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



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

**enquiries@linthouseha.com** **/ 0141 445 441**

**Housing Application Form**

If you require additional support to complete the application, please contact the office and we can assist you.

**ALL SECTIONS MUST BE COMPLETED INCLUDING SIGNED DECLARATIONS. INCOMPLETE FORMS CANNOT BE PROCESSED UNTIL ALL INFORMATION AND SUPPORTING EVIDENCE HAS BEEN PROVIDED.**

|  |  |
| --- | --- |
| **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****(Indicate if c/o)** |  | **Address****(Indicate if c/o)** |  |
| **Flat position** |  | **Flat Position** |  |
| **Postcode** |  | **Postcode** |  |
| **Telephone (Day)** |  | **Telephone (Day)** |  |
| **(Mobile)** |  | **(Mobile)** |  |
| **Email address** |  | **Email address** |  |
| **Nat. Ins No:** |  | **Nat. Ins No:** |  |
| Please tick your preferred method of communication:Letter ☐ Text ☐Phone ☐ Email ☐Please tick if you require letters to be:In Braille ☐ Large Print ☐ Other requirements: | Please tick your preferred method of communication:Letter ☐ Text ☐Phone ☐ Email ☐Please tick if you require letters to be:In Braille ☐ Large Print ☐ Other requirements: |

If you would like for letters to be sent to a different address than outlined above, please note below:

|  |  |
| --- | --- |
| Correspondence Address | Correspondence Address |
| Address:Flat position:Postcode: | Address:Flat position:Postcode: |

***You must provide ID and proof of residence for all applicants before we can assess your application.*** *Acceptable forms of ID can be passport, driving licence or birth certificate. Acceptable proof of residence can be any letter addressed to you at your current property within the last 3 months.*

|  |
| --- |
| **1. Where you live at present** |
| 1. **What date did you move into your current address**?
 |  |
| 1. **Please tick the appropriate box, are you currently:**

A private rented tenant ☐A tenant with a housing association or local authority ☐Living care of friends / relatives ☐Living with parent(s)☐ | An Owner☐Living in a Caravan ☐Living in temporary or hostel accommodation ☐Homeless / No fixed abode ☐ |
| **Provide the name, address, and contact number for your current landlord, if you are staying in care of or are experiencing homelessness, please provide the information for your most recent landlord:** |
| **C) How many bedrooms are in the property?** 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.****ID for all those who are being rehoused with you is required before your application can be processed.** |
| Surname | First Name | Title | Date of Birth | Relationship  | **Not** moving  |
|  |  |  |  | *Myself* | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  |  |  |  |  | ☐ |
|  **E) If you have listed any children, do they live with you all the time?** Yes [ ]  No [ ]  If NO, then please provide details:  |
|  **F) Is anyone expecting a baby?** Yes ☐ No☐ If YES, when is the baby due? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If YES, copy of MATB1 must be provided.** |
|  **G) Please give the names and addresses of anyone who does not currently live with you, but will be rehoused with you (do not include anyone already listed as a joint applicant or in section 1D)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | First Name | Address | D.O.B | Relationship |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **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  | Yes [ ]  | No [ ]  |
| **If YES, a full copy of the Notice to Leave must be provided.** |

|  |
| --- |
| **4. Homelessness** |
| A) Do you consider yourself to be homeless? Yes [ ]  No [ ]   |
| B) Have you been assessed as homeless by your local authority? Yes [ ]  No [ ]    **If YES, a copy of the homeless duty letter must be provided with your application**  |
| C) Do you have to leave your present accommodation within 6 months? Yes [ ]  No [ ]    If YES, please detail 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 [ ]    **If YES, please provide evidence, such as a letter from environmental health or landlord.** |
| 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 [ ]   **If yes, please detail which rooms in your property this is evident and provide pictures.** |
| **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: |

|  |
| --- |
| **7. social/Family Need** **Sections A and B should only be completed if you do not currently live in the G51 area** |
| A) Do you 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, please provide the following information of the person giving or receiving the support:**  |
| Name |  |
| Address |  |
| Relation to you |  |
| What support is given/received and how is your current accommodation restricting this from happening |  |
| B) Are you currently in employment in the G51 postcode? Yes ☐ No ☐ **If yes, please provide proof of employment, this should have your name, the employers name and address on it.**  |
| C) Have you been approved for adoption or kinship rights and need to move as a result? Yes ☐ No ☐ **If YES, please provide further details** |

|  |
| --- |
| **8. Medical Factors** |
| 1. 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****IF, YES, PLEASE CONTINUE AND ENSURE TO COMPLETE THE SEPARATE MEDICAL ASSESSMENT FORM**  |
| Please summarise your medical condition or impairment and how your current housing is unsuitable. |
|  |
|  |
|  |
|  |
|  |
| B) Please describe how re-housing would make a difference to your medical condition or impairment. |
|  |
|  |
|  |
|  |
|  |
| 1. Do you need an additional bedroom due to a medical condition or impairment?

Yes ☐ No ☐ **If YES, please provide supporting evidence that details this, for instance a letter from a health professional** |

|  |
| --- |
| **9. Harassment/abuse**  |
|  A) Are you experiencing any of the following?Racial harassment Yes ☐ No ☐ Domestic Abuse Yes ☐ No ☐ Other forms of harassment / intimidation Yes ☐ No ☐  **If YES, please provide supporting evidence such as a letter from ASSIST, Police Scotland, Victim Support or Women’s Aid etc.** |
| B) Provide a brief summary of the harassment that you have been experiencing within the last 6 months, please include when it has taken place, how often and any action taken by professional bodies. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  C) Have you reported these incidents to the police and your landlord? Yes ☐ No ☐  **If YES, please provide any crime reference numbers** |

|  |
| --- |
| **10) Is there anything else you would like to tell us in support of your application**  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

***Please continue on another sheet if you feel there is something you need to let us know about that hasn’t already been covered.***

|  |
| --- |
| **11) Housing Choices** |
| A) Would you consider any available accommodation within Linthouse Housing Association?Yes ☐ No ☐ **If NO, please tick the areas that you would like to be considered for:** Linthouse [ ]  Langlands [ ]  Drumoyne [ ] **Please tick all the property types that you would like to be considered for:**Tenement Flats [ ]  4 in a block [ ]  Houses [ ]  Ground Floor Only [ ] Multi-storey flats (55 years +) [ ]  Amenity Housing (55 years+) [ ]  Wheelchair Adapted [ ]  |
| B)What is the highest floor level you would accept where there is a lift? What is the highest floor level you would accept where there are no lifts? |
| C) What size of property do you require?1 bedroom [ ]  2 bedroom [ ]  2 bedroom [ ]  4 bedroom [ ]  Would you consider a bedsit?Yes ☐ No ☐  |

**Important Information:**

**Please note that 90% of our stock is predominantly one and two bedroom tenement flats located in the Linthouse area. We do have around 125 houses that two bedroom (75) three bedroom houses (46), and four bedroom houses (3) across all of our areas. If you have only selected houses on your application, please be advised that there is no guarantee that we will be able to assist you and there will be a significantly increase in the length of time before property become available. As most of our stock is tenemental properties, this is likely to be what comes available. Please consider this when you are completing your application for a Linthouse property.**

**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 the boxes appropriate:

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| G | Do you consider yourself or anyone in your household to have a disability? |  Yes [ ]   | No [ ]  |
| H What is your gender? |  Male [ ]  Intersex [ ]  | Female [ ] Prefer not to say [ ]  |
|  | My gender is not represented here. This is how I would describe my gender (please give brief detail)  |
| I Have you ever identified as a transgender person? | Yes [ ] Not sure [ ]  | No [ ] Prefer not to say[ ]  |
| J | 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 [ ]  |
| K What is your religion or belief? | Atheist or none [ ]  | Hindu [ ]  |
|  | Christian: Church ofScotland [ ]  | Humanist [ ]  |
|  | Christian: RomanCatholic [ ]  | 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 describe my religion or belief (please give brief detail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



**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 officers and/or our Customer Services Team for advice on paying your first payment of rent in instalments**.