

Application for Housing

This application form is designed to be used on a computer as a Microsoft Word document. It should not be printed.

If you wish to print an application form and write your answers, or wish for us to send a paper copy of an application, please contact us on 0141 422 1112 or email enquiries@southside-ha.co.uk.

**Where the instruction “Click here” is present, there may be a dropdown box with choices available for your answers to the questions.**

All information provided within this application will be treated in confidence and in compliance with the Data Protection Act 2018 and the General Data Protection Regulations. All the information you give us on this form will be placed in secure files and will be used for the purposes of assessing your housing need as defined in the Association’s Allocations Policy. You can see your application details held on request.

|  |
| --- |
| Application Forms must emailed to **csd@southside-ha.co.uk** |

**Section 1 - Main Applicant Details**

|  |  |  |
| --- | --- | --- |
| **Title** | **Forename** | **Surname** |
| Choose | Click to Enter Forename | Click to Enter Surname |

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Sex: | Click Here to Choose | NI Number: | Click to Enter NI Number |
| Date of Birth: | Click to Enter DOB | Nationality: | Click Here and Choose |
| Marital Status: | Click Here and Choose | Religion: | Click Here and Choose |
| Main Language: | Click Here and Choose |  |  |
| Preferred Language: | Click Here and Choose |  |  |
| Ethnic Group:  | Click Here and Choose | Sexual Orientation: | Click Here and Choose |
| Economic Status: | Click Here and Choose | Transgender Details: | Click Here and Choose |

Correspondence

|  |  |  |  |
| --- | --- | --- | --- |
| Corres. Method Preferred: | Click Here | Corres. Requirement: | Click Here |

Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Daytime Tel Number | Click to Enter No | Home Tel Number | Click to Enter No |
| Mobile Tel Number 1 | Click to Enter No | Mobile Tel Number 2 | Click to Enter No |
| Email: | Click Here and Enter your Email Address |
| Email Contact Preference | [ ]  Email Acceptable [ ]  Email Preferred󠅏 [ ]  Do Not Use Email  |

Emergency Contact (Optional)

|  |  |
| --- | --- |
| Name  | Click to Enter Name of Emergency Contact |
| Address | Click to Enter Emergency Contact Address |
| Relationship | Click to Enter Emergency Contact Relationship to you |
| Telephone | Click to Enter Emergency Contact Phone No |

**Section 2 - Consent to Share**

**What we will do with your information**

This form explains how your personal information will be used as part of your assessment for housing. We are committed to protecting your privacy. We try to meet the highest standards when collecting and using personal information. We adhere to the requirements of the Data Protection Act 1998, when using and sharing personal information. We are also registered on the public register of data controllers, with the Information Commissioner's Office.

**Agreement to share your information**

The Association will collect and share your information with Glasgow City Council, other public organisations and relevant agencies so we can understand your needs better, improve services and avoid asking you for the same information more than once. This might include workers involved in your care, for example your nurse, social worker, support worker, future housing providers or other relevant agency as discussed with you.

There may be occasions when there is sufficient concern about your or others safety or wellbeing, or for the detection and prevention of crime that your information will be shared before your consent is given or even if you do not agree to your information being shared.

**I understand that information is held about me and agree that my personal information may be shared with other relevant agencies and professionals where you consider it appropriate.**

**I understand that the information I have given in this registration form is true. I also undertake to tell you about people aged 16 years or over who live in my home.**

**Please Note:** If you have any concerns about the content of this page, please contact the Association with any questions you may have. You are not obliged to agree to this Consent to Share, and not signing will have no impact on your housing application.

|  |  |
| --- | --- |
| I agree with this statement | [ ]  Yes [ ]  No |
| Name of Customer (Print) |  |

**Section 3 – Reason for Application**

|  |  |
| --- | --- |
| From the drop down list, please choose the main reason that you are looking to be rehoused. | Click Here and Choose |
| **Reason for Applying for Housing** (Please give a description of why you are looking to be rehoused with us. |
| Click here to enter reasons you are looking to be rehoused in more detail here |

**Section 4 – Current Housing Details**

|  |  |
| --- | --- |
| **Current Address** | Please enter your current address below |
| Address Line 1 | Click Here to Enter Address Line 1 |
| Address Line 2 | Click Here to Enter Address Line 2 |
| Address Line 3 | Click Here to Enter Address Line 3 |
| Address Line 4 | Click Here to Enter Address Line 4 |
| Address Line 5 | Click Here to Enter Address Line 5 |
| Postcode | Click Here to Enter Postcode |
| When did you move in to this property:  | Enter Date of Entry to Property |
| In the above address, please advise the number of bedrooms that you and your household (people who will be moving with you) have exclusive use. | Click Here to Answer |
| Current Tenure (Please select from below the closest description to your current tenure) | Click Here and Choose from List |

**Section 4 – Current Housing Details (continued)**

|  |  |
| --- | --- |
| Name and Address of Landlord, Letting Agent, or person who you live care of.  | Click Here to enter Name and Address of current landlord, or person you are staying care of. |
| Does your landlord live with you? | Click Here to Choose Answer |
| Landlord Telephone Number | Click Here to Enter Landlord Telephone Number |
| Have you been given a notice to quit? | No | If yes, date of expiry: | Click here to enter date |
| Do you have an eviction date set? (evictions can only be set by a court) | No | If YES, when is it: | Click to enter date |
| If you are an owner, are you experiencing financial difficulties? | No | Are you having to sell the property, and can you prove this? | Click Here |

**Section 5 – Household Details**

|  |
| --- |
| **Household Details - Please tick one box which best describes your household details****Please note, this is for the entire household, not individual people**.  |
| Household Group: Choose from the List what best describes your household group: | Click Here to Choose from List |
| Household Religious Affiliation | Click Here to Choose from List |
| Household Ethnic Origin | Click Here to Choose from List |
| Household Nationality | Click Here to Choose from List |

**Section 6 - Main Applicant Eligibility Details**

|  |
| --- |
| **Please complete the following details:** |
| Are you a current UK citizen? | Click Here to Choose from List |
| Have you lived outside the UK? | Click Here to Choose from List |
| What is your current immigration status? | Click Here to Choose from List |

**Section 7 – Other Details**

**Please only answer the following questions if they are relevant to your household.**

|  |
| --- |
| **Please enter an address that you want us to use for correspondence, if this address is different to the address you are currently living at.** |
| Correspondence Address | Date From | Date To |
| Click here and enter correspondence address if applicable |  |  |

|  |
| --- |
| **If you are living at the address stated on previous pages, go to the next question. If you are living at a temporary address that is different from the application address, please write it below:** |
| Temporary Address | Date From | Date To |
| Click here and enter temporary address if applicable |  |  |

|  |  |
| --- | --- |
| Do you have any pets? | Click Here to Choose |
| If yes, please give details: | Click Here and Enter Details |
| (Please be advised that dogs are not allowed at our high rise or Independent Living properties) |
| Do you live in accommodation tied to your employment? | Click Here |
| If yes, please advise the termination date if you have been given one | Click to enter date |

**Please provide details of any support you or your household receive from any agencies and what their role is (e.g. Psychologists, Social Workers, Occupational Therapists etc).**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation | Click Here and Enter Organisation Name | Organisation | Click Here and Enter Organisation Name |
| Address | Click Here Enter Address of Support Organisation | Address | Enter Address of Support Organisation |
| Support Worker | Enter Name | Support Worker | Enter Name |
| Tel: | Enter Phone Number | Tel: | Enter Phone Number |

**Section 8 – People in Household**

**This section is for the people who will be living with you at any new property that you move to.**

**If there is a person who is going to be a joint applicant (must be 16 years of age or older) then please complete the full details on the form below.**

**Person 2**

|  |  |  |
| --- | --- | --- |
| **Title** | **Forename(s)** | **Surname** |
| Click to Choose | Person 2 Forename | Person 2 Surname |

**Person 2 - Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Sex: | Click and Choose | NI Number: | Click to Enter NI No |
| Date of Birth: | Click Here to Enter DOB | Nationality: | Click and Choose |
| Marital Status: | Click and Choose | Religion: | Click Here and Choose |
| Main Language: | Click Here and Choose |  |  |
| Preferred Language: | Click Here and Choose |  |  |
| Ethnic Group:  | Click Here and Choose | Sexual Orientation: | Click Here and Choose |
| Economic Status: | Click Here and Choose | Transgender Details: | Click Here and Choose |

**Person 2 - Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Daytime Tel Number | Click to Enter No | Home Tel Number | Click to Enter No |
| Mobile Tel Number 1 | Click to Enter No | Mobile Tel Number 2 | Click to Enter No |
| Email: | Click Here and Enter your Email Address |
| Email Contact Preference | [ ]  Email Acceptable [ ]  Email Preferred󠅏 [ ]  Do Not Use Email  |

|  |  |
| --- | --- |
| **Is Person 2 a Joint Applicant?** | Click and Choose |
| Is Person 2 part of a couple with any other member of the household? | Click and Choose |
| If Yes, please indicate who with: | Click Here and Enter Name of Partner |

**Section 8 – People in Household (continued)**

**For each additional person who is part of the household who would be moving with you to a new home, please complete the following details. Continue on a separate sheet if necessary.**

**Person 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Choose | Forename | Click to Enter | Surname | Person 3 Surname |
| Date of Birth | Click and Enter DOB | NI Number | Person 3 NI Number |
| Relationship to Main Applicant | Click and Choose | Part of couple | Click and Choose |

**Person 4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Choose | Forename | Click to Enter | Surname | Person 4 Surname |
| Date of Birth | Click and Enter DOB | NI Number | Person 4 NI Number |
| Relationship to Main Applicant | Click and Choose | Part of couple | Click and Choose |

**Person 5**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Choose | Forename | Click to Enter | Surname | Person 5 Surname |
| Date of Birth | Click and Enter DOB | NI Number | Person 5 NI Number |
| Relationship to Main Applicant | Click and Choose | Part of couple | Click and Choose |

**Person 6**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Choose | Forename | Click to Enter  | Surname | Person 6 Surname |
| Date of Birth | Click and Enter DOB | NI Number | Person 6 NI Number |
| Relationship to Main Applicant | Click and Choose | Part of couple | Click and Choose |

**Person 7**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Choose | Forename | Person 7 Forename | Surname | Person 7 Surname |
| Date of Birth | Click and Enter DOB | NI Number | Person 7 NI Number |
| Relationship to Main Applicant | Click and Choose | Part of couple | Click and Choose |

**Person 8**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Choose | Forename | Person 8 Forename | Surname | Person 8 Surname |
| Date of Birth | Click and Enter DOB | NI Number | Person 8 NI Number  |
| Relationship to Main Applicant | Click and Choose | Part of couple | Click and Choose |

**Section 9 - Areas of Choice**

**Southside Housing Association has stock throughout many areas of the Southside of Glasgow. The tables below give an indication of the areas, streets, type of property and the size of properties (based on amount of bedrooms) that can become available.**

**Please indicate which areas you would consider being re-housed in, by clicking the checkbox in the appropriate place.**

|  |  |  |
| --- | --- | --- |
| **Cardonald: Hartlaw / Chirnside (Cardonald)** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Hartlaw Crescent | Deck Access | 1 Bedroom |
| Chirnside Place | Deck Access | 1 Bedroom |
| 200 Hartlaw Crescent | Deck Access | 3 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Cardonald – Invergyle Drive:** Mini-Multies (8 high) | [ ]  |  |
| Street | Property Type | Bedrooms |
| Swinton Place | Mini-Multi Storey Flats | 1 & 2 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Cardonald - Queensland Flats:** Multi Storey (19 high) | [ ]  |  |
| **Street** | **Property Type** | **Bedrooms** |
| Queensland Court | Mini-Multi Storey Flats | 1 – 2 Bedrooms |
| Queensland Gardens | Mini-Multi Storey Flats | 1 – 2 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Cardonald – Swinton Place:** Mini-Multi (8 high) | [ ]  |  |
| Street | Property Type | Bedrooms |
| Invergyle Drive | Mini-Multi Storey Flats | 1 & 2 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Cathcart Area** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Battlefield Avenue | Tenement | 1 Bedroom |
| Manse Brae | Tenement | 1, 2, & 3 Bedrooms |
| Old Castle Road | Tenement | 1, 2, & 3 Bedrooms |
| Ruel Street | Tenement | 3 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Crosshill Area** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Albert Road | Tenement | 1, 2, & 3 Bedrooms |
| Langside Lane | Terraced House | 3 Bedrooms |

**Section 9 - Areas of Choice (continued)**

|  |  |  |
| --- | --- | --- |
| **Eglinton Toll Area** | [ ]  |  |
| **Street** | **Property Type** | **Bedrooms** |
| 345–349 Pollokshaws Rd | Tenement | 1,2 & 5 Bedrooms |
| Maxwell Road | Terraced House | 1, 2, 3, & 4 Bedrooms |
| Butterfield Place | Tenement | 1 & 2 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Halfway - 150 Berryknowes Avenue:** Over 50s Multi Storey Flats | [ ]  |  |
| **Street** | **Property Type** | **Bedrooms** |
| Berryknowes Avenue | Multi Storey (Ground Floor Only) | 2 Bedrooms |
| Berryknowes Ave- Over 50s | Multi Storey High Rise | 1 Bedroom |

|  |  |  |
| --- | --- | --- |
| **Halfway – Montrave: Over 50’s only** | [ ]  |  |
| **Street** | **Property Type** | **Bedrooms** |
| Montrave Path - Over 50s | Amenity | 1 Apt / Studio |
| Montrave Street - Over 50s | Amenity | 1 Apt / Studio |

|  |  |  |
| --- | --- | --- |
| **Halfway - Moss Heights:** Multi Storey (10 high) | [ ]  |  |
| **Street** | **Property Type** | **Bedrooms** |
| Moss Heights Avenue | Multi-storey High Rise | 3 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Halfway - Mosspark Boulevard** | [ ]  |  |
| **Street** | **Property Type** | **Bedrooms** |
| Mosspark Boulevard | Tenement | 1, 2 & 3 Bedrooms |
| 1539 Paisley Road West | Tenement | 1 & 2 Bedrooms |
| 1541 Paisley Road West | Tenement with lift | 1, 2 & 3 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Halfway - Tenements** | [ ]  |  |
| **Street** | **Property Type** | **Bedrooms** |
| Berryknowes Road | Tenement | 2 & 3 Bedrooms |
| Mossview Quadrant | Tenement | 2 & 3 Bedrooms |
| 1656 Paisley Road West | Tenement | 1 Apt / Studio |
| 1704-1744 Paisley Rd West | Tenement | 2 & 3 Bedrooms |

**Section 9 - Areas of Choice (continued)**

|  |  |  |
| --- | --- | --- |
| **Ibrox / Kinning Park Area** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Ibrox Street | Tenement | 1 & 2 Bedrooms |
| Admiral Path | Tenement | 1 & 2 Bedrooms |
| Elizabeth Street | Tenement | 1 Bedroom |
| Govan Road | Tenement | 1, 2 & 3 Bedrooms |
| Ibrox Street | Amenity | 1 Bedroom |
| Ibrox Street | Main Door | 4 Bedrooms |
| Midlock Street | Amenity | 1 Bedroom |

|  |  |  |
| --- | --- | --- |
| **Mount Florida Area** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Prospecthill Road | Tenement with lift | 1 & 2 Bedrooms |
| Prospecthill Road | Main Door | 2 & 5 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Pollokshields Independent Living: Herriet Court (Over 50’s Only)** | [ ]  |  |
| Street | Property Type | Bedrooms |
| 37 Herriet Street | Independent Living | 1 & 2 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Pollokshields Independent Living: Herriet Court (Over 50’s Only)** | [ ]  |  |
| Street | Property Type | Bedrooms |
| 177 Nithsdale Road | Independent Living | 1 Bedroom |

|  |  |  |
| --- | --- | --- |
| **Pollokshields Independent Living: Herriet Court (Over 50’s Only)** | [ ]  |  |
| Street | Property Type | Bedrooms |
| 37 Herriet Street | Independent Living | 1 & 2 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Penilee** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Craigmuir Road | Tenement | 1 & 2 Bedrooms |
| Gleddoch Road | Terraced House | 4 Bedrooms |

**Section 9 - Areas of Choice (continued)**

|  |  |  |
| --- | --- | --- |
| **Pollokshields East** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Albert Drive | Tenement | 1, 2 & 3 Bedrooms |
| Darnley Street | Tenement | 2 Bedrooms |
| Forth Street | Tenement | 2 Bedrooms |
| Glenapp Street | Tenement | 2 Bedrooms |
| Herriet Street | Tenement | 1, 2 & 3 Bedrooms |
| Keir Street | Tenement | 4 Bedrooms |
| Kenmure Street | Tenement | 1, 2 & 3 Bedrooms |
| Leslie Street | Tenement | 2 Bedrooms |
| Lincluden Path | Tenement | Studio, 1 & 2 Bedrooms |
| Lincluden Path | Terraced House | 3 Bedrooms |
| Maxwell Road | Tenement | 1, 2 & 3 Bedrooms |
| McCulloch Street | Tenement | 1, 2 & 3 Bedrooms |
| Melville Street | Tenement | 1, 2 & 3 Bedrooms |
| Shields Road | Tenement | 4 Bedrooms |
| Melville Street | Tenement | 1, 2, 3, & 5 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Pollokshields - St Andrews Road Area** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Maxwell Avenue | Tenement | 1, 2, 3 & 5 Bedrooms |
| Maxwell Avenue | Maisonette | 3 Bedrooms |
| St Andrews Crescent | Mini-Multi Storey | 1 & 2 Bedrooms |
| St Andrews Crescent | Deck Access | 2 & 3 Bedrooms |
| St Andrews Drive | Mini-Multi Storey | 1 & 2 Bedrooms |
| 142 - 152 St Andrews Road | Tenement | 1, 2, 3, & 4 Bedrooms |
| 144 & 150 St Andrews Road | Tenement with lift | 1, 2, 3, & 4 Bedrooms |
| St Andrews Road | Main Door | 4 Bedrooms |
| St Johns Quadrant | Tenement | 1, 2, 3, & 4 Bedrooms |
| St Johns Quadrant | Maisonette | 3 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Pollokshields – Maxwell Grove Area** | [ ]  |  |
| Street | Property Type | Bedrooms |
| 42 – 54 Maxwell Drive | Tenement | 1 Bedroom |
| Maxwell Gardens | Terraced House | 2 Bedrooms |
| Maxwell Gardens | Tenement | 1 Bedroom |
| Maxwell Grove | Tenement | 1 Bedroom |
| 40 – 44 St Andrews Drive | Tenement | 1 Bedroom |

**Section 9 - Areas of Choice (continued)**

|  |  |  |
| --- | --- | --- |
| **Shawlands/Pollokshaws Area** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Tantallon Road | Tenement | 1 & 2 Bedrooms |
| Baker Street | Tenement | Studio, 1, 2 & 3 Bedrooms |
| Grantley Street | Tenement | 2 Bedrooms |
| Minard Road | Tenement | 1 Bedroom |
| Overdale Gardens | Tenement | 1 Bedroom |
| Pollokshaws Road | Tenement | 1 & 2 Bedrooms |
| 1594-1596 Pollokshaws Rd | Tenement | 1 & 2 Bedrooms |
| Waverley Gardens | Tenement | 2 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Strathbungo** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Allison Place | Tenement | 1, 2 & 3 Bedrooms |
| Allison Street | Tenement | 1 & 2 Bedrooms |
| Butterfield Place | Tenement | 2 Bedrooms |
| Chapman Street | Tenement | 1 Bedroom |
| Craigie Street | Tenement | 1 & 2 Bedrooms |
| March Street | Tenement | 1 Bedroom |
| Niddrie Road | Tenement | 1 & 2 Bedrooms |
| Nithsdale Drive | Tenement | 2 Bedrooms |
| Prince Edward Street | Tenement | 1 Bedroom |
| Torrisdale Street | Tenement | 1 Bedroom |
| Pollokshaws Road | Tenement | 1 & 2 Bedrooms |

|  |  |  |
| --- | --- | --- |
| **Wheelchair Adapted Properties (All Tenements)** | [ ]  |  |
| Street | Property Type | Bedrooms |
| Strathbungo | Allison Place | 2 Bedrooms | [ ]  |  |
| Ibrox / Kinning Park | Ibrox Street | 1 Bedroom | [ ]  |  |
| Pollokshields East | Kenmure Street | 1 & 2 Bedrooms | [ ]  |  |
| Cathcart | Manse Brae | 1 Bedroom | [ ]  |  |
| Eglinton Toll | Maxwell Road | 1 Bedroom | [ ]  |  |
| Pollokshields East | Melville Street | 3 Bedrooms | [ ]  |  |
| Mosspark Boulevard | Mosspark Boulevard | 1 & 2 Bedrooms | [ ]  |  |
| Cathcart | Old Castle Road | 2 Bedrooms | [ ]  |  |
| Strathbungo | Pollokshaws Road | 2 Bedrooms | [ ]  |  |
| Mount Florida | Prospecthill Road | 2 Bedrooms | [ ]  |  |
| St Andrews Road Area | St Johns Quadrant | 2 & 3 Bedrooms | [ ]  |  |
| Shawlands / Pollokshaws | Tantallon Road | 2 Bedrooms | [ ]  |  |

**Section 10 – Circumstances**

**10.1 Facilities in Present Home**

**Please indicate below if your current property lacks the following facilities or if you share facilities with other people who will not be moving with you to a new home.**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have Kitchen Facilities? | Click Here | Has an Unfit Notice been served on the property by your council (please provide copy of this)? | Click Here |
| Do you have a bathroom/shower room? | Click Here | Do you have an instant hot water supply and a central heating system? | Click Here |
| Do you have an inside toilet? | Click Here | Is there a rodent infestation in your current home (proof will be required)? | Click Here |

**10.2 Sharing Facilities**

|  |  |
| --- | --- |
| How many people live with you who will NOT be moving with you? | Click Here |

**10.3 Please advise the names of all people who stay at your current home, and the sleeping arrangements. It is important that this is filled out accurately and completely**

|  |  |
| --- | --- |
| Living Room | Click Here to Enter Names of People Who Sleep in Living Room |
| Bedroom 1 | Click Here to Enter Names of People Who Sleep in this Bedroom |
| Bedroom 2  | Click Here to Enter Names of People Who Sleep in this Bedroom |
| Bedroom 3 | Click Here to Enter Names of People Who Sleep in this Bedroom |
| Bedroom 4 | Click Here to Enter Names of People Who Sleep in this Bedroom |
| Bedroom 5 | Click Here to Enter Names of People Who Sleep in this Bedroom |
| Bedroom 6 | Click Here to Enter Names of People Who Sleep in this Bedroom |
| Comments | Enter any other comments re sleeping arrangement that you feel are relevant to you application |

**10.4 Overnight Access to Children**

The Association’s Allocations Policy calculates the amount of bedrooms that a household is entitled. The policy will allow up to one extra bedroom to a parent who can provide evidence that they have access to a child or children on a limited basis for overnight stays (for example, weekends).

|  |  |
| --- | --- |
| Do you require an extra bedroom for overnight access to children? | Click Here and Choose |

**10.5 Health & Mobility**

|  |  |  |
| --- | --- | --- |
| Do you, or anyone who is going to be housed with you, have any medical needs that would be helped by a move to another home? | [ ]  Yes | [ ]  No |
| If **YES**, please detail the person affected below, and briefly explain what the issues are (continue on separate sheet if necessary). **You will be required to verify medical conditions through a Medical Self-Assessment Form, or by providing proof from a medical professional of your condition and how it is affected by your current home.** |
| Person affected | Type of illness/condition/issue |
| Enter Name Here | Mobility | [ ]  | Mental Health | [ ]  | Other | [ ]  |
| Click here to enter details |
| Person affected | Type of illness/condition/issue |
| Enter Name Here | Mobility | [ ]  | Mental Health | [ ]  | Other | [ ]  |
| Click here to enter details  |
| Do you require a property with special adaptations, if so, please detail below (it may be necessary to get an Occupational Therapist’s report:Click here to enter details |

|  |
| --- |
| Please indicate which of the following the following situations best describes how your current property affects your housing needs. |
| Click Here and Choose from List |

**10.6 Harassment and Support**

|  |  |  |
| --- | --- | --- |
| Do you or a member of your household need to move to escape from violence or threats of violence, domestic abuse or harassment at home or in the surrounding area? | [ ]  Yes | [ ]  No |
| If yes, please give details including dates, police reports etc – claims of harassment require to be verified. Please be advised that a maximum of one offer will be made of an otherwise suitable property if highest priority is given under this section. |
| Click here to enter details |

|  |  |  |
| --- | --- | --- |
| Do you need the support of, or give support to, a relative living in one of the Association’s areas, and your current home is too far away to receive this support? | [ ]  Yes | [ ]  No |
| If yes, please give details including the name and address of the person(s) you support (please note that the Association may ask you to provide verification of this: |
| Click here to enter details |

|  |  |  |
| --- | --- | --- |
| Do you require to move into our area from an area where there are no suitable cultural/religious facilities? | [ ]  Yes | [ ]  No |
| If yes, please give details (please note that the Association may ask you to provide verification of this): |
| Click here to enter details |

|  |  |  |
| --- | --- | --- |
| Do you or a member of your household need to move to be nearer a place of education, employment, or a place where you do voluntary work, for 16 or more hours per week, and have an issue with travelling to this place? | [ ]  Yes | [ ]  No |
| If yes, please give details including the address of the establishment and the date you started (verification will be required): |
| Click here to enter details |

**10.7 Special Housing Requirements**

Please indicate which of the following special housing requirements that you require.

|  |  |
| --- | --- |
| **Wheelchair adapted property** – I, or a member of my household, requires, or will require in the future, accommodation that is built or adapted for use by a person who requires a wheelchair | No |
| **Independent Living Accommodation** – I am aged 50 or over and would be interested in independent living accommodation | No |
| **Amenity Accommodation** – I, or a member of my household, has a medical issue which affects mobility and require to be housed in either ground or first floor accommodation. | No |

**10.8 General Housing Questions**

Please answer the following questions. These will help us to ensure that any accommodation offered is suitable for your needs:

|  |  |  |
| --- | --- | --- |
| Are any members of your household on the Sex Offenders Register. This will not preclude you from being offered housing. | Click Here | If Yes. Which one: |
| Click and Enter Name Here |
| Have you or any of your household been subject to legal action taken by a landlord for antisocial behaviour in the last three years? | No |
| Have you or any person in your household been subject to an Antisocial Behaviour Order (ASBO) in the last three years? | No |
| Please indicate here if you will ONLY accept a property which has the option for gas cooking facilities. Otherwise leave blank. | No Preference |
| Please indicate here if you will ONLY accept a property which has gas central heating. Otherwise leave blank | No preference |
| Please indicate if you require any of the following adaptations?Choose more than one if necessary. | [ ]  Level Access Entrance[ ]  Walk In or Level Access Shower[ ]  Wet Room[ ]  Must have bath[ ]  Wheelchair Adapted |
| If you are a single person, would you be interested in a 1apt studio flat | [ ]  Yes | [ ]  No |
| Please indicate the highest floor you would accept in a tenement block with no lift access. Please be advised that priority is given to people with mobility issues for the Ground and 1st Floor levels. | [ ]  Ground [ ]  1st [ ]  2nd [ ]  3rd  |
| Please indicate the highest floor you would accept in a multi storey or high rise flat with lift access. | [ ]  0-3 [ ]  4-10[ ]  11 and higher |
| Are you currently a foster carer | No |

**Section 11 – Housing History**

**Please provide details of your housing history for the last five years**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** | Address Line 1 | **Date From** | Enter Date | **Date To** | Enter Date |
| Address Line 2 | **Reason for Leaving:** | Click here |
| Address Line 3 |
| Address Line 4 | **Landlord Details:** | Enter landlord details here |
| Address Line 5 |
| **Postcode** | Postcode | **Tenure Type:** | Click Here |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** | Address Line 1 | **Date From** | Click to Enter | **Date To** | Click to Enter |
| Address Line 2 | **Reason for Leaving:** | Click to Enter |
| Address Line 3 |
| Address Line 4 | **Landlord Details:** | Enter landlord details here |
| Address Line 5 |
| **Postcode** | Postcode | **Tenure Type:** | Click Here |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** | Address Line 1 | **Date From** | Enter Date | **Date To** | Enter |
| Address Line 2 | **Reason for Leaving:** | Click here |
| Address Line 3 |
| Address Line 4 | **Landlord Details:** | Enter landlord details here |
| Address Line 5 |
| **Postcode** | Postcode | **Tenure Type:** | Click Here |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Address** | Address Line 1 | **Date From** | Enter Date | **Date To** | Enter Date |
| Address Line 2 | **Reason for Leaving:** | Click here |
| Address Line 3 |
| Address Line 4 | **Landlord Details:** | Enter landlord details here |
| Address Line 5 |
| **Postcode** | Postcode | **Tenure Type:** | Click Here |

**Section 12 - Declared Interests**

|  |  |
| --- | --- |
| Are you an employee of the Association? | [ ]  Yes [ ] No |
| Are you related to an employee of the Association? | [ ]  Yes [ ] No |
| If YES, please state: | Name: | Staff Member’s Name |
| Position: | Staff Member’s Position |
| Relationship: | Relationship to you |
| Are you a Management Committee Member? | [ ]  Yes [ ] No |
| Are you related to a Management Committee Member? | [ ]  Yes [ ] No |
| If YES, please state: | Name: | Committee Member’s Name |
| Position: | Committee Member’s Position |
| Relationship: | Relationship to you |

**Declaration – To be signed by the applicant(s) on completion of the form**

I hereby declare that the information given on this form is, to the best of my knowledge and belief, accurate and truthful.

In addition, I understand that my application may be suspended, and any offers of housing may be withdrawn if I, any joint applicants, or any third parties acting on my behalf, subject any member of Southside Housing Association staff or committee members to physical or verbal abuse.

I authorise Southside Housing Association and my former landlords to share information on any tenancies I have held in the past by way of references considered necessary and relevant to this application.

I understand that providing false or misleading information, and withholding information that is material to the application now and at any time, may result in my application being cancelled or suspended and that any tenancies offered can be withdrawn. I also understand that tenancies granted on the basis of false or misleading information may lead to court action for repossession by the Association.

I understand that the completion of this form does not bind Southside Housing Association to any agreement or obligation to make an offer of housing accommodation available to the applicant(s).

I understand that if I should receive an offer of accommodation from Southside Housing Association then I would be required to ensure that the rent is payable in advance as per the Scottish Secure Tenancy Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date |  |
| Joint Applicant Signature |  | Date |  |