  |

#### DISABILITY

Do you have any long term illness, health problem or disability which limits your activities?

[NB If your only impairment is that you are either short or long-sighted and this is corrected by wearing glasses or contact lenses please answer NO]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES |  |  | NO |  |

Do you have any suggestions about how we can improve our service?

|  |
| --- |
|  |

Please complete the attached Equality Consent slip and return it with your questionnaire.

###### Equality Monitoring Consent Form – Prospective Purchaser

Under the terms of the Data Protection Act 1998 the council is required to obtain your informed consent to the information provided by you on the Equality Monitoring form to be recorded, stored and processed for monitoring purposes.

Please confirm your consent to the information you have provided concerning your Ethnic Origin and Disability Status to be used for the purposes of monitoring Equal Opportunities.

|  |  |
| --- | --- |
| Name (block capitals): | |
| Property applied for: | |
| Signature: | Date: |

