

HOUSING APPLICATION FORM



PLEASE NOTE

- YOU MUST PROVIDE EVIDENCE IN SUPPORT OF YOUR APPLICATION
- DETAILS CAN BE FOUND IN THE EVIDENCE CHECKLIST OVERLEAF
- WE CAN REFUSE TO GIVE YOU OFFERS OR WITHDRAW OFFERS IF YOU PROVIDE INACCURATE INFORMATION
- FAILING TO PROVIDE THE CORRECT EVIDENCE MAY CAUSE DELAYS IN PROCESSING YOUR APPLICATION, THESE DELAYS MAY LEAD TO YOU MISSING OFFERS OF HOUSING.

Section 1: Personal details

MAIN APPLICANT DETAILS	JOINT APPLICANT DETAILS
Title:	Title:
Full name:	Full name:
Date of birth:	Date of birth:
Address:	Address:
Postcode:	Postcode:
Home/Mobile Tel No:	Home/Mobile Tel No:
Other contact Tel No:	Other contact Tel No:
Email Address:	Email Address:
National Insurance No.:	National Insurance No.:

EVIDENCE REQUIRED: SEE SECTION 1 ON EVIDENCE CHECKLIST

Section 2: List all current household members in the property and those to be rehoused with you.

MAIN APPLICANT DETAILS				
Full Name	Relationship to Applicant	Date of Birth	Current Address if different from Applicants	To be rehoused with you
				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"/>
				Yes <input type="checkbox"/> /No <input type="checkbox"/>

EVIDENCE REQUIRED: see section 2A on EVIDENCE CHECKLIST

JOINT APPLICANT DETAILS				
Full Name	Relationship to Applicant	Date of Birth	Current Address if different from Applicants	To be rehoused with you
				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"/>
				Yes <input type="checkbox"/> /No <input type="checkbox"/>

EVIDENCE REQUIRED: see section 2A on EVIDENCE CHECKLIST

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

Yes No

If yes, please give details of access arrangements and or overnight stays:

EVIDENCE REQUIRED: see section 2b on evidence checklist

Section 3: Pregnancy

Is anyone in the household pregnant?

Yes No

If yes, name of person and when is baby due?

EVIDENCE REQUIRED: SEE SECTION 3 ON EVIDENCE CHECKLIST

Section 4: Present & previous tenancies

MAIN APPLICANT

The house you live in:

What floor is it on?

How many bedrooms?

Does your property have any damp or serious disrepair that is making it difficult for you to live there?
If yes, please give details (ie. What rooms are affected?)

Has this been reported to your local authority?

Yes

No

EVIDENCE REQUIRED: SEE SECTION 4A ON EVIDENCE CHECKLIST

Please give details all your addresses for the last five years. Starting with current address.
Please continue on a separate sheet if required.

Address	Landlords name & address	Tenure (owner/ tenant/lodger)	Date of Entry/ Date of Leaving	Reason for Leaving

EVIDENCE REQUIRED: SEE SECTION 4b ON EVIDENCE CHECKLIST

JOINT APPLICANT

The house you live in:

What floor is it on?

How many bedrooms?

Does your property have any damp or serious disrepair that is making it difficult for you to live there?
If yes, please give details (ie. What rooms are affected?)

Has this been reported to your local authority?

Yes

No

EVIDENCE REQUIRED: SEE SECTION 4A ON EVIDENCE CHECKLIST

Please give details all your addresses for the last five years. Starting with current address.
Please continue on a separate sheet if required.

Address	Landlords name & address	Tenure (owner/ tenant/lodger)	Date of Entry/ Date of Leaving	Reason for Leaving

EVIDENCE REQUIRED: SEE SECTION 4b ON EVIDENCE CHECKLIST

Section 5: Homelessness

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

EVIDENCE REQUIRED: SEE SECTION 5 ON EVIDENCE CHECKLIST

Section 6: Medical support needs

Are you, or anyone being rehoused with you, wishing to move for medical reasons?

Yes No

If yes, please contact the office and request a medical assessment form.

Section 7: Care & Support

Are you looking to move to this area to: (Please tick appropriate box)

Provide Support

Receive Support

What are the details of the person you provide support to or receive support from?

Name	
Relationship	
Address	

Please provide details of the care you provide/receive, e.g. shopping, housework, bathing, cooking
(Please also include details of the medical reasons why you need to receive or provide this) support.

How often to you provide/receive this support e.g. daily, once per week etc.

How long does it take for you/your carer to travel, in order to provide/receive support/care?

EVIDENCE REQUIRED: SEE SECTION 6 ON EVIDENCE CHECKLIST

Section 8: Employment and education

Are you looking to move to this area to be closer to your place of employment / education?

Yes No

If yes, what is the name and address of the place of employment/education you are looking to be closer to?

How often do you travel to your place of employment/education?

How long does it take you to travel to your place of employment/education?

Please provide any further information you think is relevant and should be considered:

EVIDENCE REQUIRED: SEE SECTION 7 ON EVIDENCE CHECKLIST

Section 9: Reason For application/Additional information

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

Section 10: Supporting information (all of the questions MUST be answered)

Have you or the joint applicant ever been evicted? If yes, please give details.

Yes No

Have you, or anyone in your household, previous convictions?
If yes, please provide details.

Yes No

Has anyone taken action against you or anyone in your household for
anti-social behaviour? If yes, please provide 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 provide details.

Yes No

Are you, or anyone in your household, an asylum seeker or subject to
immigration controls? If yes, please provide details.

Yes No

Section 11: Accomodation requested

What property type would you accept? (tick all that apply)

- | | |
|------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Cottage Flat |
| <input type="checkbox"/> Main Door House | <input type="checkbox"/> Main Door Tenement |
| <input type="checkbox"/> Tenement | <input type="checkbox"/> Retirement Housing Only (Burnmouth Court)
(No Dogs Allowed) |

What floor (s) would you want to be considered for? (tick all that apply)

- Ground 1st Floor 2nd Floor 3rd Floor

Are there any streets that you **DO NOT** wish to be considered for? Yes No

If yes, please tick the appropriate box(es)

- | | |
|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Barlanark Close | <input type="checkbox"/> Calvay Place |
| <input type="checkbox"/> Barlanark Crescent | <input type="checkbox"/> Duncansbay Road |
| <input type="checkbox"/> Barlanark Drive | <input type="checkbox"/> Garlieston Road |
| <input type="checkbox"/> Barlanark Place | <input type="checkbox"/> Garvel Drive |
| <input type="checkbox"/> Barlanark Road | <input type="checkbox"/> Garvel Road |
| <input type="checkbox"/> Blyth Place | <input type="checkbox"/> Hallhill Crescent |
| <input type="checkbox"/> Blyth Road | <input type="checkbox"/> Hallhill Road |
| <input type="checkbox"/> Bressay Close | <input type="checkbox"/> Kentallen Road |
| <input type="checkbox"/> Bressay Place | <input type="checkbox"/> Kerrera Place |
| <input type="checkbox"/> Bressay Road | <input type="checkbox"/> Millbeg Crescent |
| <input type="checkbox"/> Burnett Road | <input type="checkbox"/> Millbeg Place |
| <input type="checkbox"/> Burnmouth Court | <input type="checkbox"/> Pendeen Road |
| <input type="checkbox"/> Calvay Crescent | <input type="checkbox"/> Sandaig Road |
| <input type="checkbox"/> Calvay Road | |

Section 12: Regulatory standards and 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 the last 12 months?)

Persons Name

Relationship to you

What position do they hold?

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 the your application.

Section 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 authorise the Housing Association to make any necessary enquiries or investigations with my current and/or my former landlords to obtain references considered necessary and relevant to 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.

Main applicant
signature: Date

Joint applicant
signature: Date

EVIDENCE CHECKLIST

Added with
Application

Section 1: Personal details

Two recent proofs of address for main applicant & I.D.

Two recent proofs of address for joint applicant & I.D.

Section 2A: Persons you live with and those to be rehoused with you

One recent proof of address for everyone in your household

Section 2B: Access to children

Letter from child's (or children's) other parent or lawyer confirming access

Section 3: Pregnancy

A copy of your MAT B1 certificate or similar

Section 4A: Disrepair

Relevant reports from appropriate authority

Section 4B: Present & previous tenancies

Your tenancy agreement if you rent from a private landlord

Your notice to quit, if one has been issued

Proof of intent to sell/Mortgage Default letter

Section 5: Homelessness

Copy of your homeless decision/acceptance letter

Section 6: Care and Support

Medical evidence and/or letter to support this information

Section 7: Employment and education

Proof of employment/education

FAILING TO PROVIDE THE CORRECT EVIDENCE WILL CAUSE DELAYS IN PROCESSING YOUR APPLICATION. THESE DELAYS MAY LEAD TO YOU MISSING OFFERS OF HOUSING.

I/we have read the above and confirm that I/we have submitted the relevant evidence in support of the application:

Main applicant
signature:

Date

Joint applicant
signature:

Date

The Calvay Centre, 16 Calvay Road, Barlanark, G33 4RE

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