CERTIFICATION
SALE OF DISCOUNTED MARKET HOUSING

FORM 1 – SALE AGREED

*For completion by a Conveyancer*

To: Strategic Housing (strategic.housing@baberghmidsuffolk.gov.uk)

Planning application reference: ……………..

On behalf of my client …………………………….. (“the Seller”), we confirm that the property known as [*insert full address*

*………………………………………………………………….*] ”the Property” (Land Registry Title Number SK………….) is being sold and hereby certify to Babergh/Mid Suffolk\* District Council “the Council” that the planning obligations relating to the sale of the Discounted Market Housing as detailed in the S106 Agreement dated …….………. (“the S106”) And/or\* the Deed of Variation dated …………..….. (“the DoV”) are being complied with:

Prior to Marketing

1. Prior to the marketing and to the sale of the Property the Council were notified on …………… (insert date) of the proposed Discount Market Price (as defined in the S106 and/or\* the DoV) and the Discounted Market Price was agreed by the Council to be at least 20% below the Open Market Value (as defined in the S106 and/or\* the DoV);

Prior to Exchange of Contracts

1. By completing this form, I am notifying the Council of the intention to sell the property to a qualifying person who meets the eligibility criteria, and I will request that the buyer’s legal representative submits the relevant information to the Council to demonstrate their eligibility. I understand that, without this step being completed, the Council will not be able to approve the sale.
2. The purchase price of the Property will be no more than 80% of the Open Market Value (or such other discount as defined in the S106 and/or\* the DOV) in line with the maximum price agreed above including any rent or interest.

Signed by Seller’s Conveyancer : …………………………………………..

Title/Position : …………………………………………

Full name of Conveyancer :…………………………………………

Date: …………………………………………………….

[Please print on headed paper or insert details below:]

Firm Name & Address:…………………………………………………

Contact details: Telephone number: ………………… Email address: …………………………