

## Section 1: Personal Details

About You	MAIN APPLICANT		JOINT APPLICANT	
	Mr/Mrs/Ms/Miss			
First Name(s)				
Last Name				
Date of Birth				
Male/Female				
National Insurance Number				
Present Address & Flat Position				
Post Code				
Date you moved in	Month	Year	Month	Year
Daytime Telephone				
Email Address				
Correspondence or Contact Address (if different from present address)				
Name and address of your landlord (if appropriate)				

Have you ever held a tenancy with this Association	Yes	No
If so, what was the address:		

	MAIN APPLICANT		JOINT APPLICANT		If yes, please give the name of the landlord
	Has anyone ever taken legal action or less formal action against you or anyone on your application, for anti-social behaviour	Yes	No	Yes	
Do you or the joint applicant have current or former rent/mortgage/repairs arrears	Yes	No	Yes	No	

## Section 2: Properties you would consider

Turnover, or the number of properties re-let, varies depending on the type, new build or traditional tenement, whether the property is a flat or a house and where it is located. When selecting which properties you would consider have regard to turnover figure detailed in the stock profile in Page 3 & 4 in the Lettings Booklet. Remember, the higher the turnover the greater the opportunity of being re-housed.

### Elderpark Area

HOUSES IN ELDERPARK	✓ IF YOU ARE INTERESTED	FLATS IN ELDERPARK	✓ IF YOU ARE INTERESTED	FLATS IN ELDERPARK (CONTINUED)	✓ IF YOU ARE INTERESTED
Elderpark Street		Elderpark Street		Garmouth Gardens	
Uist Street		Uist Street		Greenfield Street	
Elder Street		Crossloan Road		Harhill Street	
Fairfield Gardens		Craigton Road		Langlands Path	
Fairfield Place		Nimmo Drive			
Fairfield Street		Langlands Road			
Garmouth Gardens		Elder Street			
Garmouth Street		Fairfield Gardens			
Greenfield Street		Fairfield Place			

### Outwith Elderpark: Ibrox, Kinning Park and Cessnock (\*some properties have community alarms)

FLATS IN IBROX	✓ IF YOU ARE INTERESTED	FLATS IN KINNING PARK	✓ IF YOU ARE INTERESTED	FLATS IN CESSNOCK	✓ IF YOU ARE INTERESTED
Brighton Place		Scotland Street		Brand Street	
Briton Street*		Lambhill Street		Harley Street	
Summertown Road*		Cornwall Street			
Clynder Street*					

Do you want to be considered for:

BUILDING TYPE		FLOOR LEVEL			
Traditional Tenement		Ground Floor		Second Floor	
New Build Property		First Floor		Third Floor	

Do you require adaptations:

A Community Alarm system	Yes	No	An over bath shower	Yes	No	A walk-in shower	Yes	No

Would you consider a 1 apartment i.e. studio flat

	Yes		No
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Childless couple or single elderly applicants:

Do you wish to be considered for a 2 bed flat as well as a 1 bed flat

	Yes		No
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### Section 3: About you and your family

Please give details of everyone who lives with you in your current home do not include yourself or joint applicant

FIRST NAME	LAST NAME	DATE OF BIRTH	MALE/FEMALE	RELATIONSHIP TO YOU	WILL THIS PERSON MOVE IN WITH YOU	
					Yes	No

Please give details of everyone who is not living with you but who wish to be re-housed with you

FIRST NAME	LAST NAME	DATE OF BIRTH	MALE/FEMALE	RELATIONSHIP TO YOU	REASON NOT LIVING WITH YOU NOW AND PRESENT ADDRESS

### Section 4: Previous Housing History

Where have you lived before - please list your addresses for the last 5 years. Please begin with the most recent first and continue on a separate sheet if necessary.

**Main Applicant**

ADDRESS	DATE FROM	DATE TO	NAME AND ADDRESS OF LANDLORD/OWNER	REASON FOR LEAVING

**Joint Applicant (if different from main applicant)**

ADDRESS	DATE FROM	DATE TO	NAME AND ADDRESS OF LANDLORD/OWNER	REASON FOR LEAVING

### Section 5: Personal Details

**Is anyone applying for housing pregnant?** If yes, please provide details of who is pregnant and when the baby is due.

Name: \_\_\_\_\_

	Yes		No
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Due Date: \_\_\_\_\_

**Do you have access to children who stay overnight?**

Please provide written confirmation from an official agency or the children's main carer to confirm names of the children and the access arrangements.

**Please give details of children**

FIRST NAME	LAST NAME	DATE OF BIRTH	MALE/FEMALE	RELATIONSHIP TO YOU	PRESENT ADDRESS

## Section 6: How would you describe your present housing situation?

**Are you homeless or threatened with homelessness within the next 3 months?** If yes, please provide written confirmation. (refer to page 5 in the Lettings Booklet)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Has your relationship broken up and you have to continue to live with your partner?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Do you have a Short Assured Tenancy with a Private Landlord?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Do you live care of family or friends?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Has legal action commenced because you cannot afford your mortgage?** If yes, please provide written confirmation.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**How many bedrooms are in your home?**

<input type="checkbox"/>	Double Bedrooms	<input type="checkbox"/>	Single Bedrooms
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**Do you share a kitchen with another household?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Do you share a bathroom with another household?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Do you share a living room with another household?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Condition of Property (applies only to owners and tenants)**

**Is your house below the Tolerable Standard as defined in Housing (Scotland) Act 1987?** If yes, please provide a copy of the notices served on the occupier by the Council. For a definition of 'Tolerable Standard' see page 5 in the Lettings Booklet.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Does your accommodation suffer from dampness?** If yes, please provide evidence to support this claim, see page 5 of the Lettings Booklet.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Do you have a form of heating each room?**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Harassment**

**Do you suffer from abuse, harassment or victimisation?** If yes, please provide written confirmation. For more information see page 5 in the Lettings Booklet.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Mobility/Medical Conditions**

**Do you or any member of your household wishing to be re-housed with you, have any health/disability reasons for wishing to be re-housed?** Please ensure that you fill in a self assessment health/disability application form if you want to be considered for medical points (if more than one person has a medical condition, please request a separate form)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Sustainable Communities**

**Do you want to move to provide or receive support?** If yes, please state the name and address of the person involved and nature of support you receive or you will provide.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Nature of Support: \_\_\_\_\_

**Are you employed/in training and want to move to help sustain this?** This may be because you need a tenancy in the area or you need to live close to a child minder or you need a settled address. If yes, please state the name of your employer/ training or child minder and provide confirmation, eg. payslip, letter from college etc.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Name and Address of Employer: \_\_\_\_\_

**Why will moving help sustain your employment or training?**

\_\_\_\_\_

Reason for your application:

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Do you own a dog?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Would you be interested in a mutual exchange?

If you are we will advertise your details within our office

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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## Section 7: Other Information

Are you or is any member of your household an asylum seeker  
Or do immigration controls apply to anyone in your household?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, who? \_\_\_\_\_

Home Office Reference Number: \_\_\_\_\_

Are you or anyone you are wishing to be re-housed with related to anyone who is, or has been in the last 12 months, a member of the Management Committee, staff or elected members of Elderpark Housing Association? This will not affect your application in any way, but is required to comply with the provisions of the Housing (Scotland) Act 2001. Common law relationships should be included.

	If Yes, give details below	No
Name of Committee member, employee or elected member		
Relationship to you		

### Potentially Vulnerable Applicants

Do you need large print?

Do you have poor hearing?

Can you communicate effectively in English?

If No what is your first language?

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

Do you have difficulty understanding letters and forms?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If so, is there a carer to whom we can forward copies of correspondence? Please give their name, address and telephone number

Name:

Address:

Telephone Number:

Are you or a member of your household currently or ever have been a Registered Sex Offender?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you or a member of your household been convicted of a Criminal offence in the last three years?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Thank you for completing this application. Please read and sign the declaration below.**  
Please check that you have answered all the questions which apply to you and have attached copies of all the papers we need to see. The onus is on you to provide any supporting documentation.

**Declaration by Applicant**

I understand that to the best of my knowledge the details I have given on this application form are true and correct and that I will tell you about any change in my circumstances. I understand that any false or misleading information or withholding relevant information, now and at any time, may result in my application being cancelled, any offers of tenancy being withdrawn or I may lose the tenancy I am granted. I give permission to Elderpark Housing Association to make any necessary enquiries in connection with my application for housing to verify the circumstances stated on the form or to obtain details relating to former tenancies. I agree that copies of my correspondence will be forwarded onto the named person in Section 7 Potentially Vulnerable Applicants.

I understand and agree to the conditions noted in the declaration.

Signatures (If more than one applicant then both applicants must sign or the form will not be processed)

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**What Happens Next**  
(See pages 6 and 7 in the Lettings Booklet)

## Section 8: Monitoring Form

We are committed to equality of opportunity for the whole community and we would like to monitor our performance in this area. We would therefore be grateful if you could assist us by answering the following questions.

You do not have to provide this information if you do not wish to and information provided will in no way affect your application.

Question refused

1. Gender		Main Applicant		Joint Applicant		
			Male		Male	
			Female		Female	
<b>2. Ethnic Origin – How would you describe your household's ethnic origin?</b>						
White	White Scottish					
	White English					
	White Welsh					
	White British					
	White Irish					
	White Northern Irish					
	Polish					
	Gypsy/Traveller					
	Other White Background					
Asian, Asian Scottish or Asian British	Indian					
	Pakistani					
	Bangladeshi					
	Chinese					
	Other Asian background					
Black, Black Scottish or Black British	African					
	Caribbean					
	Black					
	Other Black background					
Other Ethnic Background	Arab					
	Other background					
<b>3. Do you consider yourself disabled?</b>						
			Yes	No		