



## MEMORANDUM OF SALE SUBSTITUTE

**This form must be completed by the Housing Association.**

Once completed, the form needs to be returned by post, by fax or by secure email. If returned via a mortgage broker or solicitor then the form must be certified.

|                              |   |
|------------------------------|---|
| Property Address             |   |
|                              |   |
|                              |   |
|                              |   |
| Full Name(s) of Applicant(s) |   |
|                              |   |
| Full Property Value          | £ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |
| Selling Percentage Share     | <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>   |
| Purchase Price of Share      | £ <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> |

|                         |   |   |
|-------------------------|---|---|
| Rent Payable:           | £ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Monthly/Quarterly/Annually (delete as applicable) |
| Service Charge Payable: | £ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Monthly/Quarterly/Annually (delete as applicable) |
| Ground Rent Payable:    | £ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Monthly/Quarterly/Annually (delete as applicable) |
| Any Other Charges:      | £ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span> | Monthly/Quarterly/Annually (delete as applicable) |

|   |  |
|---|--|
| Address of Housing Association                              |  |
|   |  |
|   |  |
|   |  |
| Name of Housing Association                                 |  |
|   |  |
| Company Stamp   |  |
| Name of Person Completing the Form                          |  |
| Contact Telephone Number (of person completing the form)    |  |
| Mortgage Broker's/Solicitor's Certification (if applicable) |  |