

CASTLEMILK HOUSING ASSOCIATIONS COMMON HOUSING APPLICATION FORM

This application form allows you to apply for housing at each of the Housing Associations noted below. The leaflet accompanying this form will give you more information about each organisation and the streets in Castlemilk where their properties are located. Please tick the box beside each organisation you are interested in. It is only necessary to complete one form. The form and any supporting documents will be copied and forwarded to each of the organisations you have ticked. Each individual housing association will deal with your application separately.

Please complete this form accurately and give as much information as you can about your circumstances and reasons for needing to be rehoused. If you don't your assessment may be delayed and we may even have to return the form to you.

If you need help to complete this form please contact any one of the associations and a member of staff will help you. This form can be made available in large print, on tape or in an alternative language or format on request.

<p>Ardenglen Housing Association 355 Tormusk Road CASTLEMILK G45 0HF</p> <p>Tel: 0141 - 634 8016 Fax: 0141 - 634 9016 Email: info@ardenglen.org.uk</p> <p>Registered Scottish Charity No SC032542</p>	 Please tick here to apply <input type="checkbox"/>	<p>Cassiltoun Housing Association Castlemilk Stables, 59 Machrie Rd CASTLEMILK G45 0AZ</p> <p>Tel: 0141 - 634 2673 Fax: 0141 - 634 9987 Email: housing@cassiltoun.org.uk</p> <p>Registered Scottish Charity No SC03554</p>	 Please tick here to apply <input type="checkbox"/>	<p>Machrie Barlia Hoddam Ballantay Croftfoot Tormusk Ck Drive Cavin</p>
<p>Craigdale Housing Association 83-85 Dougrie Road CASTLEMILK G45 9NS</p> <p>Tel: 0141 - 634 6473 Fax: 0141 - 631 3151 Email: info@craigdaleha.co.uk</p> <p>Registered Scottish Charity - No SC03169</p>	 Please tick here to apply <input type="checkbox"/>	<p>North View Housing Association 29A Stravanan Road CASTLEMILK G45 9LY</p> <p>Tel: 0141 - 634 0555 Fax: 0141 - 631 3231 Email: enquiries@nvha.org.uk</p> <p>Registered Scottish Charity - No SC032963</p>	 Please tick here to apply <input type="checkbox"/>	<p>Stravanan Ardmaleish Birgisdale Dunagoil Ardencraig Lenihall</p>
<p>Thenue Housing Association Limited 83 Green Street GLASGOW G40 2TG</p> <p>Tel: 0141 - 550 3581 Fax: 0141 - 550 2433 Email: admin@thenuehousing.co.uk Web: www.thenuehousing.co.uk</p> <p>Registered Scottish Charity - No SC032782</p>	 Please tick here to apply <input type="checkbox"/>	<p>For office use only</p> <p>Form received by _____ Date _____</p> <p>Copies To: AHA Cass CDale NV Thenue Date _____</p> <p>List of supporting documents enclosed with this application:</p> <ul style="list-style-type: none"> ▪ Equal Opportunities Monitoring Form 		

ABOUT YOU (THE MAIN APPLICANT)

- 1) Please tell us your personal details. Include some contact details in case we need to speak to you about your application or about offers of housing. Formal ID (photographic preferred) is required before an offer of housing can be made. Where possible please submit this ID along with this form.

Title		First Name	Surname	
Date of Birth		National Insurance Number		
Address you currently reside at			Flat Position	
			Post Code	
Contact Phone No's	Home		Mobile	
	Work		Email	

- 2) If you wish correspondence to be sent to a different address than the one you reside at, complete this box. (Please also complete this box if you have No Fixed Abode so that we can write to you at an address where you can receive mail)

Correspondence Address	
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JOINT APPLICANT

- 3) Please complete this section if someone is applying with you as a main joint applicant. We assume at this point that you would intend to have a joint tenancy with this person. If this person does not currently reside with you, they will be required to complete a separate form. Formal ID (photographic preferred) is required before an offer of housing can be made. Where possible please submit this ID along with this form

Title		First Name		Surname	
Date of Birth		National Insurance Number			
Address you currently reside at				Flat Position	
				Post Code	
Contact Phone No's	Home		Mobile		
	Work		Email		

OTHER PEOPLE INVOLVED IN YOUR APPLICATION

- 4) Please provide details of **EVERYONE** who lives at your current accommodation and indicate whether they will be moving with you or not.

First Name	Surname	Relationship to you	Date of Birth	Male/Female	Moving With you?
Main Applicant	Main Applicant	Self			Yes

- 5) Is there anyone else moving with you that does not currently live with you? This also relates to applicants who have regular overnight access to children and require an additional bedroom. Please provide their details:

Name	Address	Date of Birth	Relationship to you	Will this person be residing on a permanent or an access basis

- 6) Is anyone to be housed with you pregnant? (You may be asked to provide official confirmation). Please give details:

Name	Expected date of Delivery

- 7) Are you (or anyone to be rehoused with you) required to register with the Police under the Sex Offences Act 2003? (If yes, please give details) **YES** **NO**

Name of person requiring to register with Police	
Date of Birth of person requiring to register with Police	

LEAVE TO REMAIN

- 8) Do you have permanent leave to remain in the UK? **YES** **NO**
- 9) Does the joint applicant have permanent leave to remain in the UK? **YES** **NO**
- 10) If no, please specify your visa status and any restrictions in the box below

EMPLOYMENT

- 11) Are you or anyone to be housed with you in employment? **YES** **NO** If yes, please give details

Name of Person in Employment	Employer's name & address	Date employment started	How many hours do you work each week	Is this a permanent job or a temporary job?

HOMELESSNESS

- 12) Have you contacted your Local Authority about homelessness? **YES** **NO**
- 13) Have you been accepted as homeless by your Local Authority? **YES** **NO**
- 14) Please give details of your allocated Homeless Caseworker in the box below.

MORE INFORMATION ABOUT HOMELESSNESS:

If you are homeless or threatened with homelessness you should contact your own Local Authority's Homeless Persons Section. If you live in Glasgow, please contact Glasgow City Council on Freephone 0800 838502. People residing in the South East of Glasgow should contact the South East Casework Services, TwoMax Building, 187 Old Rutherglen Road, Glasgow, G5 – Phone 0141 – 276 8201 (Mon – Thurs 9am – 5pm & Fri 9am - 4pm) or Hamish Allen Centre, 180 Centre Street, Glasgow, G5 - Freephone 0800 838502. Your housing situation will be assessed and you will be advised of your housing options.

WHY DO YOU REQUIRE TO BE REHOUSED?

15) Please tell us why you are for applying for housing. Tick the relevant boxes and write some details so that your personal situation can be accurately assessed.

Tick the boxes that describe your reasons for requiring to be rehoused.	Please use this box to write in detail about special or urgent circumstances or problems you are experiencing which could be helped by rehousing. Please give as much information as possible.
Poor Condition of Property <input type="checkbox"/> Overcrowding <input type="checkbox"/> House is too Big <input type="checkbox"/> Medical or Health Reasons <input type="checkbox"/> To Provide Support to friend or relative <input type="checkbox"/> To Receive Support from friend or relative <input type="checkbox"/> Required to Leave Tied Accommodation <input type="checkbox"/> Landlord has served Notice to Quit <input type="checkbox"/> Leaving Institutional Care <input type="checkbox"/> Bereavement <input type="checkbox"/> Relationship Breakdown <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Harassment <input type="checkbox"/> Crime/Fear of Crime <input type="checkbox"/> To be Near Employment <input type="checkbox"/> Financial Difficulties <input type="checkbox"/> Mortgage Repossession <input type="checkbox"/> To Live Independently <input type="checkbox"/> Homeless/Threatened Homeless <input type="checkbox"/> Temporary Accommodation <input type="checkbox"/> Other <input type="checkbox"/> (explain on next column)	

16) What size of house (how many bedrooms) do you need?
 (please note that the Allocation Policies may determine the size of house you are entitled to)

bedrooms

17) What floor level would you like to be rehoused on? (Please tick)
 (We will try to accommodate your request but this cannot be guaranteed)
 Please be aware that medical conditions may determine what type of housing you are offered.

Ground	<input type="checkbox"/>
Upper	<input type="checkbox"/>
No Preference	<input type="checkbox"/>

18) Are you leaving your house because of a relationship breakdown?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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19) Has your relationship broken down, but you are still residing in the same home as your estranged partner/husband/wife?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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YOUR CURRENT HOME

20)	What floor level is your home on? (Grd, 1 st , 2 nd , 3 rd etc)	
21)	Do you have access to a lift? Yes or No	
22)	What date did you move into your home?	
23)	Do you have a written Tenancy Agreement Yes or No	
24)	Have you been asked to leave your current accommodation?	
25)	What date are you expected to leave?	
26)	Is your current home let to you on a Lease Basis or Occupancy Agreement? Yes or No	

27)	How many bedrooms are in your current accommodation?	
28)	How many bedrooms do you have use of?	
29)	How many bedrooms are not used?	
30)	How many people live in your current accommodation?	

31) Has your current accommodation been specially adapted to suit the medical needs of anyone living in the house? If yes, please give details:

YES NO

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32) Which of the following describes your current housing situation? Please tick:

Tenant of Housing Association or Co-op	<input type="checkbox"/>	Lodging with Parents	<input type="checkbox"/>
Tenant of Local Authority	<input type="checkbox"/>	Lodging with Friends or Relatives	<input type="checkbox"/>
Tenant of Private Landlord	<input type="checkbox"/>	Lodging in a Homeless Hostel or Hotel	<input type="checkbox"/>
Tenant/owner of Shared Ownership Property	<input type="checkbox"/>	Lodging in a Refuge	<input type="checkbox"/>
Owner Occupier	<input type="checkbox"/>	Lodging in Supported Accommodation	<input type="checkbox"/>
Tenant of Tied Accommodation (housing with job)	<input type="checkbox"/>	No Fixed Abode	<input type="checkbox"/>
Resident of Student Halls of Residence	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>
Lodging in a Homeless Temporary Furnished Flat	<input type="checkbox"/>	In Hospital	<input type="checkbox"/>
NASS Accommodation	<input type="checkbox"/>	H M Prison	<input type="checkbox"/>
Other (give details)			

33) What type of property do you reside in? Please tick:

Tenement Flat	<input type="checkbox"/>
House	<input type="checkbox"/>
Cottage Flat	<input type="checkbox"/>
Multi-Storey Flat	<input type="checkbox"/>
Other (give details)	

CURRENT LANDLORD DETAILS

34) Please provide details of your current landlord:

Name of Landlord:	
Address:	
Telephone No:	

SHARING AMENITIES

35) Do you currently share amenities with another family who also live at this address? Please tick appropriate boxes.

Livingroom
 Kitchen
 Bathroom
 Hot Water Supply
 Bedroom

PROPERTY CONDITION

36) Are there any property issues that affect your use of the house?
If so, please give details in the box below

YES NO

LACKING AMENITIES

37) Does your current home have the following? (Please tick even if it is not in working order):

Piped Water Supply	<input type="checkbox"/>	Cooking Facilities	<input type="checkbox"/>	Full Central Heating	<input type="checkbox"/>	Bathroom/Shower Room	<input type="checkbox"/>	Bath only	<input type="checkbox"/>
Hot Water Supply	<input type="checkbox"/>	Separate Kitchen	<input type="checkbox"/>	Partial Central Heating	<input type="checkbox"/>	Inside Toilet	<input type="checkbox"/>	Shower Over Bath	<input type="checkbox"/>
Mains Electricity	<input type="checkbox"/>	Separate Livingroom	<input type="checkbox"/>	Free Standing Fire	<input type="checkbox"/>	Washhand Basin	<input type="checkbox"/>	Separate Shower Unit	<input type="checkbox"/>
Double Glazing	<input type="checkbox"/>	Wet Floor Shower Area	<input type="checkbox"/>						

YOUR PREVIOUS ADDRESSES

38) Please give details of where you, (the main applicant), have been residing for the past 5 years:

Address	Was this property in your name	Date of Entry	Date of Leaving	Reason for Leaving

39) Please give details of where the joint applicant has been residing for the past 5 years:

Address	Was this property in your name	Date of Entry	Date of Leaving	Reason for Leaving

40) Do you (or anyone to be rehoused with you) owe rent arrears or other debt for a current or for a previous tenancy. If yes, please give details:

YES NO

Name of person	
Address involved	
Balance of debt owed	
Is there an arrangement in place to repay these arrears/debt?	
Details of Repayment arrangement (eg £10 per month)	

41) Have you (or anyone to be rehoused with you) been investigated for anti social behaviour? If yes, please give details:

YES NO

Name of person	
Address involved	
Details	

SUPPORT

42) Do you need to move house to be near a close relative or friend to either receive or provide care and support? If yes, please provide details of that person:

YES NO

Name of Person:		Address of Person:	
What type of support is given/received:			
How often is support given/received			

SUPPORT SERVICES

43) Does anyone to be rehoused with you receive support from a support agency?

YES NO

(eg Social Work, Occupational Therapist, SAMH, Fairdeal, Shelter, Gowrie etc) Please provide details:

Name of Support Provider	
Address	
What type of Support is provided	

TRAVEL TO WORK OR STUDY

44) Do you need to move house to make it easier to get to your place of work or study?

YES NO

If yes, please provide details:

Name of Employer/Place of Study	
Address	

PETS

45) Do you have any pets? (If yes, please provide details)

YES NO

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ONLY COMPLETE THIS SECTION IF YOU HAVE A MEDICAL CONDITION WHICH REQUIRES TO BE TAKEN INTO ACCOUNT IN THIS APPLICATION, OTHERWISE, GO DIRECT TO QUESTION 63 (DECLARED INTERESTS)

MEDICAL ISSUES

46) Do you, or anyone to be rehoused with you, have an illness or disability?
 If yes, please provide the name of the condition and a brief description.

YES **NO**

	Person 1	Person 2
Name of Person affected by this medical condition		
Name of Illness or Disability		
Brief Description		
When did the illness or disability begin		

47) Please explain in detail how this illness or disability is being worsened by your household's current housing situation. Please mention any physical issues and mental health issues. It is important that we know exactly how your housing is affecting your family's health.

48) Would you like to be considered for a 1 or 2 bedroomed property which has a special alarm fitted to summon help if necessary? (Please note that not all associations in Castlemilk have this type of property.) **YES** **NO**

49) Does anyone to be rehoused with you require to use a wheelchair? Please tick box below: **YES** **NO**

Uses wheelchair Indoors	<input type="checkbox"/>
Uses wheelchair Outdoors	<input type="checkbox"/>
Uses Wheelchair Both Indoors & Outdoors	<input type="checkbox"/>

50) Has your current home been specially adapted or built specifically for wheelchair use? **YES** **NO**

51) Is it likely that anyone to be rehoused will require a wheelchair in the foreseeable future? **YES** **NO**
Please give details:

52) Does your current house have internal stairs? **YES** **NO**

53) Does your current house have steps up to the front door? If yes, how many **YES** **NO**

Number of Steps	<input type="text"/>
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54) How many steps/stairs do you feel the person with the medical condition would manage easily?

Number of Steps	<input type="text"/>
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55) Do you have a garden? **YES** **NO**

56) Is private garden space essential because of the medical condition of anyone to be rehoused with you? If yes, please give details. **YES** **NO**

57) Is a separate bedroom required for the person with a medical condition or for a carer? **YES** **NO**
Please give details:

58) Is the person with the medical condition able to manage a bath? **YES** **NO**

59) Does the person with the medical condition require a separate shower unit instead of a bath? **YES** **NO**

60) Is the medical condition likely to deteriorate in the future? Please give details:

YES NO

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61) Do you, or anyone to be rehoused with you, receive state benefits because of a medical condition? Please tick:

YES NO

			✓	Name of Person(s) receiving this benefit
DLA	Mobility Component	High Rate		
		Middle Rate		
		Low Rate		
DLA	Care Component	High Rate		
		Low Rate		
Attendance Allowance				
Incapacity Benefit				
Other Benefit (please give details)				

62) Please provide details of your GP:

Name of GP	
Address	
Telephone Number	

END OF MEDICAL QUESTIONS

PLEASE NOW COMPLETE THE FINAL SECTIONS OF THIS APPLICATION FORM ON THE FOLLOWING PAGES

DECLARED INTERESTS

63) Are you, or anyone to be rehoused with you, related to or otherwise connected with a Member of the Management Committee or staff of any of the Housing Associations you are applying for as part of this form. Common law relationships should be included. (If yes please give details of the person you are connected with.)

Name of person	
Relationship to you	
Name of Association	

(This does not prevent you from applying in the normal way but it does require the Association to follow certain procedures laid down in the Housing Act 2001)

SHARED OWNERSHIP

64) Some associations have a small stock of Shared Ownership properties. This is where a proportion of the property is owned by you and the other proportion is owned by the Association and rented to you. It is likely that you may be required to take out a mortgage on this type of property. Are you interested in receiving information on any Shared Ownership properties that become available?

YES NO

LANGUAGE

65) We will normally correspond with you in English. Is it necessary for you to receive correspondence relating to this application in a different language? (If yes, please advise)

YES NO

Language you require correspondence to be provided in	
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ANY OTHER INFORMATION

66) Is there anything else (not already covered) that you feel is relevant to your housing application. If so please give details:

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DATA PROTECTION

Ardenglen Housing Association, Cassiltoun Housing Association, Craigdale Housing Association, North View Housing Association and Thenu Housing Association are all Data Controllers and are registered under the Data Protection Act 1998. Each landlord is duty bound to comply with the conditions set out in this Act.

Each landlord will process all personal information contained in this application form and any other relevant information they obtain in connection with the application in accordance with the Data Protection Act 1998. This information will be processed for the purposes of your application for housing. They may also use this information to provide statistical data to their Management Committee, Communities Scotland and other interested parties.

By signing this application form, I give consent to the landlords to process the information in the above way.

THANK YOU FOR COMPLETING THIS APPLICATION

PLEASE NOW READ AND SIGN THE DECLARATION ON THE NEXT PAGE

DECLARATION

I consent to the appropriate enquiries being made to verify the information contained in this application.

I also agree to advise the Landlords I am applying to on this form of any change in my circumstances which may affect this application.

I confirm that I have made a full and true disclosure of all information sought by the Landlords.

I give consent to the landlords to process my personal information relating to this application in accordance with the Data Protection Act 1998.

I understand that if I have provided any false or misleading information or have deliberately withheld any information which may have affected my application, then this may result in one of the following:

- ◆ My application being cancelled
- ◆ An offer of tenancy being withdrawn
- ◆ Where a tenancy has been granted, the Association seeking repossession

All information contained within this application will be treated confidentially.

Signature of Main Applicant		Date	
Signature of Joint Applicant		Date	

ID DOCUMENTS REQUIRED

We require formal identification for the main applicant and the joint applicant. Photo ID would be preferred and we would accept the following forms of ID - Passport, Drivers Licence, Identity Card, Birth Certificate. Where possible please hand in copies of your ID with this form.

WHAT TO DO NOW

- Attach formal ID to this form (we will copy this and hand or send it back to you) please do not send passports or other important personal documents in the post.
- Check you have ticked the boxes on the front page of the associations you want to apply to.
- Check you have answered all the questions that apply to you.
- Make sure you and any joint applicant have signed the declaration on this page.
- Hand this form in or send it to any one of the offices on the front page.
- Your application will be forwarded to each of the associations you have ticked.
- Your application will be assessed by each of the associations separately.
- You will shortly receive a letter from each organisation advising you of your points total and what categories points have been awarded for.
- If any of your circumstances change you should advise each association immediately so that your application can be kept up to date and points reassessed.
- If you have any queries about how your application has been assessed or to find out more information about your chances of being rehoused, please contact each of the housing associations individually.

**PLEASE NOW COMPLETE THE EQUAL OPPORTUNITIES
MONITORING FORM WHICH YOU WILL FIND ENCLOSED**

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