

Sheltered Housing Application Form

Please complete the form using **BLOCK CAPITALS** in ink. Answer all of the questions that are relevant to you. Once completed, return the form to us at the address given below.

This document is also available in other languages, large print and audio format on request.

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.

For Office Use only

Date received

Date
acknowledgement
sent

Ref No:

Pointed by & date
Date all information
received

Checked by & date
Effective Date

Pointed by & date
Pointed by & date
Pointed by & date

Checked by & date
Checked by & date
Checked by & date

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Bridgewater Housing Association is a recognized Scottish Charity No. SC 035819

Introduction

Listed below is some important information about your Housing Application.

Supporting Evidence

Some of the questions you are asked need evidence to support the award for priority. We may contact you to ask you to provide this evidence prior to any offers of housing being made.

Data Protection Act 1998

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 on this form will be placed in secure files and will be used for the purposes of assessing your housing need as defined in our Allocations Policy. You can see the application details held, on request.

Mobility/Health Problems

Where an applicant has mobility or other health problems, he/she will be asked to complete a self assessment to assist us assess the application. We may require supporting evidence from a GP or hospital consultant. Where this is required, it will be the applicant's responsibility to pay for any fees or other charges which may apply.

Urgent re-housing

If you are homeless, are about to become homeless, are a refugee, or you or your children are experiencing violence or abuse from a member of your household, you should contact one of Renfrewshire Council's housing offices or the Housing Advice and Assessment Section at:

Council Headquarters, North Building, Cotton Street, Paisley PA1 1TW

During office hours ☎ **0300 300 0222**

Out of office hours ☎ **0800 121 4466**

Some important information about our sheltered housing and our waiting list.

We have 94 sheltered properties in Erskine. During 2012/13, 13 of these became empty and were re-let. We are usually able to offer housing to most of the people who apply to us for sheltered housing.

At June 2013, there were 99 applicants on the waiting list. This included people who were actively seeking a move to sheltered housing, and those on our 'future safeguard' list. More information is given on this on page 1 of the guidance notes.

Section 1 Information we need about you and any joint applicant

Question 1 Information about the applicant (s)

a.		You								a.		Joint Applicant							
Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>		
Other										Other									
First Name										First Name									
Last Name										Last Name									
Date of Birth										Date of Birth									
Sex	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>															
Relationship to joint applicant (if any)									Relationship to main applicant										
b.		What is the best way to contact you?								b.		What is the best way to contact you?							
Mail	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Email	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Phone	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Email	<input type="checkbox"/>				
Home tel no										Home tel no									
Work tel no										Work tel no									
Mobile tel no										Mobile tel no									
Email address										Email address									
										This only has to be completed if you live at a different address from the main applicant									
c.		Current Address								c.		Current Address							
No		Flat Position																	
Street										Street									
Town										Town									
Postcode										Postcode									
Date moved in										Date moved in									
Can we contact you at this address				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Can we contact you at this address				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If no please complete question d										If no please complete question d									
d.		Correspondence address								d.		Correspondence address							
No		Flat Position																	
Street										Street									
Town										Town									
Postcode										Postcode									

Section 2 Information we need about your household

Question 1 Information on who else will be moving with you

Please give details of everyone you want to have living with you when you are re-housed. Include people who do not currently live with you but will when you move.

Name	Male/ Female/	Relationship to main applicant	Are they living with you now				If they are not living with you, what is their current address
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Question 2 People who live with you but will not move with you

Name	Male/ Female	Date of birth	Relationship to main applicant

Section 3 Monitoring Information

We are committed to providing quality services by ensuring that everyone has equal, fair access to housing. The information you provide on this part of the form will be used for statistical purposes to ensure that we are complying with our Equal Opportunities Policy.

Question 1 What is your ethnic group?

In order to ensure that we do not discriminate on racial grounds in the provision of housing, we collate information about the 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 F that best describes you and any joint applicant's cultural background and ✓ **tick** the box that applies to you.

Main Applicant

- (a) **White British**
- Scottish
- Other British
- Irish
- Any other White background

Please specify:

- (b) **Asian, Asian Scottish, Asian British**
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Please specify:

- (c) **Black, Black Scottish, Black British**
- Caribbean
- African
- Any other Black background

Please specify:

- (d) **Other ethnic background**
- Any other ethnic background

Please specify:

- (e) **Mixed**
- Any mixed background

Please specify:

- (f) **Gypsy/traveller**

Sex Male Female

Joint Applicant

- (a) **White British**
- Scottish
- Other British
- Irish
- Any other White background

Please specify:

- (b) **Asian, Asian Scottish, Asian British**
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Please specify:

- (c) **Black, Black Scottish, Black British**
- Caribbean
- African
- Any other Black background

Please specify:

- (d) **Other ethnic background**
- Any other ethnic background

Please specify:

- (e) **Mixed**
- Any mixed background

Please specify:

- (f) **Gypsy/traveller**

Sex Male Female

Question 2 Do you have a disability?

Do you or any joint applicant have any of the following disabilities? Please ✓ **tick** to answer yes or no.

Main Applicant

Physical disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mental health problem	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Learning difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Blindness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Partial sight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Joint Applicant

Physical disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mental health problem	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hearing difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Learning difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Blindness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Partial sight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 Print Contact by telephone

Section 4 Your choice of housing (please ✓ tick the boxes which apply)

Question 1 Which floor level do you wish to live on? Ground First

Question 2 Please tell us what size of house you want

1 Bedroom 2 Bedrooms

Please note that we will not normally offer you a house that is bigger than your assessed need under the terms of our Allocations Policy.

Question 3 What type of house do you want?

Flat Bungalow

Please note that bungalows are generally only let to applicants who use a wheelchair indoors.

Please note that we also provide extra care housing for older people. This is very sheltered housing with the provision of additional care and support services. If you would like to apply, please contact us and we will send you a separate application form.

Question 4 Where do you want to be housed?

There are 3 main areas in Erskine for sheltered housing. You can choose any or all of these. Please number your area(s) of preference from 1st to 3rd choice.

Blantyre Court, Bargarran Cullen, North Barr Mains Drive/Hill, Park Mains

Section 5 Information About Where You Currently Live

Question 1a. What type of property do you live in? (please ✓ tick one box)

Property type	Your Property	Joint Applicant's Property
House or Cottage	<input type="checkbox"/>	<input type="checkbox"/>
Flat or Tenement	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette flat	<input type="checkbox"/>	<input type="checkbox"/>
Sheltered Housing	<input type="checkbox"/>	<input type="checkbox"/>
Caravan/Mobile home	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/Residential care	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Hostel	<input type="checkbox"/>	<input type="checkbox"/>
Studio/Bedsit	<input type="checkbox"/>	<input type="checkbox"/>
No fixed address	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details) _____		

b. If you are a tenant please give the full name and address of your landlord below as references will be requested before an offer of housing is made

Applicant

Current Property

Name of Landlord

Address of Landlord

c. Type of tenure

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

Joint Applicant

Current Property

Name of Landlord

Address of Landlord

c. Type of tenure

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.

Your Property

Living Room	<input type="text"/>
Dining Room	<input type="text"/>
Single Bedroom(s)	<input type="text"/>
Double Bedroom(s)	<input type="text"/>

Do you have a bedroom of your own? Yes No
 If no, who do you share with? _____

Joint Applicant's Property

Living Room	<input type="text"/>
Dining Room	<input type="text"/>
Single Bedroom(s)	<input type="text"/>
Double Bedroom(s)	<input type="text"/>

Do you have a bedroom of your own? Yes No
 If no, who do you share with? _____

e. What floor is the front door of your house on?

For example: basement, ground, 1st, 2nd etc.

Question 2 Your current housing circumstances

a. At your present address are you? (please ✓ tick one box)

	You	Joint Applicant
A Bridgewater Housing Association tenant	<input type="checkbox"/>	<input type="checkbox"/>
Another Housing Association's tenant	<input type="checkbox"/>	<input type="checkbox"/>
A Renfrewshire Council tenant	<input type="checkbox"/>	<input type="checkbox"/>
Another Council's tenant	<input type="checkbox"/>	<input type="checkbox"/>
A Private Landlord tenant	<input type="checkbox"/>	<input type="checkbox"/>
An Owner Occupier	<input type="checkbox"/>	<input type="checkbox"/>
In HM Forces	<input type="checkbox"/>	<input type="checkbox"/>
In housing tied to employment	<input type="checkbox"/>	<input type="checkbox"/>
Staying with family	<input type="checkbox"/>	<input type="checkbox"/>
Staying with friends	<input type="checkbox"/>	<input type="checkbox"/>
A lodger	<input type="checkbox"/>	<input type="checkbox"/>
In supported accommodation	<input type="checkbox"/>	<input type="checkbox"/>
In residential care/hospital/prison	<input type="checkbox"/>	<input type="checkbox"/>
No where to stay	<input type="checkbox"/>	<input type="checkbox"/>

If none of the above describes your current circumstances please tell us here what they are:

Question 3 Any other property you own or rent

a. Do you own or rent any properties other than your current home? Please ✓ tick one box.

Yes No

Address

--

Question 4 Your previous addresses

Apart from your current address, where else have you lived in the last 10 years?

You

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

Joint Applicant

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

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

Question 5 Shared Accommodation

- a. Do you share any of the rooms listed below with anyone that will not be moving with you?
Please ✓ tick yes or no.

	You		Joint Applicant	
	Yes	No	Yes	No
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom/Shower room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 6 Condition of your current house

Please ✓ tick yes or no to the questions below.

	You		Joint Applicant	
	Yes	No	Yes	No
Does your house have an inside toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your house have a bath or shower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your house have piped hot water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your house have dampness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your house in disrepair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your house has dampness or is in disrepair, please give details

Question 7 Heating

Does your present house have partial heating only? Yes No

Question 8 Garden

Does your present house have a garden that you are unfit to maintain, or need help to maintain?

Yes No

Question 9 Internal Stairs

- a. Does your present house have external or internal stairs which you or your joint applicant uses:

	Applicant	Joint Applicant
With difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Only with help	<input type="checkbox"/>	<input type="checkbox"/>

- b. If you have stairs in your house, do they separate the living room and/or the bedroom from the toilet?

Yes No

Question 10 External Stairs

How many stairs are there from the pavement to your front door? _____

How many stairs can you comfortably manage? _____

Question 11 Your Mobility

Do you or the joint applicant use any of the following? (please ✓ tick which boxes apply)

	Applicant		Joint Applicant	
	Yes	No	Yes	No
Walk with a stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk with a walking frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a wheelchair only when outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a wheelchair all the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 12 Your Health

Do you or the joint applicant suffer from any of the following? (please ✓ tick which boxes apply)

	Applicant		Joint Applicant	
	Yes	No	Yes	No
Sever impairment of sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe impairment of hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falls or frequent sudden attacks of illness for which you need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another medical condition affected by your current home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give full details to support the medical conditions given above, including any help you may receive. We may request further details from your GP or hospital consultant.

Question 13 Medication

Please list below any medication that you take. Please copy the name from the container.

Applicant	Joint Applicant

Question 14 Your Doctor

Please provide contact details for your doctor.

	Applicant	Joint Applicant
Name of Doctor		
Address		
Telephone number		

Question 15 Public Transport

Is the nearest form of public transport within walking distance? (please ✓ tick yes or no)

	Applicant	Joint Applicant
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

Question 16 Social Contact

Do you have social contact with others (excluding care providers)?

	Applicant		Joint Applicant	
	Yes	No	Yes	No
Every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardly ever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 17 Other requirements

Do you require permission to keep a dog Yes No

Section 6 Reason for Applying

Question 1 Reason for applying – please tell us why you are applying housing (please ✓ tick)

- My current home is too small
- My current home is too big
- Because of harassment
- Because of domestic abuse/fleeing violence
- Because of a relationship breakdown
- To give or receive support
- Medical/health reasons
- Homeless or threatened with homelessness
- Forced sale of home
- Notice to quit (rented house)
- Leaving tied accommodation
- Leaving residential care/hospital/prison
- Leaving HM Forces

Section 7 Other information

Question 1 Anti social behaviour Please ✓ tick yes or no to all of the questions below

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

Question 2 Personal connections with Bridgewater Housing Association

Is anyone on this application form wishing to be re-housed related to a member of Bridgewater's Committee or staff? **Please ✓ tick yes or no**

Yes No

If yes, please give details below

Name

Department/section

Relationship

Committee member Staff member

Question 3 Mutual Exchange

a. If you have a tenancy in Renfrewshire, are you interested in a mutual exchange with another Renfrewshire tenant? Please ✓ tick yes or no

Yes No

b. I wish to have my personal details publicly displayed on Bridgewater's mutual exchange notice board.

Yes No

Section 8 Declaration

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

- That I/we are 16 years of age or over and are eligible to apply for housing in the Renfrewshire area.
- That I/we will inform you of any changes in my/our circumstances.
- That 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.
- That if I/we are given a tenancy because I/we may have supplied false information or I/we have kept back any relevant information, the tenancy may be ended.
- That I/we have read and understand the statement on the Data Protection Act 1998 on the first page of this form.
- That my/our current or previous landlord can be contact for a reference

Applicant

Signature

Date

Joint Applicant

Signature

Date

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 made it 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 like about the form

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

Name

Address

Telephone Number