

Ref No:

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Lochfield Park Housing Association

Application for Housing

Personal Details

Applicant

Full Name: _____

Gender: _____ Date of Birth: _____

Flat Position: _____

Address: _____

Postcode: _____

Mobile: _____ Home: _____

Email: _____

National Insurance No: _____

Joint Applicant

Full Name: _____

Gender: _____ Date of Birth: _____

Flat Position: _____

Address: _____

Postcode: _____

Mobile: _____ Home: _____

Email: _____

National Insurance No: _____

Landlord's Name: _____ Tel. No: _____

Landlord's Address: _____

Residency Type: _____

Joint Applicant

What is your relationship to the Main Applicant? e.g. spouse, partner, friend etc. _____

Employment Details

Applicant

Occupation: _____

Employer: _____

Employer's Address _____

Joint Applicant

Occupation: _____

Employer: _____

Employer's Address _____

Voluntary Work, Training / Apprenticeship or Further Education

Please tick if you are involved in any:

Local community or voluntary work Training or apprenticeship scheme Further education

Please provide details: _____

Preferred method of contact?

Telephone

Text

Email

Letter

Household Compositions

Main Applicant Please list everyone currently living in your present accommodation

Full Name	Date of Birth	Relationship	Gender	Moving with You <small>(please tick ✓)</small>
				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	Gender	Moving with You <small>(please tick ✓)</small>
				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"/>

Pregnancy

Is anyone in the household pregnant?

Yes No

PLEASE PROVIDE PROOF

Name of person who is pregnant and their due date?

Access to Children

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

Yes No

PLEASE PROVIDE PROOF

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

Your current home and you

How many bedrooms in your current home?

Please tick if you or the joint applicant provide kinship care?

Please tick if you or the joint applicant have left, or will soon leave, the Armed Forces

Main Applicant: Current & Previous Addresses

Please provide details of your addresses for the last 5 years, starting with your current address

Address	Landlord's Name and Address	Tenant/Lodger/Owner	Date Moved in	Date Moved out	Reason for Leaving
Current Address					
Previous					
Previous					
Previous					
Previous					
Previous					

Joint Applicant: Current & Previous Addresses

Please provide details of your addresses for the last 5 years, starting with your current address

Address	Landlord's Name and Address	Tenant/Lodger/Owner	Date Moved in	Date Moved out	Reason for Leaving
Current Address					
Previous					
Previous					
Previous					
Previous					
Previous					

Care and Support

Do you want to move to the area to give support to or receive support from someone who lives within the Lochend Area? Please tick ✓

Yes No

If YES, please provide support information:

Name & Address: _____

Details of support give or received: _____

Support Needs

Do you or anyone to be rehoused with you receive support from a support agency? Please tick ✓

Yes No

If Yes, please provide details:

Location Needs

Do you want to move to be closer to your place of employment, training, education or voluntary work? Please tick ✓

Yes No

If Yes, please provide details:

Your New Home

Please think carefully what type of property you would accept. Your prospects for rehousing may take longer depending on your choices. Please tick ✓ all you would accept:

House Lower Cottage Upper Cottage Bungalow Ground Floor Flat 1st Floor Flat 2nd Floor Flat

Please let us know any parts of the area or streets you would not accept. We will not make you offers of housing in those areas or streets:

General

Are you or the joint applicants in arrears, or have other housing debt, with your current or former landlord / mortgage lender? Please tick ✓

Yes No

Has anyone who will be living in the house had any action taken against them for anti-social behaviour in the last 3 years? Yes No

Have you or the joint applicant had a court order granted against you for recovery of possession of your house in the last 3 years? Yes No

Has anyone who will be living in the house been convicted of a criminal offence in relation to their house, or in the locality of their house in the last 3 years? Yes No

Have you or the joint applicant had a tenancy, or interest in a tenancy, terminated by the landlord due to abandonment in the last 3 years? Yes No

Have you or the joint applicant had a tenancy terminated by the landlord due to neglect or its condition in the last 3 years? Yes No

Do you or the joint applicant own outright, or have a mortgage on your current home or any other property? Yes No

Does anyone who will be living in the house have any criminal convictions which are not yet spent under the Rehabilitation of Offenders Act 1974? Yes No

Does anyone who will be living in the house require to register with the police under the Sexual Offences Act 2003? 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 or anyone to be rehoused with you staying in the UK on any type of VISA? Yes No

Equal Opportunities

Please answer the following questions which we use for information purposes only. Your answers help us monitor equal opportunities and make sure no applicant is discriminated against. This page will be removed and kept separate from your application. Please note your answers will in no way influence whether or not you are offered housing by us. Your application will not be affected if you choose not to answer any of the following questions.

Please tick ✓ the box below which best describes your household

Male Female Intersex Prefer not to say

White

Please tick ✓

Scottish

Other British

Irish

Gypsy / Traveller

Polish

Any Other White Background

Mixed

Any Mixed or Multiple Ethnic Background

Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any Other Asian Background

Black, Black Scottish or Black British

Caribbean

African

Any Other Black Background

Other Ethnic Background

Arab, Arab Scottish, Arab British

Any Other Background

Refused

Unknown

Disability

Yes

No

Do you consider yourself to have a disability?
If yes please specify:

Why are you applying for housing

Please tick ✓ if any one of the following boxes describe your reasons for applying:

Homeless Unsatisfactory Housing Health Support
Financial Harassment Location Other

Please give details for ticking any of the above boxes. You can also provide any additional information to questions you have answered on this form or why you are applying for housing:

If you are applying under health needs, please complete the Medical Questionnaire form.
This can be found at www.lochfield.co.uk

Declaration

I / We certify that the information given in this application is a true record of my / our present circumstances.

I consent to Lochfield Park Housing making any enquiries, as may be necessary, to verify the information provided in this application.

I/ We understand any false or misleading information, or relevant information being withheld, may result in:

- (a) The application being cancelled and removed from the housing List.
- (b) An offer of a tenancy being immediately withdrawn.
- (c) Legal proceeding being taken for repossession of the tenancy if a tenancy has already been granted

I / We agree to notify the Association of any change in my / our circumstances described in this application.

I / We give our consent to processing of personal data including sensitive personal data in this application form and fully understand the Association will process the information contained in this application form and any other relevant information it obtains in connection with the application as per current data protection legislation and regulations.

The Association will not discriminate on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation in line with the 2010 Equalities Act.

Personal Connection

I have a personal connection with: _____

Who is a Committee / Staff member of Lochfield Park Housing Association.

The nature of the connection is: _____

Applicant's Signature:

Date:

Joint Applicant's Signature:

Date: