

- Please give details of any people not currently living with you, but who will be rehoused with you.

Name	Relationship to you	Date of Birth	Sex	Current Address	Status C=couple S=single

N.B. If you are separated and are requesting accommodation for a child/children currently not living with you, please provide **written confirmation** of the access arrangements.
If you have children who only stay with you some of the time, then include them here only if they stay with you 4 or more nights a week.

PART B: DETAILS OF YOUR PRESENT HOME

1. ACCOMMODATION HISTORY:

When did you move to your present address? _____

2. TENURE OF PRESENT ACCOMMODATION

Are you...?(please tick)

- A tenant of a Council
- A tenant of a Housing Association
- A tenant of a private landlord
(please provide a copy of your tenancy/lease agreement)
- An owner/occupier
- Living with family/friends
- Living in tied accommodation
(please include written confirmation)
- Homeless
(if Statutory, please provide a copy of your letter)
- Living in supported accommodation
(please provide a copy of your occupancy agreement)
- Other (please provide details)

If you are a **tenant**, please provide the name and address of your landlord:

3. DETAILS OF YOUR PRESENT ACCOMMODATION

What type of property do you live in? _____
(e.g. tenement flat, multi-storey flat, caravan, semi detached, etc)

If you live in a flat, which floor level is it on? _____

How many bedrooms are in this property? _____

4. CONDITION OF PRESENT ACCOMMODATION

Below tolerable standard means that your home does not meet the minimum standards set by the Local Authority. To receive points in this section your home must have been assessed and found to suffer from serious disrepair.

For further information on “below tolerable standard” please see the enclosed “Applying for a house” booklet.

Does your home meet the tolerable standard? YES NO

If NO, please provide evidence, e.g. a letter from your landlord, Council official, etc

5. PREVIOUS ACCOMMODATION

Please provide details of all your previous addresses for the **past 5 years**.

Address	Landlord Name & Address	Period lived there		Why did you leave?
		From	To	

PART C: YOUR HOUSING NEEDS

6. REASONS FOR REQUESTING HOUSING

Please indicate if you are applying for housing for any of the following reasons:

a) To escape from violence or threats of violence or harassment.

Yes No

(If YES, please request a Harassment Assessment form from your local area office which you must complete and return.)

b) You think that your accommodation is unsuitable for you or any member of your household on health grounds.

Yes No

(If YES, please request a Health Assessment form from your local area office which you must complete and return.)

c) You or any member of your household is pregnant.

Yes No

(If YES, please state when your baby is due and provide proof e.g. a copy of your Maternity Record.)

d) Marriage/relationship breakdown.

Yes No

(If YES, please provide written confirmation i.e. letter from solicitor.)

e) You are an owner occupier experiencing difficulties.

Yes No

(If YES, please provide written confirmation i.e. letter from building society or lender.)

f) To move nearer to a relative to receive/provide care or support.

Yes No

(If YES, please provide details of relative and care/support.)

g) To be nearer your place of work.

Yes No

(If YES, please provide the name and address of your employer, explain why you need to be nearer, give the date when you started this job and state your method of transport.)

h) You are leaving institutional care or supported accommodation and you require to live independently.

Yes No

(If YES, please provide the name, address, and telephone number of your present social/key worker.)

7. Please tell us why you want a house.

PART D: ACCOMMODATION REQUIREMENTS

8. Please write the Code Number(s) and the Area Name(s) for the places in which you wish to be rehoused (these can be found on the enclosed sheet).

N.B. You may only chose a **maximum of 5** areas.

Code Number:	<input type="text"/>	Area Name:	<input type="text"/>
Code Number:	<input type="text"/>	Area Name:	<input type="text"/>
Code Number:	<input type="text"/>	Area Name:	<input type="text"/>
Code Number:	<input type="text"/>	Area Name:	<input type="text"/>
Code Number:	<input type="text"/>	Area Name:	<input type="text"/>

9. SIZE OF HOUSE PREFERRED (please tick)

1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms
Would you consider a bedsit? Yes No

10. TYPE OF HOUSE YOU WOULD CONSIDER (please tick)

Tenement flat Amenity Accommodation (60 years +)
4-in-a-block Sheltered Accommodation (60 years +)
House Ground Floor only

11. ASYLUM AND IMMIGRATION

Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, landlords are required to establish whether a person qualifies for help provided from public funds, including housing.

Are you a British Citizen who has resided in the UK, Isle of Man, Channel Islands or Republic of Ireland for at least the past two years?

Main Applicant

Yes No

Joint Applicant

Yes No

If No, do you have indefinite or exceptional leave to remain in the UK?

Yes No Yes No

Please give details.

Do you have any restrictions on your access to public funds?

Yes No Yes No

If Yes, please give details.

PART E: DECLARATION AND UNDERTAKING

12. Are you related to any committee member or member of staff of the Association?

Yes No

If YES, please state:

Name: _____

Position in Association: _____

Relationship to you: _____

This is necessary because the legislation that governs Housing Associations has guidelines regarding the housing of staff, committee members and their relatives, and so we must be made aware of any such instances.

Please note, this information will not prevent you getting a house.

13. Sex Offenders Register.

Are you, or anyone applying to be rehoused with you, on the Sex Offenders Register?

Yes No

14. DECLARATION

All personal data provided within this application form will be treated in confidence and comply with the Data Protection Act 1998. All the personal data presented on this form will be placed in secure files and will be used for the purpose of assessing your housing need as defined in the Association's Allocation Policy. The Association may also use this information to provide statistical data to its Management Committee, Communities Scotland and other interested parties. In addition, if you are successful in obtaining accommodation, the Association will use the information as history notes. By signing this application form you consent to the Association processing your information in these ways.

I hereby declare that the information I have provided on this Application for housing is correct. I undertake to advise West of Scotland Housing Association of any changes in the circumstances of myself or my household which may affect my application.

I understand that if I knowingly or recklessly make any false or misleading statement, or withhold any relevant information which induces the Association to grant a tenancy to me, then the Association may take action through the courts to recover possession of that tenancy.

I authorise my current or any previous landlord to provide information to West of Scotland Housing Association relating to the conduct of any tenancy held by me or house purchased by me.

I authorise my social worker/key worker/NHS official (e.g. GP, consultant, etc) to provide information to West of Scotland Housing Association for the purpose of assessing my Application for housing.

SIGNED (Applicant): _____ DATE: _____

SIGNED (Joint Applicant): _____

CHECKLIST

Before returning your Application Form, please ensure you have enclosed all pieces of proof/evidence requested. If you do not provide proof we cannot award points!

If applicable, please ensure the following items are included with this application. Please tick if you have enclosed:

- Written confirmation of tied accommodation
- A copy of your current tenancy agreement
- A copy of your Notice to Quit
- A copy of Statutory Homeless letter from Local Authority
- A copy of your occupancy agreement if living in supported accommodation
- A letter from your landlord, Council official, etc regarding intolerable living conditions
- Harassment Assessment form
- Medical Assessment form
- Proof of pregnancy/date your baby is due e.g. a copy of your Maternity Record
- A solicitor's letter regarding a marriage/relationship breakdown
- A letter from your building society or lender for owner/occupier experiencing difficulties
- Details of relative(s) and care/support to be received from or provided to
- The name and address of your employer, explanation why you need to be nearer work and the date when you started the job
- The name, address, and telephone number of your present social/key worker if you are leaving institutional care or supported accommodation and you require to live independently
- Please also check that you have signed this Application!

ASSISTANCE TO COMPLETE THIS FORM

If you require assistance to complete this application form please see the enclosed information and contact the Association to arrange assistance.

Please state the first language of:

Main Applicant

Joint Applicant

If we contact or visit you, do you require:

an interpreter?

Yes

No

Yes

No

a signer?

Yes

No

Yes

No

If Yes, please give details:

Do you require information in another format? (Please tick)

Large print

Braille

Tape

Large print

Braille

Tape

Do you have any accessibility needs that could make visiting our offices difficult?

Yes

No

Yes

No

If Yes, please give details:

FOR OFFICIAL USE ONLY

INITIAL Assessed by:	Date:	Date Received	
Checked by:	Date:	Application No.	
Change of Circumstances updated by:	Date:	Points	
		Type	
		Area	

For official use: Notes

Date	Comments	Officer

Please return the completed forms and any supporting documents to:

West of Scotland Housing Association

Central Processing Team, Cowlairs Office, 252 Keppochhill Road, Springburn, Glasgow, G21 1HG
Tel: 0141 630 4027 cowlairs@westscot.co.uk