

# Greater Easterhouse Common Housing Application Form



## PLEASE NOTE:

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 and they will forward copies to all of those you wish to apply to. If you are not a Tenant, please provide proof of your address when returning the form.
2. Before completing the form, please read the declaration on page 11, you must sign the declaration. In the case of joint applicants, both must sign the declaration.
3. Each organisation operates its own allocation system. This means your application may have greater priority with one than the other. Enquiries should be directed to the organisations to which you have applied.
4. Personal information provided on this form will be treated as strictly private and confidential by the organisation that you are applying to. However, each organisation will inform the other when an applicant joins or is removed from its waiting list or when the applicant is rehoused.
5. Please answer all questions and tick boxes as required, to help us process your application as quickly as possible.  
Please refer to the information leaflet on how to complete this application form.

## PERSONAL DETAILS

### 1 MAIN APPLICANT

### 1a JOINT APPLICANT

ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

Title eg. Mr/Mrs/Ms	Title eg. Mr/Mrs/Ms
Full name:	Full name:
Address:	Address:
Flat Pos:                      Postcode:	Flat Pos:                      Postcode:
Home/Mobile Tel No:	Home/Mobile Tel No:
Other contact Tel No.:	Other contact Tel No.:
National Insurance No.	National Insurance No.

## 2 PERSONS TO BE REHOUSED (INCLUDING ACCESS ARRANGEMENTS FOR CHILDREN)

Full Name	Relationship to Applicant	Date of Birth	Current Address If different from Applicants
	Applicant		

Is anyone in the household pregnant? Yes  No

PLEASE PROVIDE PROOF i.e. MATERNITY CARD

If yes, when is the baby due?

Are any of the children in your household for access only? Yes  No

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

### 3 OTHER PERSONS RESIDENT IN HOUSEHOLD (I.E. WHO WILL NOT BE HOUSED WITH YOU)

(For office use only)

#### MAIN APPLICANT

Full Name	Relationship to Applicant	Date of Birth

#### JOINT APPLICANT ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

Full Name	Relationship to Applicant	Date of Birth

### 4 PRESENT & PREVIOUS TENANCIES

#### MAIN APPLICANT

**STARTING WITH CURRENT ADDRESS**, please give details of all your addresses for the last five years. (Each applicant must supply this information - use a separate sheet if necessary).

Please provide proof of address. If you are not the tenant (please see checklist).

Address	Landlords Name & Address	Tenure (eg Owner/Tenant/Lodger)	Date of Entry / Date of Leaving	Reason for Leaving
CURRENT				
PREVIOUS				
PREVIOUS				
PREVIOUS				
PREVIOUS				

#### JOINT APPLICANT ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

**STARTING WITH CURRENT ADDRESS**, please give details of all your addresses for the last five years. (Each applicant must supply this information - use a separate sheet if necessary).

Please provide proof of address. If you are not the tenant (please see checklist).

Address	Landlords Name & Address	Tenure (eg Owner/Tenant/Lodger)	Date of Entry / Date of Leaving	Reason for Leaving
CURRENT				
PREVIOUS				
PREVIOUS				
PREVIOUS				
PREVIOUS				

### 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 so, please detail name of caseworker and area office address

Name of Caseworker
Area Office Address

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  Drying facilities

Do you share any of the following with another household?

Kitchen  Living Room  Toilet  Bathroom  Bedroom

Does your house suffer from dampness?  Yes  No

Has this been reported to your Landlord?  Yes  No

How many rooms are affected?

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

If yes, please give details:

#### JOINT APPLICANT ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

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

If yes, please give details:

## 7 MEDICAL SUPPORT NEEDS

IF MORE THAN ONE PERSON HAS A MEDICAL CONDITION,  
PLEASE REQUEST A SEPARATE FORM

(For office use only)

### 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 yes, please provide details:

Name of person:

Disability / Condition:

### DOCTORS DETAILS (OF PERSON WITH MEDICAL PROBLEM)

Doctor's Name:

Address:

Tel. No.

Do you / they receive any help from other agencies?  Yes  No

If yes, please give details below


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. (e.g. stairs, no shower rail, on a hill)


Do you / they receive any state benefit for your / their condition? (e.g. disability Living Allowance, Invalidity Benefit)  Yes  No

If yes, please give details below


**Do you / they have difficulty walking?**  Yes  No  Some difficulty

If yes, do you / they use any of these to help you / they to get around?

A Zimmer.....  Yes  No

A Walking Stick.....  Yes  No

A Wheelchair.....  Yes  No

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 your / 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 your / their health problem is not covered by any of the questions above, please tell us how your / their housing affects your / their illness or disability, and how you / they feel a move might help:**


**Do you / they regularly attend a hospital or clinic?**     Yes     No

**IF YES:**

Name of Hospital / Clinic:

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Name of Consultant:

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Please state what medication you / they have currently taken:


**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.**


### ADDITIONAL INFORMATION

Please detail below any additional information you / they wish to be taken into account:


## 8 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?  Receive  Provide

If yes, please give the name and address of the relative and specify your relationship to them / you.

Name:	Address:
Specify Relationship:	

### CARE

Do you / they receive invalid Care Allowance or other Disability Benefits due to your / their illness?

If yes, please give details.  Yes  No


### SUPPORT

Describe the reason support is needed and the type of support provided?




### 11 PERSONAL HISTORY

Do you or anyone detailed on this application form own any property other than the one you are living in at present?

If yes, please provide details.

Yes  No


Do you want to move to be closer to your place of employment / training / education or because you have been given a firm offer of employment?

If yes, please provide details and copies of correspondence to confirm.

Yes  No

Does your household have any animals that will be rehoused with you?

If yes, please give details:

Yes  No


You may require permission to keep certain animals within the property.

### 12 HOUSING (SCOTLAND) ACT 2001 SECTION 63

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?

Yes  No

Name of Committee Member/Employee:

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 REHABILITATION OF OFFENDERS

Have you any previous convictions? If so please give details of conviction and sentence.


NB. You need not give details of offences that are spent under the Rehabilitation of Offenders Act. Custodial sentences of more than 2 and a half years can never be spent.

## 14 CHECKLIST

1. **Proof of current/previous address if staying c/o.**  
e.g. Benefit Book, Driving Licence, NHS Card, current Bank Statement.  
\* 2 proofs required and where a Benefit Book is provided, 2nd proof should be non-benefit related.
2. **Permission to reside.**  
You must have authorised permission from the landlord. (Please note landlords will be contacted for information).
3. **Tenants of private landlords/Private Rented Accommodation.**  
Please provide copy of Tenancy Agreement.
4. **Pregnancy.**  
Copy of Maternity Card required.
5. **Harassment.**  
Confirmation from landlord, police, social work, solicitors or other official source - onus is on the applicant to provide this.
6. **Homeless.**  
Confirmation from Homeless Casework Team or copy of assessment letter.

**IMPORTANT** - Please read the following carefully before signing this application. In order that your application is processed quickly please ensure all sections are fully completed and all relevant documents are enclosed as per checklist.  
**PLEASE REMEMBER TO SIGN AND DATE YOUR APPLICATION FORM.**

## 15 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 Act. The information within this form will need to be verified by any relevant party and in signing this form you give consent for this to be carried out and for third parties to release the required information. 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 ground for the landlord to raise action against you to end the tenancy.

**Signature of Applicant**

**Date**

/ /

**Signature of Joint Applicant**

**Date**

/ /

# Greater Easterhouse Common Housing Application Form



PLEASE RETURN THIS FORM TO ANY OF THE LANDLORDS NOTED ABOVE AND ENSURE YOU HAVE COMPLETED ALL SECTIONS OF THE FORM, SIGNED AND CHECKED THE FORM, ENCLOSED OTHER INFORMATION SUCH AS PROOF OF ADDRESS ETC.