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**1 Cressy Street, Linthouse, Glasgow G51 4RB**

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| --- | --- |
| **Official Use Only** | |
| Date Received: | Reference No: |
| Internal Transfer?  (tick) | |

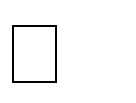
[**www.linthouseha.com**](http://www.linthouseha.com/)

**Housing Application Form**

If you have any difficulty with sight or hearing, or if you need this form in a different format or language, please let us know and we will provide the information in a form that suits your needs. Alternatively we can provide an interpreter to assist you with completing the form, or our staff may also be able to help you.

## PLEASE COMPLETE ALL SECTIONS AND SIGN THE DECLARATION AT THE END OF THE FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Applicant** | | | **Joint Applicant** | | |
| **Title (Mr, Mrs, Miss etc)** |  | | **Title (Mr, Mrs, Miss etc)** |  | |
| **First Name** |  | | **First Name** |  | |
| **Surname** |  | | **Surname** |  | |
| **Date of birth** |  | | **Date of birth** |  | |
| **Address**  **(please**  **indicate if c/o)** |  | | **Address**  **(please**  **indicate if c/o)** |  | |
| **Floor Level / Flat no** | |  | **Floor Level / Flat no** | |  |
| **Postcode** | |  | **Postcode** | |  |
| **Telephone (Day)** | |  | **Telephone (Day)** | |  |
| **(Mobile)** | |  | **(Mobile)** | |  |
| **Email address** | |  | **Email address** | |  |
| **Nat. Ins No:** | |  | **Nat. Ins No:** | |  |
| Preferred Method of Communication (you can only chose one)  Other (give details): | | Letter  Phone  Braille  Email  Text  Large-print letter  Home visit | Preferred Method of Communication (you can only chose one)  Other (give details): | | Letter  Phone  Braille  Email  Text  Large-print letter  Home visit |

Have you provided proof of ID/residency to allow us to assess your application? *You must provide proof of ID/residency before we can assess your application and award you points. The kind of things we can accept are:*

* a letter/statement/ bill from your Local Authority or Council (e.g., Council Tax); ● a letter/statement/ bill from your gas or electric company; ● your payslip with address; ● a DWP letter; ● a Housing Benefit or Universal Credit letter;
* a letter from your landlord; ● your tenancy agreement or private sector lease; ● a bank or building society letter or statement; ● a current photographic driving license with your address on it; ● or a national health card.

# If you would like us to write or contact you at an address which is different from the one given on the front page, please tell us where we can contact you in the following in the section:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Correspondence Address (if different from address on page 1) | | | | Correspondence Address (if different from address on page 1) | | | | | | | |
| Address (please indicate if c/o) |  | | | Address  (please indicate if c/o) | | |  | | | | |
| Floor Level / Flat no | |  | | Floor Level / Flat no | | | | |  | | |
| Postcode | |  | | Postcode | | | | |  | | |
|  | | | | | | | | | | | |
| **1. Where you live at present** | | | | | | | | | | | |
| a) Please give details of your current accommodation. Are you? | | | | | | | | | | | |
| A private rented tenant  A social rented tenant with a housing association or local authority | | | | | | If so who is your landlord? | | | | | |
| An Owner | | | | | | Living with parent(s) | | | | | |
| Living in a Caravan | | | | | | Living care of friends / relatives | | | | | |
| Living in temporary or hostel accommodation | | | | | | Homeless / No fixed abode | | | | | |
| b) How long have you lived at this address? | | | | | | Years Months | | | | | |
| c) How many **bedrooms** are there? Please circle  the number of bedrooms: 1. 2. 3. 4. 5. 6. | | | | | | | | | | | |
| d) Starting with yourself, please list below **everyone** who lives with you now in your **present** house. Please indicate anyone who will **not** be moving with you by ticking the box in the last column beside their name. | | | | | | | | | | | |
| Surname | | First Name | Mr/Mrs Ms/Miss | | | Date of Birth | | Relationship to you | | | **Not** moving with me |
|  | |  |  | | |  | | *Myself* | | |  |
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| e) If you have listed any children, do they live with you all the time? | | | | | | Yes | | | | No | |
| If no, please provide details: | | | | | | | | | | | |
| f) Is anyone expecting a baby? | | | | | Yes | | | | | No | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If YES, please tell us who they are and the date the baby is due. Name Expected Due Date: | | | | | | | | |
| g) Please give the names and addresses of anyone who **does not live with you at the moment**, but who would be  part of your household if you are re-housed (do not include anyone already listed at 1d) | | | | | | | | |
| Mr/Mrs Miss/Ms | Surname | | First Name | | Address | Date of Birth | | What is their relationship to  you? |
|  |  | |  | |  |  | |  |
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| **2. Previous Addresses** | | | | | | | | |
| Please give details of the addresses you have lived at for the last three years, before moving to your present address. | | | | | | | | |
| Address  (include flat no.) | | Landlord  (Name and Address) | | Date  From To | | | Reason for Leaving | |
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| **3. Private Rented Accommodation** | | |
| a) Do you live in a private let? | Yes | No |
| b) Have you been issued with a formal Notice to Leave  the property? | Yes | No |
| If YES, when do you have to leave the property? | Date: | |
| If YES, please tell us **when** you have to leave and **why**? | | |

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| **4. Homelessness** | | |
| c) Do you consider yourself to be homeless? | Yes | No |
| d) Have you been assessed as homeless by your local  authority? | Yes | No |
| If YES, when did you present as homeless and where? | When | |
| Where: | |
| e) Do you have to leave your present accommodation in the next 6 months? | Yes | No |
| If YES, please tell us **when** you have to leave and **why**? | | |

## IF YOU ARE NOT THE TENANT OF THE PROPERTY, PLEASE GO TO SECTION 6

|  |  |  |
| --- | --- | --- |
| **5. If you are a tenant – and the property is in poor condition** | | |
| a) Is your property subject to a closing order or below tolerable standard (BTS)? | Yes | No |
| Please give details | | |
| b) Are any of the following problems evident in your property? | | |
| Rising or penetrating dampness | Yes | No |
| Serious condensation or mould growth in at least two rooms | Yes | No |
| Which rooms in your house is this evident? | | |

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| **6. If you live in unsatisfactory housing conditions** | | |
| Please tick the following boxes if you are **sharing** the following facilities with other people or if you are **lacking** access to them altogether: | | |
|  | Sharing | Lacking |
| Suitable kitchens/cooking facilities |  |  |
| An inside toilet/W.C. |  |  |
| A bathroom/shower room |  |  |
| A hot water supply |  |  |
| If you ticked any of the boxes please give details: | | |

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| --- | --- | --- | --- |
| **7. Social/Family Need: only complete part a) and b) if you live out-with the G51 ( Govan) postcode** | | | |
| a) Do you need to give or receive help or support from family who live in the G51 area of Govan (Linthouse, Drumoyne, Shieldhall) area? | | Yes | No |
| If yes, who is the relative and please give details of support given or received? | | | |
| Name |  | | |
| Address |  | | |
| Relation to you |  | | |
| Support received/given (require supporting evidence) |  | | |

|  |  |  |
| --- | --- | --- |
| b) Are you currently in employment in the G51 postcode area? | Yes | No |
| If yes, give provide the name and address of your employer: | | |
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|  | | |
|  | | |
|  | | |
| c) Have you been approved for adoption or kinship rights and need to move as a result? | Yes | No |
| If yes, give details | | |
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| **8. Medical Factors** | | |
| a) Do you or any of your household suffer from a medical condition or impairment which makes your present accommodation unsuitable? | Yes | No  **IF NO, PLEASE GO TO SECTION 9** |
| Please summarise your medical condition or impairment below. | | |
|  | | |
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|  | | |
| b) Please describe how you feel that re-housing would make a difference to your medical condition or impairment. | | |
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| Please complete a Medical Self Assessment Form (included in the pack) | | |
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| **9. Harassment/abuse** Are you experiencing any of the following types of harassment? | | |
| Racial harassment | Yes | No |
| Domestic | Yes | No |
| Other forms of harassment / intimidation | Yes | No |
| If yes, please give a brief summary of the problems you are experiencing and details of why you need to move house | | |
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| Is there anything else you would like to tell us in support of your application – please fill in section below: |
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| **9. Housing Choices** |

I would consider **any** available accommodation within Linthouse Housing Association stock (please tick)

**OR**

Please list the streets and types of properties you would **NOT** consider by looking at the property details listed in the enclosed leaflet: *Application for Housing Guide: the areas and types of houses we manage*

|  |
| --- |
| Please use the space below to tell us any other preferences you have for property types or area choice (for example areas/types of properties **that you would *not* consider**). This is to prevent us making an offer to you that you do not want. |
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| --- | --- | --- | --- | --- | --- |
| Please also state which floor you would accept accommodation on: | | | | | |
| i) Where there **is a lift** | | | ii) Where there are stairs and **no lift (e.g. tenement flat)** | | |
| Any floor | Yes | No | Any floor | Yes | No |
| Up to 1st floor | Yes | No | Ground Floor | Yes | No |
| 1st to 4th floor | Yes | No | First Floor | Yes | No |
| 5th to 14th floor | Yes | No | Second or third Floor | Yes | No |

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| **10. Ethnic Origin / Protected Characteristics** |

# Please answer the following questions to provide the Association with statistics which can be monitored to ensure that we do not discriminate against any individual or group. This information is confidential and does not influence how your application is dealt with in any way.

Please tick one box for yourself and one for your partner, if appropriate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Applicant | |  | Joint Applicant | | | |
| **A** | White | A | White |  |
|  | Scottish |  | Scottish |  |
|  | Other British |  | Other British |  |
|  | Gypsy / traveller |  | Gypsy / traveller |  |
|  | Polish |  | Polish |  |
|  | Irish |  | Irish |  |
|  | Any other White background, please write in |  | Any other White background, please write in | |
|  |  |  |  |  |
|  |  |  | |
| B | Mixed or multiple ethnic background | B | Mixed |  |
|  | Any Mixed background, please write in |  | Any Mixed background, please write in |  |
|  |  |  |  |  |
|  |  |  | |
| C | Asian, Asian Scottish, or Asian British | C | Asian, Asian Scottish or Asian British |  |
|  | Indian |  | Indian |  |
|  | Pakistani |  | Pakistani |  |
|  | Bangladeshi |  | Bangladeshi |  |
|  | Chinese |  | Chinese |  |
|  | Any other Asian background, please write in |  | Any other Asian background, please write in | |
|  |  |  |  |  |
|  |  |  | |
| D | Black, Black Scottish, or Black British | D | Black, Black Scottish, or Black British |  |
|  | Caribbean |  | Caribbean |  |
|  | African |  | African |  |
|  | Any other Black background, please write in |  | Any other Black background, please write it | |
|  |  |  |  |  |
|  |  |  | |
| E | Other ethnic background | E | Other ethnic background |  |
|  | Arab, Arab Scottish or Arab British |  | Arab, Arab Scottish or Arab British |  |
|  | Any other background, please write in |  | Any other background, please write in |  |
|  |  |  |  |  |
| F | Prefer not to say | F | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| G | Do you consider yourself or anyone in your household to have a disability? | Yes | No |
| I What is your gender?  My gender is not represented here. This is how I would describe my gender (please give brief detail) | | Male  Intersex | Female  Prefer not to say |
| J Have you ever identified as a transgender person? | | Yes  Not sure | No  Prefer not to say |
| K | What is your age? | 0-15 | 16-24 |
|  | | 25-34 | 35-44 |
|  | | 45-54 | 55-64 |
|  | | 65-74 | 75-84 |
|  | | Over 85 | Prefer not to say |
| L What is your religion or belief? | | Atheist or none | Hindu |
|  | | Christian: Church of  Scotland | Humanist |
|  | | Christian: Roman  Catholic | Jewish |
|  | | Other Christian | Muslim |
|  | | Buddhist | Sikh |
|  | | Atheist | Agnostic |
|  | | Not sure | Prefer not to say |
| My religion or belief is not represented here. This is how I would describe my religion or belief (please give brief detail) | | | |

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| --- |
| **11. Data Protection Act 1998 & Declaration** |

## Declaration of Interest

All housing tenancy offers are made in accordance with our Housing Allocations Policy. We ask housing applicants to declare any relevant connections to Linthouse HA Management Committee members or our employees. This will help us to manage any potential conflicts of interest in an appropriate manner.

Our aim is to ensure our Committee members, employees, or relatives or close friends of either, do not receive any preferential treatment due to a connection with the Association. Nor should they be unfairly disadvantaged, though any such allocations generally will require prior approval by our Committee.

Please assist us by answering these questions:

|  |  |  |  |
| --- | --- | --- | --- |
| Either NOW or WITHIN THE LAST 12 MONTHS, have you or any of your relatives been: | | | |
| Are you a Management Committee member of the Association? | | Yes | No |
| Are you a relative of a Management Committee member of the Association? | | Yes | No |
| An employee of Linthouse Housing Association? | | Yes | No |
| Are you a relative of an employee of the Association? | | Yes | No |
| If YES, please state the following | | | |
| Name of Relative |  | | |
| Address of Relative |  | | |
| Relationship to you |  | | |
| Their Position Held |  | | |

1. Declaration on Data Protection

In processing this application, the Association will comply with the requirements of the Data Protection Act 1998. We will ensure that the information you have supplied is used only for the specific purpose for which it was intended. We will not divulge to a third party any information you have supplied without your express permission, unless we are required to do by law (Part IV of the Data Protection Act 1998). You also have legal rights to know what information we hold about you, and to ask for access to this information. Please let us know if you wish to exercise these rights.

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**Please read and sign the following declaration**

|  |  |
| --- | --- |
| * I/we authorise Linthouse Housing Association Limited to make enquiries and to obtain such information as they consider necessary, for the purposes of assessing my housing application. I/we agree that the Association may do so by contacting such persons as they consider appropriate. * I/we give permission for Linthouse Housing Association Limited to verify any information supplied on this form (e.g. with my doctor, landlord or a local authority). I also give my permission for the Association to approach my/our present or former landlord(s) to disclose tenancy details, including my/our adherence to the tenancy conditions. | * I/we give consent to the processing of all personal information provided to Linthouse Housing Association Limited in connection with:   + this housing application; and/or   + any tenancy granted to me/us as a result of this housing application. * I/we certify that the information given in this application for housing is true. * I/we understand that any false or misleading information, or information deliberately withheld, may result in:   + this application being cancelled; and/or   + any offer of tenancy being withdrawn; and/or   + an application to the Sheriff Court for an eviction order if the tenancy has been granted. |

# Signed (Applicant) Date

Signed (Joint Applicant/Partner) Date

**It is important to remember that Linthouse Housing Association charge rent one**

**month in advance. This means that if you are offered a house you will need to pay your first rent payment when you come to the office to get keys and sign up for a house.**

**If you cannot pay your first month rent in advance and are receiving welfare benefits, you can speak to one of our welfare rights officer and/or our Customer Services Team for advice on paying your first payment of rent in instalments.**

|  |  |  |  |
| --- | --- | --- | --- |
| OFFICIAL USE ONLY | | | |
| Date form received: | | Date of review: | |
| **Summary** | |  | |
| Points Level: | | Apt Size: | |
| Assessed by: | | Confirmed by: | |
| Date Points letter issued: | | Ref No: | |
|  | |  | |
| **Points Assessment** | **Level of points** | **Level of points** | |
| **No secure accommodation** |  | **Overcrowding/Under Occupation** |  |
| Homeless | Overcrowding |
| Insecure Tenancy | Under Occupation (social housing tenants only) |
| **Condition of Property** | **Medical (priority)** |
| Below Tolerable Standard (BTS) | High |
| Dampness / condensation (two rooms) | Medium |
|  | Low (LHA tenants only) |
| **Unsatisfactory housing conditions** |  |
| Lacking amenities (total) | **Social/Family Need** |
| Sharing amenities with family/friends | Provide/receive support |
| Sharing in B&B/ hostel etc | Adoption/kinship |
|  | Local Employment |
| **Harassment/abuse (priority)** |  |
| High |  |
| Less Serious (LHA tenants only) |  |
| **Change in circumstances** | | | |
| Date of change: | | Change to points: | |
| Changed by: | | Date letter issued: | |

**Notes**

Date letter issued:

Changed by:

Change to points:

Date of change:

**Notes**