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| --- | --- | --- | --- | --- | --- | --- |
|  | Housing Application Form | |  |  | | --- | --- | | Reference no: |  | | Date received: |  | |

A logo for housing association

Description automatically generatedBefore submitting your housing application form, please ensure you complete this checklist:

|  |  |
| --- | --- |
| **Essential evidence** for all applications: | |
|  | Evidence supplied to **prove identity** for everyone named on application.  Specifically, date of birth and national insurance number (if applicable). |
|  | Evidence supplied to **prove current address** for everyone named on the application.  Proof must be an official document with your names and addresses. |
| Additional evidence required: | |
|  | Confirmation of pregnancy (if applicable) (question 1c). |
|  | Legal documents relating to access arrangement for children (question 1d). |
|  | Anti-social behaviour court order (question 1i). |
|  | Home Office or NASS documentation or letters (question 1k). |
|  | Tenancy Agreement or Tied Accommodation Agreement (question 3a). |
|  | Prison release date (question 3a). |
|  | Confirmation of homelessness from local authority (question 3b). |
|  | Confirmation of any harassment, e.g. Police incident numbers (question 4a). |
|  | Care or support arrangements you receive or provide (question 5e). |
|  | Medical evidence to support rehousing need (section 6). |
|  | Employment details. |

**Guidance Note:**

|  |
| --- |
| Please fill in this application form carefully and accurately.  All the information you give us on this form will be used for the purposes of assessing your housing needs points as defined in our Allocation Policy.  Anyone 16 years old or over may apply for housing with the Association.  We will provide you guidance throughout this form. If you need further help completing the form, please contact a member of our housing team.  You will be required to provide evidence as part of your application, as confirmation of your circumstances. We are unable to progress you application without this information. |

**Assessment of application:**

|  |
| --- |
| We are committed to ensuring that our selection process is fair and equitable, and in line with our Allocations Policy. We allocate housing based on housing need and below is a summary of the steps you can expect in your process (you can read the full process in our Policy).   1. We will access your application against categories of housing need and award points based on what you state on your application. 2. Your application will be placed on a housing waiting list that you qualify for. 3. We will confirm in writing what points you have been awarded and what waiting list you have qualified for. 4. Applicants will then be rehoused based on the greatest housing need. |

**Progress of applications:**

|  |
| --- |
| We will contact applicants when required to update them with the process of their application.  You are not required to contact us for progress updates. However, it is important to update us with any changes in your circumstances to ensure you housing need is accurately assessed.  Where suitable housing has been identified, you will be invited to attend a visit to review the property. If the property is acceptable, your application will be progressed into an offer of tenancy. |

Section 1 – Applicant(s) Details

1a. Please complete the details of applicant(s) below:

|  |  |  |
| --- | --- | --- |
|  | Applicant | Joint Applicant |
| Title (Mr, Mrs, Miss, etc.) |  |  |
| First name |  |  |
| Surname |  |  |
| Date of birth |  |  |
| National insurance no. |  |  |
| Current address |  |  |
| Postcode |  |  |
| Telephone |  |  |
| Mobile |  |  |
| Email |  |  |
| If you would you prefer to be contacted via different contact details, please supply them below. | | |
| Address |  | |
| Telephone |  | |

1b. Please detail everyone who you want to be housed with you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | First name | Surname | Date of birth | National Insurance No. | Relationship to you |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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| --- |
| **NOTE:** we need proof of identity (DOB, NI & Address) for everyone named on the application. |

1c. Please detail anyone in the above household who is pregnant:

|  |  |  |
| --- | --- | --- |
| First name | Surname | Expected week of confinement (due date) |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **NOTE:** we need to see the MATB1 form (confinement card) for anyone pregnant. |

1d. Please detail any dependant you have shared custody or access arrangement with, and who you wish to stay with you:

|  |  |  |  |
| --- | --- | --- | --- |
| Child full name | Sex | Date of birth | Custody / Access Arrangement |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **NOTE:** we need proof that each child lives with you (e.g. child benefit). |

1e. If you would prefer us to discuss your application with a relative, friend, or carer, please provide their details below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | First name | Surname | Contact number | Relationship to you |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1f. Please detail any language, interpretation, or accessibility requirements you may have (for any contact or visits we may have with you):

|  |  |  |
| --- | --- | --- |
|  | Applicant | Joint Applicant |
| Your first language |  |  |
| Interpretation requirements (including for hearing / sight difficulties) |  |  |
| Alternative format requirements (e.g. braille, large print, audio, other) |  |  |
| Any other accessibility requirements. |  |  |

1g. Please detail any current or former tenancy arrears (for rent or re-chargeable repairs):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Applicant | | Joint Applicant | |
| Do you have arrears? *If no, skip to 1h.* | Yes | No | Yes | No |
| Are they related to Housing Benefit issues? | Yes | No | Yes | No |
| Do you have a repayment arrangement in place? | Yes | No | Yes | No |
| Have you maintained this arrangement for 3 months? | Yes | No | Yes | No |

|  |  |  |
| --- | --- | --- |
| Landlord name |  | |
| Repayment arrangement | Payment: £ | Frequency: |

|  |
| --- |
| **NOTE:** we will need proof that you have maintained any repayment arrangements. |

1h. Please detail if you, or anyone named on your application, must register with the Police as an offender under the Sexual Offences Act 2003:

|  |
| --- |
|  |

1i. Please detail, if you, or anyone named on your application, have had court action against them for anti-social behaviour:

|  |
| --- |
|  |

|  |
| --- |
| **NOTE:** we will a copy of any court order with your application. |

1j. Please detail if you, or anyone named on your application, is a relative or close friend of:

* a current employee
* a current Management Committee Member
* a former Management Committee Member (in the last 12 months)

Please provide names, position, and relationship.

|  |
| --- |
|  |

1k. Please details if you, or anyone named on your application, is an asylum seeker, or are required to adhere to immigration controls. Provide names and any relevant Home Office reference details/numbers:

|  |
| --- |
|  |

|  |
| --- |
| **NOTE:** we will proof from the Home Office of NASS (e.g. official documents or letters). |

1l. Please detail if you, or anyone named on your application, has pets that are to be re-housed with the application. Please provide type, breed, and numbers:

|  |
| --- |
|  |

Section 2 – Housing Choice

2a. Please select the areas where you wish to be considered for an offer of housing:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Carmyle | Braidfauld, Lilybank & Newbank | | | Tollcross |
| Ardargie Drive | Benholm Street | | | Altyre Street |
| Bank Road | Birnam Road | | | Ard Street |
| Bracadale Road | Canmore Place | | | Ardgay Street |
| Braidfaud Street (215-223) | Canmore Street | | | Braidfaud Street (5-31) |
| Braidfaud Street (30-36) | Downfield Street | | | Dalness Crescent |
| Braidfaud Street (63) | Dunkeld Street | | | Dalness Street |
| Braidfauld Place | Finhaven Street | | | Dalness Close |
| Carmyle Av/Orchard Ct (Sheltered Housing) | Glamis Road | | | Dunira Street |
| Glenisla Street | | | Eckford Street |
| Cathkin View | Glenshee Street | | | Fairburn Street |
| Causewayside Street | Helenvale Street | | | Fairholm Street |
| Clydeview Terrace | London Road (1359-1945) | | | Ogilvie Place |
| Corbett Court | London Road (1737-1891) | | | Ogilvie Street |
| Corbett Gate | Lundie Street | | | Tollcross Road (1180) |
| Corbett Place | Macduff Place | | | Tollcross Road (255-373) |
| Corbett Street | Macduff Street | | | Tollcross Road (274-280) |
| Corbett Wynd | Maukinfauld Rd (467-242) | | | Tollcross Road (308-494) |
| Cross Street | Maukinfauld Rd (52-122) | | | Tollcross Road (461) |
| Dalbeth Place | Methven Street  (Sheltered Housing) | | | Tollcross Road (586,636,648,676) |
| Dalbeth Road |
| Drumshaw Drive | Methven Street | | | Tollcross Road (740-750) |
| Duffus Place | Potter Close | | | Tollcross Road (872-924) |
| Duisdale Road | Potter Grove | | | Tollcross Road (8939-959) |
| Easterhill Place (15-95) | Potter Path | | | Tollcross Road (984-1170) |
| Easterhill Street | Potter Place | | | Tollcross Park View (2) |
| Estate Quadrant | Potter Street | | | Trainard Avenue |
| Estate Road | Prosen Street | | | Wellshot Road (375-405) |
| Eversley Street | Rattray Street | | |  |
| Foxley Street | Strathbran Street | | |  |
| Fullerton Avenue |  | | |  |
| Gardenside Avenue |  | | |  |
| Gardenside Crescent |  |  | |  |
| Gardenside Place |  | 2b. Please select which floor levels you would prefer: | | |
| Hillcrest Road |  |  | Ground | |
| Inzievar Terrace |  |  | First | |
| Liddell Street |  |  | Second | |
| Lloyd Avenue |  |  | Third | |
| London Road  (1949-1971/2253-2418) |  |  | No preference | |
| Mansionhouse Avenue |  | 2c. Please detail if you need an apartment with adaptations (e.g. for wheelchair use). *View guidebook for more information.* | | |
| Montrose Avenue |  |
| Naismith Street |  |  | | |
| Neuk Way |  |
| Noldrum Avenue |  |
| Noldrum Gardens |  |
| Park Road |  |
| Park Way |  |
| River Road |  |
| Tollcross Road (958) |  |
| Toronto Walk |  |

Section 3 – Current Housing

3a. Please detail your current accommodation arrangements:

|  |  |
| --- | --- |
| Council tenant | Tied accommodation (provide details below) |
| Housing Association tenant | Tenant of private landlord (provide details below) |
| Sharing owner | In support accommodation |
| Owner occupier | In homeless accommodation |
| Lodger | No fixed address |
| Staying with family | Prison (please provide confirmation of release date) |
| Staying with friends | Other |

If you are in rented accommodation or in a tied accommodation, please provide the landlord’s or employer contact details below:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Telephone |  |

|  |
| --- |
| **NOTE:** For rented accommodation we will a copy of your current tenancy/occupancy agreement. For tied accommodation we will require proof of your tied accommodation & employment end date. |

3b. Please provide details of anyone named in your application who are currently homeless

(i.e. assessed by the Council as homeless):

|  |
| --- |
|  |

|  |
| --- |
| **NOTE:** we will require a copy of the homeless confirmation letter. |

|  |  |  |
| --- | --- | --- |
| 3c. Have you been asked to leave your current accommodation? | Yes | No |
| 3d. Have you been given written notice to leave? | Yes | No |
| 3e. Has a court order for possession been granted? | Yes | No |

|  |
| --- |
| **NOTE:** we will require a copy of any written notice or court orders. |

3f. Please select if your current accommodation has any of the following issues:

|  |
| --- |
| Extensive dampness / water penetration / condensation |
| Structural problems |
| Closing Order served on property (please provide a copy if this has been issued) |

3g. Please detail if you have the following in your current accommodation:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Cold water supply | Yes | No | | Hot water supply | Yes | No | | Inside toilet | Yes | No | | Bathroom | Yes | No | | Shower room | Yes | No | | |  |  |  | | --- | --- | --- | | Kitchen | Yes | No | | Kitchen (bed-sit) | Yes | No | | Kitchen (recessed) | Yes | No | | Cooking facilities | Yes | No | | Separate living room | Yes | No | |

If any of the above are a shared facility, please detail below.

|  |
| --- |
|  |

3h. Please indicate where everyone in your current accommodation sleeps (whether they are named on this application or not):

|  |  |  |  |
| --- | --- | --- | --- |
| Room | Name | Date of birth | Relationship to you |
| Bedroom 1 |  |  |  |
| Bedroom 2 |  |  |  |
| Bedroom 3 |  |  |  |
| Bedroom 4 |  |  |  |
| Living room |  |  |  |
| Kitchen |  |  |  |
| Other rooms |  |  |  |

3i: How many bedrooms are there in your current accommodation?

|  |  |  |  |
| --- | --- | --- | --- |
| Single rooms |  | Double rooms |  |

3j. Please detail you address history for the last 5-years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full address | Date from | Date to | Landlord/owner name & address | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

3k. Why do you wish to be rehoused? (select all that apply)

|  |  |
| --- | --- |
| Overcrowding | To give / receive support |
| Under-occupied | To live independently |
| Employment / study | Poor property conditions |
| Homeless | Domestic abuse |
| Potentially homeless | Harassment / threats of violence |
| Relationship breakdown | Other |
| Health / disability |  |

Please provide summary details:

|  |
| --- |
|  |

Section 4 – Harassment & Abuse

4a. Are you experience any of the following violence, harassment, or threats violence or harassment in your home:

|  |
| --- |
| Anti-social behaviour (e.g. noise / vandalism) |
| Domestic abuse or physical assault |
| Harassment (e.g. threatening behaviour / threats of violence) |
| Racial Harassment |

4b. How often does it occur?

|  |  |  |
| --- | --- | --- |
| Less than once a month | Less than once a week | Several days a week |
| At least once a month | At least once a week |  |

Section 5 – Social Factors

|  |  |  |
| --- | --- | --- |
| 5a. Do you want to move to Tollcross to be nearer your place of work? | Yes | No |
| 5b. Do you want to move to Tollcross to be nearer your place of study? | Yes | No |

If yes, please provide details of your employer or educational establishment.

|  |  |
| --- | --- |
| Name |  |
| Address |  |

|  |  |  |
| --- | --- | --- |
| 5c. Are you or anyone named in your application disabled? | Yes | No |
| 5d. If yes, do you receive related benefits for the disability? | Yes | No |

|  |
| --- |
| **NOTE:** if you, or anyone named in your application, has health/disability reasons for wishing to be rehoused, please complete Section 6. |

5e. Are you seeking rehousing to the Tollcross area to:

|  |  |  |
| --- | --- | --- |
| * receive support from a relative, friend, or care agency. | Yes | No |
| * provide support to a relative, dependant, or friend. | Yes | No |

If yes, please provide details below.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Support provided |  |

5f. If you, or anyone named in you application, required a support package to help sustain a tenancy, please provide details below (including if a current arrangement is in place).

|  |
| --- |
|  |

|  |
| --- |
| **NOTE:** you will need to provide evidence of any care or support in place. |

Section 6 – Medical Factors

Complete this section if you, or someone named on your application, has a medical condition or disability, that you wish to be considered as part of your application.

|  |
| --- |
| **NOTE:** you may be required to provide medical evidence to support information provided. |

6a. Please provide details of the individuals who you are seeking medical factors to be considered for, as part of your application.

|  |  |
| --- | --- |
| Full name | Describe in your own words the health condition or disability. |
|  |  |
|  |  |
|  |  |

The term ‘you’ will be used as the named person for the remainder of the form.

|  |  |  |  |
| --- | --- | --- | --- |
| 6b. Do you have any difficulty walking? | Yes | No | Some |
| 6c. Do you require walking aids? | Yes | No | Occasionally |
| 6d. Do you use a wheelchair? | Yes | No | Occasionally |
| 6f. Do you require aids/wheelchair? | Indoors | Outdoors | Both |
| 6g. Is your current home wheelchair adapted? |  | Yes | No |
| 6h. If possible, would you use a wheelchair in your home? | | Yes | No |

6i. Please provide a summary of additional information we may require in relation to your walking abilities (e.g. types of aids etc.).

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 6j. Do you have difficulties with stairs? | Yes | No | Some |

6k. How many stairs are there in your current accommodation and how to you manage them?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Front door: |  | | No issue | | | Manage with difficulty | | | Need help | | | Can’t manage at all | | | |  |  | | --- | --- | | Back door: |  | | No issue | | | Manage with difficulty | | | Need help | | | Can’t manage at all | | | |  |  | | --- | --- | | Internal: |  | | No issue | | | Manage with difficulty | | | Need help | | | Can’t manage at all | | |

6l. Do you access any of the following rooms by using internal stairs:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | Bedroom | | |  | | --- | | Bathroom | | |  | | --- | | Toilet only | |

6n. Please provide a summary of any adaptation in your current home?

|  |
| --- |
|  |

6o. Please detail if you need further adaptation is your current home?

|  |
| --- |
|  |

6p. Please provide details of any adaptations you may required in your new home?

|  |
| --- |
|  |

6q. What is your currenting heating arrangements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | Gas central heating | | |  | | --- | | Electric storage heaters | | |  | | --- | | No central heating | |

6r. What is your preferred heating arrangement?

|  |
| --- |
|  |

6s. Please details any negative health impact due to your current home. Provide specific details if there is impact from (a) dampness or (b) heating.

|  |
| --- |
|  |

6t. Please detail if you require an extra room because of your disability or illness (include reasons).

|  |
| --- |
|  |

6u. If your disability or illness is not covered by the questions above, please provide details below.

|  |
| --- |
|  |

6v. Please provide contact details to relevant health professionals (including your GP), who may be required to provide evidence to support your application. If you do not give permission for us to contact any, please leave blank.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contact 1 | Contact 2 | Contact 3 |
| Name |  |  |  |
| Address |  |  |  |
| Telephone |  |  |  |

Section 7 – Declaration

Tollcross Housing Association is registered under the Data Protection Act 1998 and is duty bound to comply with the conditions set out in this Act.

I/We give our consent to processing of personal data, including sensitive personal data, in this application form. The Association will process the information contained in this application form and any other relevant information it obtains in connection with the application in a number of ways. They will process the information for the purposes of your application for housing. They may also use this information to provide statistical data to their Management Committee. The Scottish Housing Regulator and other interested parties. In addition, if you are successful in obtaining accommodation the Association will use the information as history notes. I/We understand that, under the Data Protection Act 1998, I/we have the right to examine this data, and request amendments if it is not correct.

By signing this application form I give consent to Tollcross Housing Association to process the information in the above way.

I/We understand that to the best of my knowledge the details I have given on this application form are true and correct and that I will tell you about any changes in my circumstances.

I/We declare that the particulars given in this Application Form and the Medical Self Assessment Form are true. If the information is found to be false or misleading or if relevant information is withheld, I understand that the Association may with old offers of Housing as a result. If a tenancy has been offered as a result of false information in a housing application, I understand that the Association may begin legal action to end that tenancy.

I/We give permission to Tollcross Housing Association to make any necessary enquiries in connection with my application for housing to verify the circumstances stated on the form and the medical self-assessment form or to obtain details relating to former tenancies and undertake to pay for any charges this may incur.

I understand and agree to the conditions noted in the declaration.

Signatures if more than one applicant then both applicants must sign.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant: |  | Date: |  |
| Joint applicant: |  | Date: |  |

For official use only.

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Points | Category | Points |
| Overcrowding |  | Shared kitchen |  |
| Under occupancy |  | Shared bathroom |  |
| Medical emergency |  | Shared shower room |  |
| Medical essential |  | Homelessness |  |
| Medical advisable |  | Insecure accommodation |  |
| Harassment (emergency) |  | Property condition – damp |  |
| Harassment (racial/domestic abuse) |  | Property condition – condensation |  |
| Harassment (social problems) |  | Property condition – Serious disrepair |  |
| No inside WC |  | Overcrowding due to pregnancy |  |
| No bath or shower |  | Relationship breakdown |  |
| No hot water to bathroom |  | Travel to work / study |  |
| No hot water to kitchen |  | Support – transfer / general |  |
| No cooking facilities |  | Social reasons |  |
| Cooking / sleeping one room |  | Partner agency referrals |  |
| **Total** | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Initial | Date |  | Initial | Date |
| Points assessed by |  |  | Re-assessed |  |  |
| Points verified by |  |  | Re-assessed |  |  |
| Input by |  |  | Re-assessed |  |  |
| Re-assessed |  |  | Re-assessed |  |  |
| Re-assessed |  |  | Re-assessed |  |  |
| Re-assessed |  |  | Re-assessed |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Action | Request date | 1st reminder | 2nd reminder | Received |
| Information to confirm points |  |  |  |  |
| Proof of residence |  |  |  |  |
| Tenancy ref – current/former |  |  |  |  |
| Tenancy agreement / notice to quit |  |  |  |  |
| Tied accommodation |  |  |  |  |
| Homeless confirmed |  |  |  |  |
| Employment / study |  |  |  |  |
| Medical letter |  |  |  |  |
| Support letter |  |  |  |  |
| Confirmation of harassment |  |  |  |  |
| Confirmation of pregnancy |  |  |  |  |
| Further info required (detail below): |  |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |