

Local Workers Scheme

Application Form

QUICK GUIDE — DO YOU QUALIFY FOR THE SCHEME?

- ☐ I am not a homeowner
- ☐ I am already registered with Choice Homes @ Pembrokeshire
- ☐ I work in Pembrokeshire with a total annual household income of under £60,000.
- ☐ I am not already an occupation contract holder of a community landlord, such as ateb or Pembrokeshire County Council.

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

A. INTRODUCTION

All information on the 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 any 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

B2. PRESENT ADDRESS(ES)

No./Name	Street	Town	Postcode

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 E.

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:				
Is the Contract Permanent or Fixed Term:				

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. OTHER INFORMATION

I confirm by completing this form that all information is correct. I understand that if my application is being considered for allocation of a property that I will be required to provide evidence of the household's income and employment ☐

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 ☐

F. WHAT TO DO NEXT

Once completed, please save this form and email to: hello@atebgroup.co.uk