



HOUSING ASSOCIATION LIMITED

Housing Application Form

If you would like information in another language or format please ask us.

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ, ਤਾਂ ਇਹ ਸਾਥੋਂ ਮੰਗ ਲਓ।

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

 0141 812 2237

For office use only

Date Received

Surname

Initial

Please use our How to fill in your application form booklet to help you complete this form.

Return form to: 1st Floor • Bridgewater Shopping Centre • Erskine PA8 7AA
Telephone: 0141 812 2237

Data Protection

All information provided within this application will be treated in confidence and comply with the Data Protection Act 1998.

All the information you give us in this form will be used for the purposes of assessing your housing need.

Monitoring Information

1 What is your ethnic group?

In order to ensure that we do not discriminate on racial grounds in the provision of housing, we are collating information about ethnic origins of people applying for housing. This information is for monitoring purposes only and will not be used when assessing your application. Please choose ONE section from A to E that best describes you and any joint applicant's cultural background.

Whilst we would be very grateful for your help in completing this section of the form, if you do not wish to, please tick here.

Main Applicant	Joint Applicant
<p>A White</p> <p>Scottish <input type="checkbox"/></p> <p>Other British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Gypsy/Traveller <input type="checkbox"/></p> <p>Polish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>	<p>A White</p> <p>Scottish <input type="checkbox"/></p> <p>Other British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Gypsy/Traveller <input type="checkbox"/></p> <p>Polish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>
<p>B Asian, Asian Scottish/Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>	<p>B Asian, Asian Scottish/Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>
<p>C Black, Black Scottish/Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>	<p>C Black, Black Scottish/Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>
<p>D Other ethnic background</p> <p>Arab, Arab Scottish/Arab British <input type="checkbox"/></p> <p>Any other group <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>	<p>D Other ethnic background</p> <p>Arab, Arab Scottish/Arab British <input type="checkbox"/></p> <p>Any other group <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>
<p>E Mixed</p> <p>Any mixed or multiple ethnic background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>	<p>E Mixed</p> <p>Any mixed or multiple ethnic background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>

Monitoring Information

2 What is your first language?

If English is not your first language, please tell us what it is:

Main Applicant

Joint Applicant

3 Do you have a disability?

Do you or any joint applicant have any of the following disabilities?

Main Applicant

Acquired Brain Injury Yes No

Physical disability Yes No

Mental health problem Yes No

Hearing difficulties Yes No

Learning difficulties Yes No

Blindness Yes No

Partial sight Yes No

Joint Applicant

Acquired Brain Injury Yes No

Physical disability Yes No

Mental health problem Yes No

Hearing difficulties Yes No

Learning difficulties Yes No

Blindness Yes No

Partial sight Yes No

If you or any joint applicant are blind or have partial sight please tell us if you wish to receive any future correspondence or information in an alternative format.

Braille

Audio Tape

Large Format

4 Are you registered disabled?

Main Applicant


Yes No

Joint Applicant

Yes No

Section 1

Information we need about you and any joint applicant

Where you see the  symbol throughout this form, we will require proof to support the information you have given.

1 Information about the applicant(s)

a. You

Title (please tick ✓) Mr Mrs Miss Ms


Other

First Name

Last Name

Date of Birth

Sex Male Female

 If you are pregnant please give your expected date of delivery day month year

Relationship to joint applicant (if any)

a. Joint Applicant

Title (please tick ✓) Mr Mrs Miss Ms


Other

First Name

Last Name

Date of Birth

Sex Male Female

 If you are pregnant please give your expected date of delivery day month year

Relationship to joint applicant (if any)

b. How can we contact you?

Mail Phone Mobile Email

Home tel no

Work tel no

Mobile tel no

e-mail address

b. How can we contact you?

Mail Phone Mobile Email

Home tel no

Work tel no

Mobile tel no

e-mail address

c. Current Address:

House No. Flat Position

Street

Town

Postcode

When did you move into your current address? day month year

Can we contact you at your current address? Yes No

If no, please complete question 1d below.

c. Current Address:

House No. Flat Position

Street

Town

Postcode

When did you move into your current address? day month year

Can we contact you at your current address? Yes No

If no, please complete question 1d below.

d. Correspondence Address

House No. Flat Position

Street

Town

Postcode

d. Correspondence Address

House No. Flat Position

Street

Town

Postcode

e. No Permanent Address

If you do not have any permanent place to stay please tick here.

e. No Permanent Address

If you do not have any permanent place to stay please tick here.

1 Information on who else will be moving with you

Please give details of everyone who will be living with you when you are rehoused.
You need to tell us about people who do not currently live with you but will when you move.

Name	Male/ Female/ Unborn	Relationship to main applicant	Date of birth (or date expected)	Are they living with you now? (If no, please complete question 2)
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

2 People not living with you

Please give details about the people that do not live with you at your current property but will when you move.

Name	Address	Date moved in	Tenure type*
example Mr Joe Bloggs	1 Collies Road, Paisley	23/5/06	lodger

*For example, Council tenant, Housing Association tenant, lodger, tied tenant, owner occupier, HM Forces, etc.

3 People who live with you but who will not move with you**You**

Name	Male/Female	Date of birth	Relationship to main applicant
example Mrs Jean Bloggs	Female	28/01/64	Mum

Joint applicant

Name	Male/Female	Date of birth	Relationship to joint applicant

4 Access to children

a. Do you have access to any children who do not live with you on a permanent basis?




You Yes No **Joint Applicant** Yes No

If you have answered yes, please complete the section below.

b. What are your access arrangements? i.e. frequency of overnight stays

You	Joint Applicant

c. Who have your access arrangements been agreed with? (please ✓ tick)

	You	Joint applicant
 Formal court arrangement	<input type="checkbox"/>	<input type="checkbox"/>
 Arrangement between solicitors	<input type="checkbox"/>	<input type="checkbox"/>
 Informal arrangement with an ex partner	<input type="checkbox"/>	<input type="checkbox"/>

5 Carer Arrangements

a. Do you require an extra bedroom for a carer?

You Yes No **Joint Applicant** Yes No

If you have answered yes, please complete the section below.

b. Why do you need a carer to stay overnight with you?

You	Joint Applicant

c. How many nights per week do you require your carer to stay?

You	Joint Applicant

d. If you have completed this section, please provide a letter from your GP or Social Worker etc confirming your need for a carer overnight.

6 Information about previous addresses

Apart from your current address, where else have you lived in the last 5 years?

Please start from the most recent address.

You

Address	Date moved in	Date moved out	Type of tenure*	Landlord's name and address	Reason for leaving
<i>example</i> 2 Collies Road, Paisley	<i>January</i> 2003	<i>May</i> 2007	<i>Private</i> <i>Tenant</i>	<i>Mr J Bloggs</i> 456 Brae Road Paisley	<i>Notice to quit</i> <i>private flat</i>

Joint applicant

Address	Date moved in	Date moved out	Type of tenure*	Landlord's name and address	Reason for leaving

*For example, Private tenant, Council tenant, Housing Association tenant, lodger, tied tenant, owner occupier, HM Forces, etc.

1 Information about your current property

You		Joint Applicant	
a. What type of property do you live in?		a. What type of property do you live in?	
Property type	(please ✓ tick one box)	Property type	(please ✓ tick one box)
House <input type="checkbox"/>	Pre-fab <input type="checkbox"/>	House <input type="checkbox"/>	Pre-fab <input type="checkbox"/>
Flat <input type="checkbox"/>	HM Forces Accommodation <input type="checkbox"/>	Flat <input type="checkbox"/>	HM Forces Accommodation <input type="checkbox"/>
Bungalow <input type="checkbox"/>	Hostel <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Hostel <input type="checkbox"/>
Sheltered <input type="checkbox"/>	Studio/Bedsit Flat <input type="checkbox"/>	Sheltered <input type="checkbox"/>	Studio/Bedsit Flat <input type="checkbox"/>
Maisonette <input type="checkbox"/>	Other (please give details)	Maisonette <input type="checkbox"/>	Other (please give details)
Caravan <input type="checkbox"/>	<input type="text"/>	Caravan <input type="checkbox"/>	<input type="text"/>
Prison <input type="checkbox"/>		Prison <input type="checkbox"/>	
Hospital <input type="checkbox"/>		Hospital <input type="checkbox"/>	
Homeless Accommodation <input type="checkbox"/>		Homeless Accommodation <input type="checkbox"/>	
b. At your present address are you?		b. At your present address are you?	
(please ✓ tick one box)		(please ✓ tick one box)	
A Bridgewater HA tenant <input type="checkbox"/>		A Bridgewater HA tenant <input type="checkbox"/>	
A Local Authority tenant <input type="checkbox"/>		A Local Authority tenant <input type="checkbox"/>	
A Housing Association tenant <input type="checkbox"/>		A Housing Association tenant <input type="checkbox"/>	
 A private landlord tenant <input type="checkbox"/>		 A private landlord tenant <input type="checkbox"/>	
An owner occupier <input type="checkbox"/>		An owner occupier <input type="checkbox"/>	
In HM Forces accommodation <input type="checkbox"/>		In HM Forces accommodation <input type="checkbox"/>	
In housing tied to employment <input type="checkbox"/>		In housing tied to employment <input type="checkbox"/>	
Staying with family/friends <input type="checkbox"/>		Staying with family/friends <input type="checkbox"/>	
Always lived with parents <input type="checkbox"/>		Always lived with parents <input type="checkbox"/>	
In supported accommodation <input type="checkbox"/>		In supported accommodation <input type="checkbox"/>	
In residential care/hospital/prison <input type="checkbox"/>		In residential care/hospital/prison <input type="checkbox"/>	
I have nowhere permanent to live <input type="checkbox"/>		I have nowhere permanent to live <input type="checkbox"/>	
Living in someone else's house <input type="checkbox"/>		Living in someone else's house <input type="checkbox"/>	
If none of the above describes your current circumstances please tell us here what they are:		If none of the above describes your current circumstances please tell us here what they are:	
<input type="text"/>		<input type="text"/>	
c. If you are a tenant please give the full name and address of your landlord.		c. If you are a tenant please give the full name and address of your landlord.	
Name of Landlord	<input type="text"/>	Name of Landlord	<input type="text"/>
Address of Landlord	<input type="text"/>	Address of Landlord	<input type="text"/>
Tenure Type*	<input type="text"/>	Tenure Type*	<input type="text"/>

*For example, Private tenant, Council tenant, Housing Association tenant, lodger, tied tenant, owner occupier, HM Forces, etc.

1 Information about your current property (continued)

You	Joint Applicant																
d. What size of property do you live in?	d. What size of property do you live in?																
Please tell us the number of rooms you have in your current accommodation excluding the kitchen, hallways, toilets and bathrooms.	Please tell us the number of rooms you have in your current accommodation excluding the kitchen, hallways, toilets and bathrooms.																
<table border="1"> <tr><td>Living Room(s)</td><td></td></tr> <tr><td>Separate Dining Room(s)</td><td></td></tr> <tr><td>Single Bedroom(s)</td><td></td></tr> <tr><td>Double Bedroom(s)</td><td></td></tr> </table>	Living Room(s)		Separate Dining Room(s)		Single Bedroom(s)		Double Bedroom(s)		<table border="1"> <tr><td>Living Room(s)</td><td></td></tr> <tr><td>Separate Dining Room(s)</td><td></td></tr> <tr><td>Single Bedroom(s)</td><td></td></tr> <tr><td>Double Bedroom(s)</td><td></td></tr> </table>	Living Room(s)		Separate Dining Room(s)		Single Bedroom(s)		Double Bedroom(s)	
Living Room(s)																	
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Double Bedroom(s)																	
Living Room(s)																	
Separate Dining Room(s)																	
Single Bedroom(s)																	
Double Bedroom(s)																	
e. Do you have your own bedroom? Yes <input type="checkbox"/> No <input type="checkbox"/>	e. Do you have your own bedroom? Yes <input type="checkbox"/> No <input type="checkbox"/>																
If no , who do you share with? <input type="text"/>	If no , who do you share with? <input type="text"/>																
f. What floor is your present house on?	f. What floor is your present house on?																
For example: ground, first floor, second floor <input type="text"/>	For example: ground, first floor, second floor <input type="text"/>																

2 Information about other properties

Do you or the joint applicant own or rent any other property which you do not live in?

You	Joint Applicant
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address <input type="text"/>	Address <input type="text"/>
Reason for not living there	Reason for not living there





3 Shared Accommodation

Do you share any facilities (eg bathroom or kitchen) with anyone that will not be moving with you?

You	Joint Applicant
With 1 to 3 people <input type="checkbox"/> With 4 or more people <input type="checkbox"/>	With 1 to 3 people <input type="checkbox"/> With 4 or more people <input type="checkbox"/>

4 Condition of your current property

Please tick the box that applies to your home (if any)

	Main applicant	Joint applicant
 Does your house have rising or penetrating dampness?	<input type="checkbox"/>	<input type="checkbox"/>
 Does your house have structural defects?	<input type="checkbox"/>	<input type="checkbox"/>
 Is there a current closing/demolition/environmental closing order?	<input type="checkbox"/>	<input type="checkbox"/>
 Does your house lack amenities such as inside toilet, piped water supply, mains electricity, wash hand basin or sink?	<input type="checkbox"/>	<input type="checkbox"/>

1 Reason for applying for a house (please ✓ tick the boxes which apply)

- | | | | |
|---|--------------------------|--|--------------------------|
| My current home is too small | <input type="checkbox"/> | I share facilities with other households (e.g. bathroom/kitchen/living room) | <input type="checkbox"/> |
| My current home is too big | <input type="checkbox"/> | For mobility reasons (if ticked please fill in Section 6, question 4) | <input type="checkbox"/> |
| P Because of harassment (if ticked please fill in Section 6, question 1) | <input type="checkbox"/> | Want a home of my own | <input type="checkbox"/> |
| P Because of domestic abuse | <input type="checkbox"/> | Homeless or threatened with homelessness | <input type="checkbox"/> |
| P Because of a partnership breakdown | <input type="checkbox"/> | P Repossession order/court order | <input type="checkbox"/> |
| P Looking for work in the area | <input type="checkbox"/> | P Notice to quit (rented house) | <input type="checkbox"/> |
| P To take up or stay in employment | <input type="checkbox"/> | P Leaving tied accommodation | <input type="checkbox"/> |
| P To receive support (if ticked please fill in Section 6, question 2) | <input type="checkbox"/> | P Leaving residential care/hospital/prison | <input type="checkbox"/> |
| P To provide support (if ticked please fill in Section 6, question 3) | <input type="checkbox"/> | P Leaving HM Forces | <input type="checkbox"/> |
| To move to a different area/type of house | <input type="checkbox"/> | My home is not habitable (i.e. below tolerable standard) | <input type="checkbox"/> |
| Other Reason
(if ticked, please give details here) | <input type="checkbox"/> | | |

Please refer to the 'General Information on Allocations' booklet before choosing the house type that you want as not all house types are available in all areas.

1 What type of house do you want and where do you want to live?

Please ✓ tick the types of property you wish to be considered for, and the area you want to live in.

Bargarran ✓	North Barr ✓	Park Mains ✓
Houses <input type="checkbox"/>	Houses <input type="checkbox"/>	Houses <input type="checkbox"/>
Split level Houses <input type="checkbox"/>	Split level Houses <input type="checkbox"/>	Split level Houses <input type="checkbox"/>
Townhouses <input type="checkbox"/>	Townhouses <input type="checkbox"/>	Townhouses <input type="checkbox"/>
Tenement Flats <input type="checkbox"/>	Tenement Flats <input type="checkbox"/>	Tenement Flats <input type="checkbox"/>
Own door Flats <input type="checkbox"/>	Own door Flats <input type="checkbox"/>	Studio Flats <input type="checkbox"/>
Sheltered Flats <input type="checkbox"/>	Walk-up Flats <input type="checkbox"/>	Maisonettes <input type="checkbox"/>
Extra Care Housing <input type="checkbox"/>	Disabled Persons Bungalows <input type="checkbox"/>	Bungalows <input type="checkbox"/>
	Sheltered Flats <input type="checkbox"/>	Disabled Persons Bungalows <input type="checkbox"/>
	Sheltered Disabled Persons Bungalows <input type="checkbox"/>	Sheltered Flats <input type="checkbox"/>
	Extra Care Housing <input type="checkbox"/>	Sheltered Disabled Persons Bungalows <input type="checkbox"/>

2 What is the lowest floor level you will accept?

For example, 0 = ground floor, 1 = first floor

Lowest Floor

3 What is the highest floor level you will accept?

For example, 0 = ground floor, 1 = first floor

Highest Floor

4 House size

Please tell us the size of house you want to be considered for. The 'General Information on Allocations' booklet tells you the number of bedrooms each type of house has, and also the size of house we will consider you for.

Number of bedrooms

5 Mutual Exchange

If you are a Housing Association or Council tenant are you interested in a mutual exchange?

Yes No

If yes, please refer to the 'General Information on Allocations' booklet for more information.

1 Harassment

Have you ticked **Harassment** at Section 4 as a reason for applying for housing? Yes No

If yes, please complete all of question 1 below. If no, please go to question 2.

a. What is the harassment you are experiencing?

b. Who is causing the problem? (e.g. is it someone who lives/lived with you, a neighbour or you don't know who?)

c. Who have you reported the problems to?

d. If you have reported incidents to the police and have crime incident numbers, please list these here.

Crime Incident Number	Date reported to Police
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2 Receive Support

Have you ticked **To Receive Support** at Section 4 as a reason for applying for housing? Yes No

If yes, please complete all of question 2 below and on page 12. If no, please go to question 3.

a. Are you applying for housing to receive support from someone? Yes No

If you have answered yes, please complete the sections below with details of who provides you with support.

Name

Address

Telephone No.

b. Why do you need to receive support?

c. What support do you receive?

e.g. day to day tasks such as personal care, making meals, shopping

2 Receive Support (continued)**d. How often do you receive this support?****e. Why do you feel you need to move to receive this support?****f.  Do you receive Disability Living Allowance care component/Attendance Allowance?**Yes No **3 Provide Support**Have you ticked **To Provide Support** at Section 4 as a reason for applying for housing?Yes No

If yes, please complete all of question 3 below. If no, please go to question 4.


a. Are you applying for housing to provide support to someone?Yes No

If you have answered yes, please complete the sections below with details of who you provide support to.

Name

Address

Telephone No.

b. Why do you need to provide support?**c. What support do you provide?****d. How often do you provide this support?****e. Why do you feel you need to move to provide support?****f.  Do you receive carers allowance for the person you provide support to?**Yes No

4 Mobility

Have you ticked **For Mobility reasons** at Section 4 as a reason for applying for housing?

Yes No

If yes, please complete all of question 4 below and on page 14. If no, please go to Section 7.

a. Who has the mobility problems?

b. What is the person's date of birth?

c. Do you, or the person you are applying for live on the ground floor? (please ✓ tick yes or no)

Yes No


	Yes	No	If yes, how many stairs?
Are there any stairs at the front door or up to the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are there any internal stairs in the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Are the internal stairs straight?	<input type="checkbox"/>	<input type="checkbox"/>	
If the internal stairs are not straight, do they have a turn or platform?	<input type="checkbox"/>	<input type="checkbox"/>	

d. Do you, or the person you are applying for have any difficulties with the following? (please ✓ tick yes or no)

Activity	Yes	No	Please give your comments
Getting into or out of your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Going up or down your stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Using your bath, shower or toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Working in your kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

e. Do you or the person you are applying for use any of the following? (please ✓ tick the boxes which apply)

Is the aid used	Always	Regularly	Occasionally
Wheelchair <input type="checkbox"/> Zimmer <input type="checkbox"/> Tripod <input type="checkbox"/> Walking stick <input type="checkbox"/>			
Inside your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f.  Has there been an occupational health assessment carried out at your current home or the home of the person you are applying for? (please ✓ tick yes or no)

Yes No

g. How many steps can you or the person you are applying for mobility priority climb? (please ✓ tick)

None One or two One flight (average 14 stairs) More than one flight of stairs

h.  Do you receive Disability Living Allowance (mobility component)?

Yes No

4 Mobility (continued)**i. Adaptations to your current property**

Have any adaptations been made or proposed for your current home or the joint applicant's current home?

Yes No

If you have answered yes, please complete this section (please ✓ tick)

	Fitted	Waiting to be fitted	Applied for
Ramped Level Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors Widened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level Access Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Fixed Adaptation (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j. Please tell us about the disabilities that you, or the person you are applying for have, and how long you/they have had them.

Disabilities:

How long have you/they had them?

k. Please tell us how these disabilities make your present home unsuitable.**l. Health Professionals****Your GP**

Name of GP

Name of Practice

Practice Address

Hospital Consultant

(if you attend hospital regularly)

Name

Hospital

Address

1 Your eligibility for housing

If you or any joint applicant have come to the UK from abroad, local authorities are required, under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, to establish whether you qualify for public assistance, including housing. Please answer the questions below.

You	Joint Applicant
Are you subject to immigration control? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you subject to immigration control? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there conditions or limits to your leave to remain in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there conditions or limits to your leave to remain in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details below.	If yes, please give details below.

2 Anti social behaviour

Has anyone ever taken action against you or anyone moving with you for anti-social behaviour? Yes No

If yes, was court action taken? Yes No

Was less formal action taken e.g. a written warning? Yes No

Has an Anti-Social Behaviour Order (ASBO) been granted against you or anyone moving with you? Yes No

If yes, please give details below:

3 Personal connections with Bridgewater Housing Association

We will report to Bridgewater's Management Committee if we allocate housing to current or former committee members, members of staff or their close relatives. Close relatives, including step relatives, means husband, wife, partner, father, mother, sister, brother, son or daughter.

Are you, or anyone you are wishing to be rehoused with, an employee of the Association or related to one of our employees or committee members? Yes No

If you have answered yes, please give details below

Name of employee/ committee member

Relationship

4 How did you become aware of Bridgewater Housing Association?

Please remember to sign the declaration on page 16 before you send the form back to us.

Before returning your completed form to us please read through the following statements and sign and date the boxes below to show you understand and agree with them.

Your application will be assessed on the information you have supplied. Please note that any award of priority is provisional and will be subject to you providing appropriate evidence should you reach the top of the waiting list.

- I/we are 16 years of age or over
- I/we will inform you of any changes in my/our circumstances.
- My current or previous landlord(s) can be contacted for a reference.
- My/our doctor, hospital consultant, health visitor or social worker can be contacted if more information is needed for my/our housing application.
- All the information given by me/us on this form is true. If I/we supply any false information or keep back any relevant information my/our application may be cancelled.
- If I/we are given a tenancy because I/we may have supplied false information or I/we have kept back information, the tenancy may be ended.
- I/we have read and understand the statement on the Data Protection Act 1998 in the introduction section of the form.

Registration with the Police

Are you, or any other person named in this application required to register with the Police as a relevant offender under the Sex Offenders Act 1997 or the Sexual Offences Act 2003?

Please tick one of the following & sign below:

Yes

No

If yes, please advise name and details below

Your Signature

Date

Joint Applicant Signature

Date

Monitoring Information

Question 1 Have you told us of your ethnic origin and any disabilities?

Section 1 Information we need about you and any joint applicant

Question 1a Have you told us if you or the joint applicant is pregnant?

Question 1e Have you told us if you have nowhere to live?

Section 2 Information we need about your household

Question 1 Have you told us who lives with you and will be moving with you?

Question 2 Have you told us who doesn't live with you but will move with you, including dates of birth?

Question 3 Have you told us who you live with but will not move with you including dates of birth?

Question 6 Have you told us about where you and the joint applicant have lived for the last 5 years?

Section 3 Your current property

Question 1a Have you told us about the type of property you currently live in?

Question 1d Have you told us your landlords details?

Section 4 Applying for a house

Question 1 Have you told us the reasons why you want to move?

Section 5 Your choice of housing

Question 1 Have you told us what house types and areas you want?

Section 6 Supporting Information

Question 1 Have you told us about any harassment you are experiencing?

Question 2 Have you told us about any support you receive?

Question 3 Have you told us about any support you provide?

Question 4 Have you told us about any mobility problems you or anyone moving with you has?



Section 7 Other Information

Question 1 Have you told us if you are subject to immigration control?

Question 2 Have you told us if you or anyone moving with you has ever had action taken against them for Anti-social behaviour?

Question 3 Have you told us if you or anyone moving with you, is an employee or relative of a current or former employee or committee member?

Sections 1, 2, 3, 4 & 6

 **Proof** Have you included proof asked for with your form if you have ticked a box with a  ?

Section 8 Declaration

Have you and the joint applicant both signed the declaration?

Application Form Feedback

The only way we can improve our Housing Application Form is by taking into account comments made by you. We would very much like you to complete this feedback form and return it to us with your completed application form.

1 Did you find the layout of the form clear and easy to complete?

Yes No

If No, please tell us in the space below what you did not like about the form.

2 How do you rate the design and print of the form in general?

Very Good Good Fair Poor

If Poor, please tell us in the space below what you did not like about the form.

3 Did you find the wording of the questions easy to understand?

Yes No

If No, please tell us in the space below what you did not understand.

4 Did you find the information table about house types and sizes available in our "General Information on Allocations" booklet easy to understand?

Yes No

If No, please tell us in the space below what you found difficult about the information.

5 Did you find the booklets "General Information on Allocations" and "How to fill in your application form" helpful when completing your application form?

Yes No

If No, please tell us in the space below what you did not understand.

6 If you would like us to contact you about the comments you have made please tell us your contact details.

Name

Daytime Telephone Number

Address

Mobile Telephone Number

