



## 2 PERSONS TO BE REHOUSED

| Full Name | Relationship to Applicant | Date of Birth | Current Address if different from Applicants |
|-----------|---------------------------|---------------|--|
|           | Applicant                 |               |  |
|           |                           |               |  |
|           |                           |               |  |
|           |                           |               |  |
|           |                           |               |  |
|           |                           |               |  |

Is anyone in the household pregnant?

Yes  No

PLEASE PROVIDE PROOF i.e. PREGNANCY RECORD MAT B1

If yes, when is the baby due?

## 3 OTHER PERSONS RESIDENT IN HOUSEHOLD (I.E. WHO WILL NOT BE HOUSED WITH YOU)

### MAIN APPLICANT

| Full Name | Relationship to Applicant | Date of Birth |
|-----------|---------------------------|---------------|
|           |                           |               |
|           |                           |               |
|           |                           |               |
|           |                           |               |
|           |                           |               |

### JOINT APPLICANT ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

| Full Name | Relationship to Applicant | Date of Birth |
|-----------|---------------------------|---------------|
|           |                           |               |
|           |                           |               |
|           |                           |               |
|           |                           |               |
|           |                           |               |

Are any of the children in your household for access only?

Yes  No

If yes, please fill in the details below:

Please detail the access arrangements.

Daily  Weekly  Monthly  Holidays  Other

Please give details of the times / overnight stays, etc.

  

If the access arrangement is informal, i.e. by mutual agreement between you and your ex-partner, please give the following information to allow us to confirm the above details.

| Name of ex-Partner | Current Address | Telephone Number |
|--------------------|-----------------|------------------|
|                    |                 |                  |

## 4 PRESENT & PREVIOUS TENANCIES

### MAIN APPLICANT

Please give details of all your addresses for the last five years. Starting with current address.  
(Each applicant must supply this information - use a separate sheet if necessary).  
Please provide proof of current address.

| Address | Landlords Name & Address | Tenure<br>(eg Owner/ Tenant/Lodger) | Date of Entry /<br>Date of Leaving | Reason for Leaving |
|---------|--------------------------|-------------------------------------|------------------------------------|--------------------|
|         |                          |                                     |                                    |                    |
|         |                          |                                     |                                    |                    |
|         |                          |                                     |                                    |                    |

Have you previously been evicted?

Yes  No

If yes, give details .....

### JOINT APPLICANT ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

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|---------|--------------------------|-------------------------------------|------------------------------------|--------------------|
|         |                          |                                     |                                    |                    |
|         |                          |                                     |                                    |                    |
|         |                          |                                     |                                    |                    |

Have you previously been evicted?

Yes  No

If yes, give details .....

## 5 HOMELESSNESS

Do you consider yourself to be homeless?  Yes  No (If no, go to Q6)

Have you been assessed by your local authority?  Yes  No

If yes, please detail name of caseworker and area office address

|                     |
|---------------------|
| Name of Caseworker  |
| Area Office Address |

### PLEASE PROVIDE COPIES OF ASSESSMENT LETTER

Why have you become homeless?

|  |
|--|
|  |
|  |
|  |

## 6 PRESENT ACCOMMODATION

### MAIN APPLICANT

The house you live in: What floor is it on?  How many bedrooms are there?

Does your accommodation provide the following?

Central Heating  Double Glazing  Sink with hot & cold water

Do you share any of the following with another household?

Kitchen  Living Room  Toilet  Bathroom  Bedroom

Does your house suffer from dampness?  Yes  No

Has this been reported to your Landlord?  Yes  No

How many rooms are affected?

Does your property have any serious disrepair that is making it difficult for you to live there? Yes  No

If yes, please give details:

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Has this been reported to your Landlord?  Yes  No

How many rooms are affected?

Does your property have any serious disrepair that is making it difficult for you to live there? Yes  No

If yes, please give details:

## 7 SUPPORTING INFORMATION (ALL OF THE QUESTIONS BELOW MUST BE ANSWERED)

Do you or anyone detailed on this application form own or rent any property other than the one you are living in at present? If yes, please provide details. Yes  No

Do you want to move to be closer to your place of employment / training / education or because you have been given a firm offer of employment?

If yes, please provide details and copies of correspondence to confirm. Yes  No

Have you any previous convictions?

If yes, please give details of conviction and sentence: Yes  No

Has anyone taken action against you or anyone in your household for Anti-Social Behaviour? If yes, please give details Yes  No

Are you or anyone in your household, required to register with the Police under the Sex Offenders Act 1997? If yes, please give details Yes  No

### Nationality

Under the Housing (Scotland) Act 2010 and the Asylum and Immigration Act 1999, are you, or is any member of your household, an asylum seeker or subject to immigration controls?

If yes, please give details Yes  No

### Visa

Are you, your partner or the joint applicant staying in the UK on a Spouse Visa? If yes, please give details Yes  No

Are you, your partner or the joint applicant staying in the UK on any other type of Visa? If yes, please give details Yes  No

## 8 REASON FOR APPLICATION / ADDITIONAL INFORMATION

Please state why you wish to be rehoused and provide details of any special circumstances and provide further information that may assist us in assessing your housing need. (Continue on a separate sheet if required).

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

## 9 ACCOMMODATION REQUESTED

In this section we require that you indicate areas and types of property you would be willing to consider. Please tick all that apply. Please remember that much of the stock is in high demand and that it is better to keep your options open to ensure the possibility of a suitable offer of accommodation.

What property type would you accept - tick all that apply

House  Maindoor Flat  Ground  1st floor  2nd floor  3rd floor

Calvay Housing Association

16 Calvay Road, Barlanark,

G33 4RE

Tel: 01417717722

Email: [Enquiries@calvay.org.uk](mailto:Enquiries@calvay.org.uk)

Calvay Housing Association

Retirement Housing Only (2 Apts)

(Age 60 years or over) (No dogs)

Is there a street within the organisation that you would not consider?

If so please specify .....

.....

.....

## 10 MEDICAL SUPPORT NEEDS

IF MORE THAN ONE PERSON HAS A MEDICAL CONDITION,  
PLEASE REQUEST A SEPARATE FORM

### MEDICAL

Do you (or any member of your household wishing to be rehoused with you) have any medical reasons for wishing to be rehoused?

Yes

No

If No, please go to Question 11

If yes, please provide details:

Name

of person:

Disability /

Condition:

Do you / they currently have any adaptations in your / their current home?

(e.g. handrails / ramp / other special fittings)

Yes

No

If yes, please give details below

Please state how your / their current home is unsuitable. Please advise how a move would help improve your/their medical condition.

(e.g. stairs or on a hill)

Do you / they have difficulty walking?  Yes  No  Some difficulty

If yes, do you / they use any aids to help you / them to get around?

If you / they use a wheelchair, do you / they use it indoors and outdoors?

Both  Outdoors only  Indoors only

Do you / they have trouble climbing stairs?  Yes  No

If yes, how many stairs can you/they manage comfortably? \_\_\_\_\_

How many stairs are in your/their current home? - Inside \_\_\_\_\_

How many stairs are in your/their current home? - Outside \_\_\_\_\_

Do you / they have to go upstairs to the?

Toilet  Yes  No Bathroom  Yes  No Bedroom  Yes  No

Does your / their bathroom have?

A bath only  Yes  No

A bath and overbath shower  Yes  No

A shower only  Yes  No

Do you / they have trouble using the bath, shower or toilet?  Yes  No

If yes, please give details below

  

Is an extra bedroom required due to you/their medical condition?  Yes  No

If yes, please explain why below

  

What type of heating do you have in your current accommodation?

Gas  Electricity  Other, please specify

Does this affect your / their medical condition?  Yes  No

If yes, please state why:

  

If you / they get regular support from anyone else. e.g. Relatives, District Nurse or Community Psychiatric Nurse (CPN), please supply their name, address and contact number and the type of support provided.

## APPLICANT SATISFACTION SURVEY

### Question

### Answer

Did the layout of the form make it clear and easy to complete?

Yes

No

Was the wording of the questions easy to understand?

Yes

No

How did you get a copy of the application form?

Telephone

Email

Office

Other

Was there anything about the application you did not like?

Yes

No

If Yes Please Specify: \_\_\_\_\_

Overall how satisfied were you with the advice, information and assistance you received?

Very Satisfied

Satisfied

Not Satisfied

How easy was it to provide the information we requested on the form? (proof of residency, birth certificates etc)

Very Easy

Easy

Neither

Difficult

Very Difficult

How easy or difficult did you find it to apply for housing?

Very Easy

Easy

Neither

Difficult

Very Difficult

Did you find the Summary Allocation Policy useful?

Yes

No

From the Summary Allocation Policy did you understand how points for rehousing are awarded?

Yes

No

Did you know that information is available in other formats (large print, other languages etc.)?

Yes

No

Overall how would you rate your experience of applying for housing?

Very Good

Good

Satisfactory

Poor

Very Poor



## EQUAL OPPORTUNITIES MONITORING FORM

Please examine these categories and indicate which would best describe your ethnic origin.

| Ethnic Group  | Please Tick |
|---|-------------|
| <b>WHITE (Total)</b>                                  |             |
| Scottish  |             |
| Other British   |             |
| Irish   |             |
| Gypsy/traveller                                       |             |
| Polish  |             |
| Any other white background                            |             |
| <b>MIXED OR MULTIPLE ETHNIC BACKGROUND</b>            |             |
| <b>ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH (Total)</b> |             |
| Indian  |             |
| Pakistani   |             |
| Bangladeshi   |             |
| Chinese   |             |
| Any other Asian background                            |             |
| <b>BLACK, BLACK SCOTTISH, BLACK BRITISH (Total)</b>   |             |
| Caribbean   |             |
| African   |             |
| Any other black background                            |             |
| <b>OTHER ETHNIC BACKGROUND</b>                        |             |
| Arab, Arab Scottish or Arab British                   |             |
| Any other group                                       |             |
| <b>UNKNOWN</b>  |             |

Does anyone in your household consider themselves to have a disability? Yes  No

Is anyone in your household registered disabled? Yes  No

**PLEASE ENSURE YOU SIGN AND DATE  
SECTION 13 (OVERLEAF)**

## 11 CARE AND SUPPORT

Do you have a close relative within the area you have specified whom you need to live near in order to receive or provide daily support?  No  Receive  Provide

If yes, please give the name and address of the relative and specify your relationship to them / you.

|          |                       |
|----------|-----------------------|
| Name:    | Specify Relationship: |
| Address: |                       |

Describe the reason support is needed and the type of support provided?

|          |
|----------|
| <br><br> |
|----------|

## 12 REGULATORY STANDARDS OF GOVERNANCE

Are you or any member of your household related to or otherwise connected with a member of the Management Committee or Staff of the Association? (Current or within last 12 months).

Persons Name:  Relationship to you:

What organisation are they a member of?

Please specify

*Please note that an allocation made to a relative of a Committee member or Employee must be Recorded. This information will have no bearing on your application.*

**IMPORTANT** - Please read the following carefully before signing this application. In order that your application is processed quickly please ensure all sections are fully completed and all relevant documents are enclosed as per checklist.

**PLEASE REMEMBER TO SIGN AND DATE YOUR APPLICATION FORM.**

## 13 DECLARATION

I/We certify that the information given is a true record of my/ our present circumstances, if not the application may be invalidated OR withdrawn OR cancelled.

The Association has the right to apply in court for repossession of any dwelling / accommodation, where the tenancy was found to have been granted on the basis of false or misleading information.

I / We agree to inform the Association of any change in my/ our circumstances.

I/ We authorise the Association to make any necessary enquiries or investigations to confirm the details of this application.

### DATA PROTECTION

All the information provided within this application will be treated in confidence and comply with the relevant Data Protection Act. The information within this form will need to be verified by any relevant party and in signing this form you give consent for this to be carried out and for third parties to release the required information. The purpose of obtaining this information is to verify your current and previous housing circumstances and the information will only be used for the purpose of assessing your rehousing need and requirements. The information you give on this form will be held securely in our files and will be used for the purpose of assessing your housing need as defined in the Association's allocation policy. Should you be successful in obtaining accommodation with the Association this form and any subsequent additions/ updates will be held securely in your house file. After the granting of any tenancy, should any of the information you provided on this application be found to be false or misleading, this will be grounds for the landlord to raise action against you to end the tenancy.

Signature of Applicant

Date

Signature of Joint Applicant

Date