

## Appendix 1

### Request to Waive Repayment of Discount Awarded Under The Right to Buy Scheme

Upon the purchase of your home you obtained discount as provided for by Section 155A Housing Act 1985

- You have made a request for the Council to waive some or all of the discount awarded
- This transaction may be treated as early disposal (Section 155 Housing Act 1985); or may be treated as an exempted disposal (Section 160 Housing Act 1985)
- Please complete and return the questionnaire below to enable the Council to deal with your request.

|   |  |
|---|--|
| Owners Name/s   | Address  |
|   |  |
| Phone Number(s)   |  |
| Email address(s)  | National Insurance Number(s)   |
| Date of Purchase and Purchase Price   | dd/mm/yy<br>£  |
| Discount Received   | £  |
| Extra money borrowed for property improvements?<br>If yes, please provide further details   | Yes / No<br>£  |
| How was the purchase funded? Please circle whether you borrowed the money from a lender (i.e., loan/mortgage) used savings, borrowed from family or friends or gifted the money from someone. | Mortgage<br>Loan/Savings<br>Family/Friends<br>Other (please provide details below) |
| If you have a mortgage or loan on the property, please provide details of your lender. Please include your loan agreement number  | Name & Address of Lender<br><br>Loan/Mortgage agreement number(s)                  |
| If you are in arrears with your mortgage or property loan, please provide details and state whether any   | £  |

This report is PUBLIC  
[NOT PROTECTIVELY MARKED]

|   |          |
|---|----------|
| recovery proceedings are being taken by your lender.  |          |
| Amount of discount you want the Council to waiver   | £        |
| Are all owners permanently resident at the above address?<br>If no, please provide details  | Yes / No |
| Time spent elsewhere, e.g., visiting friends/family for extended periods of time, spending time in a care setting or on long holidays?<br>If yes, please provide details  | Yes / No |
| Time spent as an inpatient in hospital over the last 12 months?<br>If yes, please say who and provide dates   | Yes / No |
| Is anyone in the household in receipt of care or support? This could include support from health professionals, police, social services or family legal support (amongst others) It also includes support provided within the home or in an external setting.<br>If yes, please provide details | Yes / No |
| Please tell us who currently lives in the household, please list all names, dates of birth, relationship and contact details  |          |
| Has anyone joined the household in the last 12 months?<br>If yes, please provide details  | Yes / No |
| Has anyone left the household in the last 12 months?<br>If yes, please provide details  | Yes /No  |
| Does anyone named on this form currently own, or have they previously owned any other property in the UK or abroad?<br>If yes, please provide details   | Yes / No |
| Is anyone named on this form a private landlord or company involved in property purchase, sales or lettings?<br>If yes, please provide details  | Yes / No |

|  |          |
|--|----------|
| Is anyone being paid for, or promised any financial reward for making this application?  | Yes / No |
| Are you or any member of your household employed by Wolverhampton Homes/Wolverhampton City Council/any other local authority or public body? If yes please provide details                           | Yes / No |
| Is anyone named on this form actively involved with any political parties? If yes please provide details   | Yes / No |
| Does anyone named on this form currently own, or previously owned any other property in the UK or abroad? (including property purchased jointly with someone else)<br>If yes, please provide details | Yes / No |
| Is anyone named on this form engaged in the process of purchasing any other property in the UK or abroad?<br>If yes, please provide details  | Yes / No |

**Please use the space below to tell us why you are making this request. Based on the information you provide in this section you will be asked to supply evidence to support your request. We will contact you at a later date to tell you what we need. Please continue on a separate sheet if necessary. Failure to supply any information requested will result in cancellation of the application.**

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see [www.wolverhampton.gov.uk/article/3060/National-Fraud-Initiative](http://www.wolverhampton.gov.uk/article/3060/National-Fraud-Initiative).

Depending on what information you provide we might need to conduct further checks and you may be asked to supply additional documents for all parties involved in the proposed transaction, please read the declaration below carefully before signing.

**Declaration to be signed by all parties named on the title deeds.**

I/We understand the following:

The information given on this form is correct and that if I/We have given false or misleading information, or deliberately withhold information which, if disclosed would have resulted in the application being declined, the Council may take legal action under the Housing Act 1985 and/or Fraud Act 2006 and offenders will be liable to prosecution.

I/We authorise you to undertake appropriate checks to verify the information I/we have provided at all stages in my/our application to waive repayment of the Right to Buy discount awarded, including requesting and sharing information with/from Housing Benefits Division, any other Council Department, any other Council, Registered Social Landlord, Private Landlord or Managing Agents, Department of Work and Pensions, West Midlands Police, National Fraud Initiative, NHS & GP, Employers, Financial Institutions, Credit Reference Organisations or any other bodies deemed necessary to investigate information given. Any personal information will be processed in accordance with the requirements of the Data Protection act 1998.

I/we agree to authorise the Council or anyone acting on behalf of them to undertake relevant checks on each person named on this form.

**tick this box to confirm everyone involved has read and understands the information above. If you are unsure you should seek independent legal advice.**

Each person named on the title deeds of the property is required to complete and sign below.

|                          |      |
|--------------------------|------|
| Signed                   | Date |
| Full Name (please print) |      |

|                          |      |
|--------------------------|------|
| Signed                   | Date |
| Full Name (please print) |      |

|                          |      |
|--------------------------|------|
| Signed                   | Date |
| Full Name (please print) |      |

Completed forms should be returned to: Legal Services, Wolverhampton City Council,  
Civic Centre, St Peters Square, Wolverhampton  
WV1 1RG