



83/85 Dougrie Road
Castlemilk
Glasgow, G45-9NS
T: 0141-634-6473
E: info@craigdaleha.co.uk

HOUSING APPLICATION FORM

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.

OUR AREAS:

Downcraig Drive, Downcraig Road, Downcraig Terrace, Birgidale Road, Dougrie Road, Dougrie Gardens, Westcastle Crescent, Westcastle Grove, Westcastle Court, Glenacre Drive, Glenacre Grove, Glenacre Gardens, Dougrie Drive, Dougrie Street, Dougrie Terrace, Dougrie Close, Carmunnock Road.

FOR OFFICE USE ONLY:

Date Received:

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 Number | Phone | 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

JOINT APPLICANT

- 2) 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 | | | |

- 3) Please provide details of **EVERYONE** who lives at your current accommodation and indicate whether they will be

OTHER PEOPLE INVOLVED IN YOUR APPLICATION

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 |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

- 4) 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 |
|------|---------|---------------|---------------------|--|
| | | | | |
| | | | | |
| | | | | |

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

| | | | |
|------|--|---------------------------|--|
| Name | | Expected date of Delivery | |
|------|--|---------------------------|--|

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

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

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

| |
|--|
| |
|--|

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

| 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? |
|------------------------------|---------------------------|-------------------------|--------------------------------------|---|
| | | | | |
| | | | | |

- 11) Have you contacted your Local Authority about homelessness? ☐ YES ☐ NO
HOMELESSNESS
- 12) Have you been accepted as homeless by your Local Authority? ☐ YES ☐ NO

- 13) 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?

- 14) 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.

| 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) | |

- 15) 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)

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.

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

☐

- 19) Has your relationship broken down, but you are still residing in the same home as your

☐ estranged partner/husband/wife?

| bedrooms | |
|------------------------------|-----------------------------|
| Ground | <input type="checkbox"/> |
| Upper | <input type="checkbox"/> |
| No Preference | <input type="checkbox"/> |
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |

YES ☐ NO ☐

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 YES ☐ NO ☐
☐ anyone living in the house? If yes, please give details:

- 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.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Livingroom | Kitchen | Bathroom | Hot Water Supply | Bedroom |

PROPERTY CONDITION

36) Are there any property issues that affect your use of the house?

YES ☐ NO ☐

If so, please give details in the box below

LACKING AMENITIES

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

| | | | | | | | | | |
|--------------------|--|---------------------|--|-------------------------|--|------------------|--|----------------------|--|
| Piped Water Supply | | Cooking Facilities | | Full Central Heating | | Room/Shower Room | | Bath only | |
| Hot Water Supply | | Separate Kitchen | | Partial Central Heating | | Inside Toilet | | Shower Over Bath | |
| Mains Electricity | | Separate Livingroom | | Free Standing Fire | | Washhand Basin | | Separate Shower Unit | |
| Double Glazing | | Floor Shower Area | | | | | | | |

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

YES ☐

NO ☐

☐ a current or for a previous tenancy. If yes, please give details:

| | |
|---|--|
| 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?

YES ☐

NO ☐

☐ If yes, please give details:

| | |
|------------------|--|
| 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

YES ☐

NO ☐

☐ care and support? If yes, please provide details of that person:

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

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

YES ☐

NO ☐

SUPPORT SERVICES

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

| | |
|----------------------------------|--|
| Name of Support Provider | |
| Address | |
| What type of Support is provided | |

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

YES ☐

NO ☐

TRAVEL TO WORK OR STUDY

☐ If yes, please provide details:

| | |
|---------------------------------|--|
| Name of Employer/Place of Study | |
| Address | |

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

YES ☐

NO ☐

PETS

☐

| |
|--|
| |
|--|

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? YES ☐ NO ☐
☐ If yes, please provide the name of the condition and a brief description.

| | Person 1 | Person 2 |
|---|----------|----------|
| Name of Person affected by this medical condition | | |
| e 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"/> |
|-----------------|----------------------|

54) How many steps/stairs do you feel the person with the medical condition would manage easily?

| | |
|-----------------|----------------------|
| Number of Steps | <input type="text"/> |
|-----------------|----------------------|

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

☐

61) Do you, or anyone to be rehoused with you, receive state benefits because of a YES ☐ NO

☐

medical condition? Please tick:

| | | | | |
|--|--------------------|-------------|--------------------------|--|
| | | | <input type="checkbox"/> | Name of Person(s) receiving this benefit |
| DLA | Mobility Component | High Rate | <input type="checkbox"/> | |
| | | Middle Rate | <input type="checkbox"/> | |
| | | Low Rate | <input type="checkbox"/> | |
| DLA | Care Component | High Rate | <input type="checkbox"/> | |
| | | Low Rate | <input type="checkbox"/> | |
| Attendance Allowance | | | <input type="checkbox"/> | |
| Incapacity Benefit | | | <input type="checkbox"/> | |
| 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)

- 64) Some associations have a small stock of Shared Ownership properties. This is where YES ☐ NO ☐

SHARED OWNERSHIP

☐ 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?

- 65) We will normally correspond with you in English. Is it necessary for you to receive YES ☐ NO ☐

LANGUAGE

☐ correspondence relating to this application in a different language? (If yes, please advise)

| | |
|--|--|
| Language you require correspondence to be provided in | |
|--|--|

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

ANY OTHER INFORMATION

details:

| |
|--|
| |
|--|

DATA PROTECTION

Ardenglen Housing Association, Cassiltoun Housing Association, Craigdale Housing Association, North View Housing Association and Thenuue 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**



CRAIGDALE
HOUSING ASSOCIATION

NORTH VIEW
Housing Association



NOTES

NOTES

