

Application for Housing



All details in this application will be treated in the strictest confidence.

Applications are welcome from any persons over the age of 16 years regardless of their colour, race, gender, age, disability, social background, marital status, religion or sexual orientation.

We would like to be in a position to help everyone however our tenants seem to be happy in their homes and are not moving away. It is getting more difficult to be able to assist everyone on our high demand housing list. If a suitably sized property becomes available and your application is top of the list, we will contact you to arrange a house visit. This visit gives the Association the opportunity to verify the details in your application and also to answer any questions that you may have about your housing options etc. Please refer to the attached guidance which explains the type of information you will be required to support your application.

Should you require advice or assistance in completing this form please contact one of our Housing Officers. Information concerning the Association's Allocation Policy and Procedures is available from the office on request.

This application can be translated, on request, into other community languages. Large print and braille versions can also be provided or it can be put onto tape or computer disc. We also provide a free sign or language interpreting service.

| | |
|--------------------------------------|--|
| Applicant | |
| Joint Application | |
| Application No. (office use only) | |
| Date of Application | |
| Email Address | |



COMPLETING THE FORM

When completing this form please: -

- complete all parts of the application
- write or print clearly
- provide full details where requested
- sign and date the application, if completing electronically then typing your name will be equivalent to providing a signature and will be treated as such.

The application form is divided into two parts: -

Part One relates to your personal details, housing history and housing needs. Your application will be assessed on the information contained within this part only.

Part Two is attached to the back of the application and relates to information required for monitoring purposes only. It has no bearing on your housing application.

There is also a supplementary Medical Questionnaire for those applicants who require housing on medical grounds for themselves or another member of the household.

IMPORTANT

If you are homeless or threatened with homelessness or if you have been forced to leave your home for any reason you should contact the West Case Work Team in Drumchapel on 0141 287 3155.

Alternatively please contact the Homeless Persons Unit of Glasgow City Council. Hamish Allan Centre, 180 Centre Street, Glasgow on 0141 287 1800.

You may also consider joining other local Housing Providers housing lists. You can find a list of local Housing Providers in Drumchapel as part of your application pack.

PART ONE

1. PERSONAL DETAILS

(If you wish this to be a joint application please complete details of both names)

* Please delete as appropriate

| APPLICANT | | JOINT APPLICANT | |
|------------------------|-----------------|------------------------|-----------------|
| Title | Mr/Mrs/Ms/Miss* | Title | Mr/Mrs/Ms/Miss* |
| First Name | | First Name | |
| Surname | | Surname | |
| Date of Birth | | Date of Birth | |
| National Insurance No. | | National Insurance No. | |

2. PRESENT ADDRESS

(please also give name of householder if you are currently a lodger)

| APPLICANT | | JOINT APPLICANT | |
|---------------------------|--|---------------------------|--|
| Name of Householder | | Name of Householder | |
| Address | | Address | |
| Postcode | | Postcode | |
| Reason for Leaving | | Reason for Leaving | |
| Length of Time at Address | | Length of Time at Address | |

ALTERNATIVE ADDRESS

(if you do not wish to receive mail at your present address, provide an alternative here)

| APPLICANT | | JOINT APPLICANT | |
|-----------|--|-----------------|--|
| Address | | Address | |
| Postcode | | Postcode | |

3. CONTACT DETAILS

| | | | |
|-------------------|--|-------------------|--|
| Home No. | | Home No. | |
| Mobile/ Other No. | | Mobile/ Other No. | |
| Work No. | | Work No. | |

4. ECONOMIC STATUS *(Please type X in relevant box)*

| APPLICANT | | JOINT APPLICANT | |
|---------------------------------------|--|---------------------------------------|--|
| Working F/T (35+ hrs per wk) | | Working F/T (35+ hrs per wk) | |
| Working P/T (less than 35 hrs per wk) | | Working P/T (less than 35 hrs per wk) | |
| Training | | Training | |
| Unemployed | | Unemployed | |
| Retired | | Retired | |
| At home (not seeking work) | | At home (not seeking work) | |
| Student | | Student | |
| Disabled/Long-term sick | | Disabled/Long-term sick | |
| Child under 16 | | Child under 16 | |
| Child (custody) | | Child (custody) | |
| Other | | Other | |

5. ETHNIC ORIGIN

Please complete the pink form attached at the back of application and return.

6. CURRENT ACCOMODATION

a) Are you a current tenant of Cernach Housing Association?

YES NO *(please tick one)*

b) Have you previously been a tenant of Cernach Housing Association?

YES NO *(please tick one)*

If answered yes to (b), please give details below:

| Tenancy Address | From | To |
|-----------------|------|----|
| | | |

c) Are you the tenant of your current home?

YES NO *(please tick one)*

If answered yes to (c), please choose one of the following: -

- Housing Association /Co-operative
- Local Authority
- Tenant of Private Landlord
- None of the above

Please provide details of your landlord:

| | |
|----------|--|
| Name | |
| Address | |
| Postcode | |

If answered no to (c), please choose one of the following: -

- Living with Parents/Relatives
- Living in Temporary Accommodation
- Sub-Tenant
- Lodger
- Owner
- Other (please specify below)

| |
|----------|
| Details: |
|----------|

7. HOMELESSNESS

a) Are you homeless?

YES NO *(please tick one)*

b) If yes, have you been interviewed by Glasgow City Council's Homeless Case Work Team?

YES NO *(please tick one)*

Please note that if you are stating you are homeless, you will require to attend an interview with Glasgow City Council, Homeless Case Work Team. We can arrange this for you or you can visit the local West Case Work Team for Advice & Accommodation at 52-54 Dunkenny Square, Drumchapel, G15 8NB.

8. OTHER PERSONS IN YOUR HOUSEHOLD

a) Please give details of all those who live in your current address and tick whether they are to be re-housed with you or not.

| | Name | Date of Birth | Age | Relationship to You | Gender | | To be Re-housed with you? | |
|---|------|---------------|-----|---------------------|--------|--------|---------------------------|----|
| | | | | | Male | Female | Yes | No |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |

b) Is there anyone who is to be re-housed with you who is not currently staying with you?

YES NO *(please tick one)*

If yes, please give details: -

| | Name | Date of Birth | Relationship to You | Current Address | Tenancy Held? | |
|---|------|---------------|---------------------|-----------------|---------------|----|
| | | | | | Yes | No |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

c) Do you or anyone who will live with you have to register with the Police under the Sex Offenders (1997) Act?

YES NO *(please tick one)*

If yes, please tell us who this is _____

9. ACCOMODATION TYPE

Please indicate the type of accommodation you would prefer in Cernach Housing Associations area of operation (Drumchapel) - tick more than one if you wish. Please note that it may not always be possible to offer the exact type of accommodation selected. Please write X in all properties you would be interested in.

| | | | | | |
|---------------|--|----------------------|--|--------------------|--|
| Property Type | | Special Requirements | | Amenities | |
| Flat: | | Wheelchair House | | Garden | |
| Ground Floor | | | | | |
| 1st Floor | | | | | |
| 2nd Floor | | | | | |
| 3rd Floor | | | | | |
| Cottage Flat | | Level Access | | Parking Facilities | |
| Terraced | | No Internal Stairs | | | |
| Semi Detached | | Ambulant Disabled | | | |
| | | Amenity | | | |

10. PRESENT ACCOMMODATION

a) What type of house is your present home, e.g. multi-storey, terraced house, etc.?

| | |
|--|--|
| How many bedrooms are single/1 person? | |
| How many bedrooms are double/2 person? | |

(This information will help us calculate your points more accurately)

c) Do you have the following amenities? *(Please tick one in each row)*

| | YES | NO |
|---------------------|-----|----|
| Cooking facilities | | |
| Your own kitchen | | |
| Your own bathroom | | |
| Inside WC | | |
| Bath/shower | | |
| Hot water supply | | |
| Gas central heating | | |

11. HOUSING HISTORY

Previous Addresses

Provide details of your last THREE addresses.

| FULL Address | Tenancy Held? | | Dates | | Name & Address of Landlord |
|---------------------|---------------|----|-------|----|----------------------------|
| | YES | NO | FROM | TO | |
| | | | | | |
| Reason for Leaving: | | | | | |

| FULL Address | Tenancy Held? | | Dates | | Name & Address of Landlord |
|---------------------|---------------|----|-------|----|----------------------------|
| | YES | NO | FROM | TO | |
| | | | | | |
| Reason for Leaving: | | | | | |

| FULL Address | Tenancy Held? | | Dates | | Name & Address of Landlord |
|---------------------|---------------|----|-------|----|----------------------------|
| | YES | NO | FROM | TO | |
| | | | | | |
| Reason for Leaving: | | | | | |

12. ENVIRONMENTAL FACTORS

a) Do you work in the Drumchapel Area? YES NO *(please tick one)*

If you are having difficulty with travel to work or place of education, please provide details and the name and address of your employer:

b) If you provide care to a resident within the Association area, please give details.

IMPORTANT

Please provide confirmation from the relative and GP that you provide support.

c) If you require care from a resident in the Association area, please give details.

IMPORTANT

Please provide confirmation from the relative and GP that you receive support.

d) If you, or a member of your household, are applying on medical or social grounds, please give details of any medical or social problems relating to yourself or family members. (Please also complete the medical questionnaire and include a medical certificate if applicable)

e) If there is dampness, rain penetration or excessive draughts within your home, please give details, including where it is and its extent. (Proof required).

f) Do you expect any changes in your housing situation in the near future?

Please give details:

g) Is there anything else you wish to be taken into consideration?

Please give details:

h) Are you related to any committee member or officer of Cernach Housing Association Ltd?

YES NO *(please tick one)*

If yes, please give details:

| Name | Relationship to You | Committee Member/Staff Member |
|------|---------------------|-------------------------------|
| | | |
| | | |

Note: The provision of this information will not affect your application

13. OTHER HOUSING OPTIONS

a) Shared Ownership is for people who would like their own home but cannot afford to purchase outright the house size and type required. The purchaser buys a proportion of the property only either 25%, 50%, or 75% and pays rent for the remainder. The rent is set annually and is lower than a tenant of a similar property as the rent reflects that the purchaser is responsible for carrying out all the internal repairs.

Further shares may be purchased when your personal and/or financial circumstances allow. There is no obligation to increase your level of ownership - it's entirely up to you.

Would you be interested in Shared Ownership? YES NO *(please tick one)*

14. DECLARATION

I/We understand that the following conditions apply to this application.

1. Completion of this form is in no way binding on either party at this stage and particularly does not bind Cernach Housing Association Ltd to make any firm offer of housing or prevent me/us from seeking housing elsewhere.

2. All the statements made are true and accurate and any false or misleading information deliberately withheld may result in one of the following:-

- a) The application being cancelled
- b) The offer of tenancy being withdrawn
- c) Where a tenancy has been granted, the Association will seek repossession.

3. Permission under the Data Protection Act 1998 is given to Cernach Housing Association Ltd to obtain information from necessary sources to process this application.

| | | |
|-----------------------|--|--|
| Applicant's Signature | | |
| Date | | |

Where a joint application is being made, the joint tenant should also sign the declaration here.

| | | |
|---|--|--|
| Joint Applicant's Signature (where applicable) | | |
| Date | | |

If completing this form online, please note that your full name typed in the above box constitutes a signature and will be treated as such.

PLEASE RETURN YOUR COMPLETED FORM TO:

Cernach Housing Association Limited
79 Airgold Drive
Drumchapel
Glasgow
G15 7AJ

Tel: 0141 944 3860

Fax: 0141 944 8925

E-mail: admin@cernachha.co.uk

Website: www.cernachha.co.uk

Cernach Housing Association is a recognised Scottish Charity (SCO36607)

