

Local Worker Scheme Application Form

QUICK GUIDE - DO YOU QUALIFY FOR THE SCHEME?

Can you answer YES to these questions?

- I am not a home owner.
- I am already registered with ChoiceHomes@Pembrokeshire.
- I work in Pembrokeshire with a total annual household income of under £60,000.
- I am not already a tenant of ateb or Pembrokeshire County Council.

If you answered YES to all of these questions, please complete this application form.

A. INTRODUCTION

All information on this application form will be used to assess the applicant's eligibility to be accommodated under the **Local Worker Scheme**.

Please read the questions carefully and provide complete answers. Replies should be clearly printed in ink or typed. Please ensure that all questions are answered fully. We recommend that you keep a copy of your answers for your own records. It is important that you complete all sections – please contact ateb if you have difficulty with any of the questions.

Please register with ChoiceHomes@Pembrokeshire before completing this form and enter your membership number below.

ChoiceHomes@Pembrokeshire Membership Number

B. PERSONAL INFORMATION

B1. NAME OF APPLICANT(S)

Mr/Mrs/Miss/Ms	First Name(s)	Surname	Date of Birth
1.			
2.			
3.			
4.			

Continue...

B2. PRESENT ADDRESS(ES)

No./Name	Street	Town	Postcode
1.			
2.			

B3. CONTACT DETAILS

Telephone:	Mobile:
Home Number:	Work Number:
Email:	

C. EMPLOYMENT INFORMATION

If you have more than one employer, or source of income, please list below the employer or business which provides the major part of your financial income and provide details of the other employment in Section F.

C1. EMPLOYER

	Applicant 1	Applicant 2
Job Title		
Name of Employer		
Address of Employer		
	Postcode:	Postcode:
	Phone No:	Phone No:
Date This Employment Commenced		
Number of Hours Worked Each Week		

Please submit copies of your payslips for the last 3 months.

Continue...

D. HOUSEHOLD DETAILS

Please list below all the persons who would be living with you, should you obtain a property.

Relationship to Applicant	Date of Birth	Sex M/F	First Name(s)	Surname

E. FINANCIAL INFORMATION**E1. INCOME**

The figures you give below should be your total or gross income before deductions made for tax, insurance etc...

	Applicant 1	Weekly/ Monthly/ Yearly	Applicant 2	Weekly/ Monthly/ Yearly
Earned Income (Before Any Deductions)	£		£	
Approximate Bonus or Profit Share (If Any)	£		£	
Income from Benefits *	£		£	
Income from Savings	£		£	
Other Income e.g. Pensions, Maintenance Payments	£		£	
Total Income	£		£	

***Disregard any income from Disability Living Allowance/Attendance Allowance/Personal Independence Payment.**

Continue...

F. OTHER INFORMATION

By ticking the below box I am allowing ateb to use my personal data to respond to this service request. My personal data will be securely held and used to fulfil the selected service request in accordance with the ateb privacy statement. Please refer to the ateb privacy statement to understand how we protect your personal data www.atebgroup.co.uk/privacy-cookie-policy. For personal data queries, data access requests, amends or removal please email mydata@atebgroup.co.uk

I agree for you to use my personal data

G. WHAT TO DO NEXT

Once completed please email this form along with any evidence to:

hello@atebgroup.co.uk

