

Greater Easterhouse Common Housing Register Application Form



ESSENTIAL CRITERIA

INFORMATION/SUPPORTING DOCUMENTS

1. This application form can be used to apply to any of the above named housing organisations. Please return the form to any one of the offices (see section 9) and they will forward copies to all of those you wish to apply to. **All applicants must provide proof of current address when returning form.**
2. Before completing the form, please read the declaration (see section 8), you must sign the declaration. In the case of joint applicants, both must sign the declaration.
3. Please refer to the guidance on page 6 of the Summary Common Allocations Policy regarding what information is needed to verify your circumstances.

PERSONAL DETAILS

1 MAIN APPLICANT

1A JOINT APPLICANT

Title eg. Mr/Mrs/Ms	Title eg. Mr/Mrs/Ms
Full name:	Full name:
Date of birth:	Date of birth:
Address:	Address:
Flat Pos:	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.

Preferred method of contact?

Telephone

Text

Email

Letter

2 HOUSEHOLD COMPOSITIONS

MAIN APPLICANT

PLEASE LIST EVERYONE CURRENTLY LIVING IN YOUR PRESENT ACCOMMODATION.

Full Name	Date of Birth	Relationship	Moving with you (please tick)
			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"/>

JOINT APPLICANT

PLEASE LIST EVERYONE CURRENTLY LIVING IN YOUR PRESENT ACCOMMODATION.

Full Name	Date of birth	Relationship	Moving with you (please tick)
			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"/>

Is anyone in the household pregnant?

Yes No

PLEASE PROVIDE PROOF (refer to guidance sheet)

If yes, when is the baby due?

3 ACCESS TO CHILDREN

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

Yes No

PLEASE PROVIDE PROOF (refer to guidance sheet)

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 in 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	Tenure (eg tenant, owner, lodger)	Date of Entry / Date of Leaving	Reason for Leaving

Please provide details of your current landlord:

Name of Landlord:

Address of Landlord:

Telephone Number:

JOINT APPLICANT

ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

Please give details of all your addresses in 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	Tenure (eg tenant, owner, lodger)	Date of Entry / Date of Leaving	Reason for Leaving

Please provide details of your current landlord:

Name of Landlord:

Address of Landlord:

Telephone Number:

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

PLEASE PROVIDE PROOF (refer to guidance sheet)

If yes, please give details:

JOINT APPLICANT

ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM 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 property have any serious disrepair/dampness that is making it difficult for you to live there? Yes No

PLEASE PROVIDE PROOF (refer to guidance sheet)

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

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

Are you or anyone else in your household at risk from Domestic Abuse if you remain in your present home? Yes No

Are you currently seeking support for this from women's aid or any other support group Yes No

If yes please give name/contact details of your support worker

Have you any previous convictions?

If yes, please refer to the guidance on page 5 of the Summary Common Allocations Policy regarding what convictions must be declared under the Rehabilitation of Offenders Act 1974. Yes No

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

If yes, please provide details on a separate piece of paper and place in a sealed envelope along with your application form and proofs Mark the envelope "For The Attention of the Housing Manager"

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

Calvary Housing Association 16 Calvary Road, Barlanark G33 4RE Tel: 0141 771 7722 Email: enquiries@calvary.org.uk	<input type="checkbox"/>	Easthall Park Housing Co-operative Glenburn Centre, 6 Glenburnie Place, Easthall G34 9AN Tel: 0141 781 2277 Email: housing@easthallpark.org.uk	<input type="checkbox"/>
Calvary Housing Association Retirement Homes - Burnmouth Court Only (2 Apts) (Age 60 years or over)	<input type="checkbox"/>	Lochfield Park Housing Association 37 Drumlanrig Avenue G34 0JF Tel: 0141 771 2228 Email: info@lochfield.co.uk	<input type="checkbox"/>
Gardeen Housing Association 32 Garlieston Road, Barlanark G33 4UD Tel: 0141 771 9590 Email: info@gardeen.org.uk	<input type="checkbox"/>		

Is there any area / street within either of the 4 organisations 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

PLEASE PROVIDE PROOF (refer to guidance sheet)

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

Did you get your application from:

Easthall	<input type="checkbox"/>	Lochfield	<input type="checkbox"/>
Gardeen	<input type="checkbox"/>	Calvay	<input type="checkbox"/>
Web	<input type="checkbox"/>	Other	<input type="checkbox"/>

How did you get a copy of the application form?

Telephone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Office	<input type="checkbox"/>	Other	<input type="checkbox"/>
-----------	--------------------------	-------	--------------------------	--------	--------------------------	-------	--------------------------

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Very Easy	Easy	Neither	Difficult	Very Difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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)

How did you find out about applying for housing?

Facebook Newspaper Radio
Family/Friend Website Other

If Other, please specify _____

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?

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 any of the Co-operative / Association you wish to apply to? (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.

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 / Co-operative 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 / Co-operative of any change in my / our circumstances.

I / We authorise the Association / Co-operative 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 legislation. The information within this form will need to be verified by any relevant party and in signing this form you confirm that you understand that the Association/Co-operative will share the information and data disclosed within the application form with other third parties from time to time in order that your application can be assessed. Further details can be found in the Association's/Co-operative's Fair Processing Notice. 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/Co-operative's Allocation policy. Should you be successful in obtaining accommodation with the Association/Co-operative, 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