

# HOUSING APPLICATION FORM

Ref No:

Please complete this form as fully as possible. If you need help with this form, please ask to speak to a housing officer who will gladly assist you.

This application can be made available in different formats and translated into most other languages. Please ask a member of Staff if you would like a version in a different format.



## SECTION 1 – APPLICANT’S DETAILS

	Applicant 1	Applicant 2
<b>Mr / Mrs / Miss / Ms / Other</b>		
<b>Surname</b>		
<b>Forename</b>		
<b>Date of birth</b>		
<b>National Insurance number</b>		
<b>Marital status</b>		
<b>Your permanent address</b>		
<b>Correspondence address (if different from above)</b>		
<b>Home telephone number</b>		
<b>Mobile number</b>		
<b>E-mail address</b>		
<b>Relationship between joint applicants</b>		
<b>Do you have the right to live In the United Kingdom? Are there conditions attached to the leave to remain in the UK? If so, please provide details.</b>	<b>YES/NO</b>	<b>YES/NO</b>

**(If joint applicants are currently staying at different addresses, then each applicant will have to complete a separate application form. Only the applicant who merits the greater number of points will be considered).**

## SECTION 2 – HOUSEHOLD DETAILS

1. Please give details of everybody who lives in the same house as you.

Forename	Surname	Date of birth	Relationship to you	Male or Female	Age in Years

(please indicate if any of the people living with you are a couple)

2. Is anybody on your application expecting a baby? Yes  No

If 'yes', who is it?

Name	Relationship to applicant

When is the baby due?

**NB:** Please attach a copy of the Certificate of Pregnancy.

3. Is there anybody living with you who does not intend moving with you? Yes  No

If yes, please give details

Name	Age	Male or Female

4. Are there any dependent children living with you on a part time basis? Yes  No

(Proof must be provided e.g. solicitor's letter etc)

5. Please give details of children living with you part time.

Name	Sex	Date of Birth	Permanent Home Address

### SECTION 3 – TENURE

1. Please tick the box which best describes your current situation:

- Tenant
- Lodger
- Owner Occupier
- Staying with parents
- Staying with friends and relatives
- A member of the armed forces
- In a tied or service tenancy
- Caravan
- No fixed abode
- Other

If you are in prison, hospital etc, please give details

2. How long have you lived in your present home:

**3. Please tick the box which best describes your situation.**

**Are you applying for housing because you have:**

**Been asked to leave your current accommodation**

**Separated from your partner**

**Been made Homeless**

If you have ticked any of the above, please provide proof. If you have or are about to be made homeless, you should contact the Local Authority immediately and they will assess your situation. You should then provide us with your priority letter.

**SECTION 4 – DETAILS OF PAST ACCOMMODATION**

**1. Please list your previous addresses in the last five years (for both joint applicants):**

Address	Landlord details	Were you the tenant?	From	Until	Reason for leaving

**SECTION 5 – HOUSEHOLD AMENITIES/TYPE OF PROPERTY**

**1. Please tell us if you have the following facilities in your current accommodation and whether you share them or have them for your sole use.**

Facilities	None	Shared	Sole use
Bath or shower			
Hot and cold water supply			
Inside toilet			
Kitchen			
Bathroom			

**2. How many bedrooms are there in your current accommodation?**

**3. How many bedrooms are for your exclusive use?**

**4. Do you share a bedroom with anyone other than your partner?**

(If yes, please give details)

**5. What type of property do you live in now?**

House

Bungalow

Maisonette

Is your property located: on the ground floor   
on the first floor   
on or above the second floor

Flat

Is your property located: on the ground floor   
on the first floor   
on or above the second floor

Hostel

Bedsit

Sheltered Accommodation

Other (please give details)

**6. Do you own any other property? (please include any properties you may let out)**

Yes  No

**SECTION 6 – PROPERTY CONDITION**

**1. Is your accommodation affected by rising or penetrating dampness?**

Yes  No

(If yes, please state which rooms are affected)

**2. Are any of the rooms in your present accommodation affected by serious condensation or mould growth?**

Yes  No

(If yes, please state which rooms are affected)

**3. Has (or is) your Landlord planning any works to resolve the dampness or condensation in your property?**

Yes  No

**Note:** If you are awarded points for the above criteria, a landlords report must be provided prior to any allocation.

## SECTION 7 – ACCOMMODATION REQUIRED

1. Please indicate which streets you would prefer by ticking the appropriate box:

- |                                 |                          |
|---------------------------------|--------------------------|
| Abbeylands Road                 | <input type="checkbox"/> |
| Faifley Road                    | <input type="checkbox"/> |
| Fullers Gate                    | <input type="checkbox"/> |
| Milldam Road                    | <input type="checkbox"/> |
| Lennox Drive                    | <input type="checkbox"/> |
| Hart Street/Langfaulds Crescent | <input type="checkbox"/> |
| Collins Street/Craigs Avenue    | <input type="checkbox"/> |

2. Please tick the floor height and type of property you will accept:

- |              |                          |                             |                          |
|--------------|--------------------------|-----------------------------|--------------------------|
| Ground floor | <input type="checkbox"/> | House                       | <input type="checkbox"/> |
| First floor  | <input type="checkbox"/> | Flat                        | <input type="checkbox"/> |
| Second floor | <input type="checkbox"/> | Maisonette                  | <input type="checkbox"/> |
| Third floor  | <input type="checkbox"/> | Wheelchair adapted property | <input type="checkbox"/> |

## SECTION 8 – MEDICAL INFORMATION

1. Does anybody on this application need re-housing because they are disabled or they have a medical condition which is made worse by their present housing situation? Yes  No

2. Special Needs

If you or any member of your family suffer from a disability, do you require any of the following?

- Specially Adapted Housing (ordinary housing with minor adaptations)
- Specially Adapted Housing (suitable for wheelchair users)
- Are there any other special treatments and/or housing support you need or have at present? (please state)

3. Are you seeking re-housing in order to: (please tick)

- Receive support from relatives
- Provide support to relatives

If you have ticked any of the above, please give details:

4. **Have you submitted a medical form with this application?** Yes  No

5. **Do you feel that you need extra help to cope with a home of your own?**  
Yes  No

Please explain why?

## SECTION 9 – FURTHER INFORMATION REQUIRED

1. **Have you applied for, or been offered a tenancy before with any other Landlord?** Yes  No

If yes, who was the Landlord and when was the allocation.

What was the address and did you take up the allocation?

2. **Have you ever been a Faifley Housing Association tenant before?** Yes  No

If yes, please give the address, dates and tenancy names

3. **Have you ever been evicted?** Yes  No

If yes, please provide the following information:

Address you were evicted from

Landlords name and address

Reason for eviction

Date of eviction

4. **Have you ever had an Anti-social behaviour order (ASBO) granted against you?** Yes  No

If yes, please provide the following information:

Name of Landlord:

Reason for ASBO:

Date ASBO was granted:

Expiry Date of ASBO if appropriate:

5. **Have you ever abandoned a property?** Yes  No

If so, please provide address, landlord details and year of abandonment.

## SECTION 10 – GENERAL INFORMATION

1. **Are you, or anybody else included on this application, a Faifley Housing Association employee, or are you related to any Staff member or Management Committee member?** Yes  No

If yes, please give details of their name, position and your relationship to them.



**2. Why do you want re-housing?**

**3. Please give any other details you feel will support your application.**

**4. Nomination Agreement**

The Association has a Nomination Agreement with West Dunbartonshire Council which means that some of our empty houses are offered to them for nomination.

It is recommended that you also apply to West Dunbartonshire Council if you have not already done so.

**5. Registered Offenders**

This question **MUST** be completed or your application will be returned to you.

**Are you or anyone included in this application required to register with the Police under the Sex Offenders Act 1997?** Yes  No

If yes, please supply the full name(s) of the person(s) below.

If you answer Yes to this question, your application will be referred to the Local Authority.

*Please add separate sheets if necessary.*

## DECLARATION AND MANDATE

I declare that the details contained in this application form are true to the best of my knowledge and I agree to notify you in writing of any changes that may take place affecting the particulars supplied by me.

I give you permission to check the information I have given in this form or obtain further relevant details in relation to my housing circumstances. Faifley Housing Association may seek references from present or previous landlords when processing this application.

I understand that the information provided in this form will be covered by the Data Protection Laws and you will not pass it onto others without my permission.

I also understand that any false or misleading information given by me to you or relevant information withheld now or at any time will result in my application being cancelled: and where a tenancy may have been granted, then Court Action will be taken by Faifley Housing Association in order to seek recovery of possession as detailed in the Housing (Scotland) Act 2001.

Your signature:

Joint applicant's signature:

Date:

**Please return this form to:**

**Faifley Housing Association  
Skypoint Centre  
Lennox Drive  
Faifley  
Clydebank  
G81 5JY**

**Telephone Number: 01389-877924  
Fax: 01389-874521  
E-mail address: enquiry@faifleyha.co.uk  
Web address: www.faifleyha.co.uk**

## EQUAL OPPORTUNITIES MONITORING FORM

Please complete this section as it enables Faifley Housing Association to ensure that all sections of the community have equal access to housing. The section is not mandatory and does not in any way affect your points total.

We will not pass on the information you give us to anyone else, and will only use it to monitor, develop and improve our Housing Policy.

Whilst you are under no obligation to complete this section, we would appreciate your co-operation to allow our records to be as accurate as possible.

	You	Joint Applicant	Other people on your application
White Scottish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
White Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
White English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
White Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Black British (African)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Black British (Caribbean)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Black British (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asian British (Indian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asian British (Pakistani)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asian British (Bangladeshi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asian British (Chinese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Asian British (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mixed Background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gypsy or traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Not Known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If you think that the categories above do not describe your racial group, you can use this space to tell us your racial group.

**Please tell us which of the following best describes you or anybody else on your application.**

	<b>You</b>	<b>Joint Applicant</b>	<b>Other people on your application</b>
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Not Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**How would you describe your household's religion?**

**How would you describe your household's sexual orientation?**

Heterosexual	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Refused to answer	<input type="checkbox"/>
Gay	<input type="checkbox"/>		

Thank you for taking the time to complete our Monitoring questionnaire.

**For office use:**

## Housing Application Summary Sheet

Housing Application Reference Number:

Housing applicant's name:

Type of application:    Housing List / Internal Transfer (please circle)

Size of property required: 2 apt / 3 apt / 4 apt / 5 apt / 6 apt (please circle)

### **Admin Process**

Form received:

Acknowledged:

Passed to HM:

Pointed:

Verified:

Request for information:

Information received:

Date processed/points issued:

Date/by	Date/by

### **Medical Form**

Form received:

Letter of support:

Sent to GP:

Response received:

Date/by	Date/by

**Points Breakdown**

Lack of Amenities:

Sharing Amenities:

Overcrowding:

Property:

– Dampness

– Condensation

Underoccupation (tenant only):

Tenure:

Medical:

Total points allocated:

Date/by	Date/by

**Offer History**

Property address:

Offered:

Accepted:

Tenancy start date:

Refused:

Reason for refusal:

Appeal received:

Appeal outcome:




