



Arklet Housing Association Ltd

Housing Application Form

For Applicants applying for properties in Glasgow,
Barrland Court & Walton Court

For Association Use only

Application Reference No:

Name:

Address

Tel No:

Date Received:

Date Interviewed:

Barrland Court Barrland Drive Giffnock G46 7QD
T: 0141 620 1890 F: 0141 620 3044

Registered under the Industrial and Provident Societies Acts (No. I572R(S)) Scottish Charity No SC009847 and with Scottish Homes (No HEP 114)
Registered Office: Barrland Court, Barrland Drive, Giffnock, Glasgow, G46 7QD. Director: Maureen Paterson

CHAIRMAN: BERNARD SOLOMONS. M. A. VICE CHAIRMAN: MELVILLE A ROBINSON. M.A. TREASURER: AVRIL SLOANE. C.A.

Guidance for Applicants

We operate a policy of equal opportunities for all applicants to ensure that there is no discrimination on the following grounds:

- Sex or marital status
- Race
- Disability
- Age
- Sexual orientation
- Language or social origin, or
- Personal beliefs or opinions.

This document can be made available in other languages and other formats on request, for example, in large print, or in Braille.

All information that you give on this form is treated in confidence. However, evidence of identification may be requested.

You will be given information about this policy in a format that is accessible to you. Housing Staff will provide details when you ask for an application form.

Assistance in completing this form is available on request. Please contact us if you are unable to complete any part of this form. We may not be able to process your application within our target period of five working days if relevant details are not provided.

Contact a member of the Housing Management Team at the Association office if you require assistance in completing this form.

Tel: 0141 620 1890

Data Protection Statement

All personally identifiable information provided to Arklet Housing Association is processed in accordance with the principles of the Data Protection Act 1998. We will process the information for the purposes of your application for housing. If you are successful in obtaining accommodation we will use the information as history notes. We will keep details of your application confidential and will not disclose them to third parties except where we are required to do so by law, or where we have obtained your consent in advance.

Section A—Personal Details

Main Applicant

Title:

First name (s)

Surname:

Male

Female

Date of Birth:

 / /

National Insurance No:

Address

Postcode

Current Residency:

(For example. owner or rented)

Correspondence address (if different from above):

Postcode

Tel No:

Mobile:

Email:

Joint Applicant

Title:

First name (s)

Surname:

Female

Date of Birth:

 / /

National Insurance No:

Address

Postcode

Current Residency:

(For example. owner or rented)

Correspondence address (if different from above):

Postcode

Tel No:

Mobile:

Email:

Relationship to main applicant

Previous Addresses

Please tell us about your previous addresses over the last five years
(start with current address)

This is used only to carry out tenancy checks with your permission

Main Applicant

1. Address

From

 / /

To

 / /

Tenure (example; Tenant, Owner etc)

Name and Address of Landlord

2. Address

From

 / /

To

 / /

Tenure

Name and Address of Landlord

Joint Applicant

1. Address

From

 / /

To

 / /

Tenure

Name and Address of Landlord

2. Address

From

 / /

To

 / /

Tenure

Name and Address of Landlord

Previous addresses

Main Applicant

3. Address

From

 / /

To

 / /

Tenure (example; Tenant, Owner etc)

Name and Address of Landlord

4. Address

From

 / /

To

 / /

Tenure

Name and Address of Landlord

Joint Applicant

3. Address

From

 / /

To

 / /

Tenure

Name and Address of Landlord

4. Address

From

 / /

To

 / /

Tenure

Name and Address of Landlord

About your household

Please tell us about the people **currently** living with you.
You should also tell us which of them will be rehoused with you

1. Name

Date of birth
 / /

Male Female

Relationship to applicant

Are they to be rehoused with you
Yes No

2. Name

Date of birth
 / /

Male Female

Relationship to applicant

Are they to be rehoused with you
Yes No

3. Name

Date of birth
 / /

Male Female

Relationship to applicant

Are they to be rehoused with you
Yes No

4. Name

Date of birth
 / /

Male Female

Relationship to applicant

Are they to be rehoused with you
Yes No

5. Name

Date of birth
 / /

Male Female

Relationship to applicant

Are they to be rehoused with you
Yes No

6. Name

Date of birth
 / /

Male Female

Relationship to applicant

Are they to be rehoused with you
Yes No

About your household

Are you in the process of adopting or fostering a child/children?

Yes No

If yes, please give the following details.

Name and address of agency

Likely date the child will be living with you / /

Not yet known

Are you or anyone who will be rehoused with you related to any of the following?

- Anyone who is a board or management committee member of the Association
- Anyone who is or was an employee of the Association

Yes No

1. Name

Relationship to you

Position within organisation

2. Name

Relationship to you

Position within organisation

3. Name

Relationship to you

Position within organisation

4. Name

Relationship to you

Position within organisation

About your household

Is there anyone not currently living with you that you want to be housed with you. Please include the details of children where there is shared access arrangement and carers who need to live with you

Name

Date of Birth

 / /

Male

Female

Relationship to applicant

Address they are currently staying at

Name

Date of Birth

 / /

Male

Female

Relationship to applicant

Address they are currently staying at

Name

Date of Birth

 / /

Male

Female

Relationship to applicant

Address they are currently staying at

Name

Date of Birth

 / /

Male

Female

Relationship to applicant

Address they are currently staying at

Is anyone on your application pregnant?

Yes

No

Expected due date

 / /

Section B: About where you currently live

Please tick the box below which best describes your current housing circumstance

- | | | | |
|--------------------------------------|--------------------------|----------------------------------|--------------------------|
| Tenant of Arklet Housing Association | <input type="checkbox"/> | Living with parents | <input type="checkbox"/> |
| Tenant of other Housing Association | <input type="checkbox"/> | Living with friends or relatives | <input type="checkbox"/> |
| Tenant of Local Authority | <input type="checkbox"/> | Lodger | <input type="checkbox"/> |
| Property rented privately | <input type="checkbox"/> | Prison | <input type="checkbox"/> |
| Own your property | <input type="checkbox"/> | Hospital | <input type="checkbox"/> |
| Property tied to job | <input type="checkbox"/> | H.M. Forces | <input type="checkbox"/> |
| Homeless | <input type="checkbox"/> | Caravan/mobile home | <input type="checkbox"/> |
| Hostel/Bed & Breakfast | <input type="checkbox"/> | Shared Ownership/Equity | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | No fixed abode | <input type="checkbox"/> |

Please state

What type of property do you currently live in ?

Please tick one of the boxes which best describes the type of property you live in

- | | | | |
|---------------------------------|--------------------------------------|---------------------------------------|--------------------------|
| Tenement Flat | | House | <input type="checkbox"/> |
| Ground <input type="checkbox"/> | Floor Level <input type="checkbox"/> | | |
| Maisonette Flat | | Sheltered Housing | <input type="checkbox"/> |
| Ground <input type="checkbox"/> | Floor Level <input type="checkbox"/> | | |
| Multi-storey Flat | | Amenity Housing | <input type="checkbox"/> |
| Ground <input type="checkbox"/> | Floor Level <input type="checkbox"/> | | |
| 4 in a block flat | | Bedsit | <input type="checkbox"/> |
| Ground <input type="checkbox"/> | Upper <input type="checkbox"/> | | |
| | | Room in a shared house or flat | <input type="checkbox"/> |

Please state the number of bedrooms in your property

- | | | | |
|------------------------------------|--------------------------|-----------------------|--------------------------|
| Number of double rooms in property | <input type="checkbox"/> | used by people moving | <input type="checkbox"/> |
| Number of single rooms in property | <input type="checkbox"/> | used by people moving | <input type="checkbox"/> |

About where you currently live

What facilities do you have from the following list and what are shared

Please tick whichever is appropriate

Facilities	Provided	Not provided	Shared Use
Bath or Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sink or W.C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory access to external doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you also share a living area

Yes

No

Harassment

Are you experiencing any form of discrimination or harassment where you live?

Yes

No

If you ticked yes please provide some details:

Please provide details, if possible, with contact details of someone whom we may contact, if required, to confirm details:

Before harassment points are awarded the Association must have evidence to confirm the harassment. e.g. confirmation from your landlord, Police, Social Work or Positive Action in Housing

Reasons for applying

Which of the following best describes why you are applying for housing?

Homeless	<input type="checkbox"/>	Present accommodation is uninhabitable	<input type="checkbox"/>
Threatened with Homelessness	<input type="checkbox"/>	Poor housing conditions	<input type="checkbox"/>
Reasons for homelessness Tick what applies:		Medical needs	<input type="checkbox"/>
Tenancy Ending	<input type="checkbox"/>	Accessibility needs	<input type="checkbox"/>
Released from Institution (Hospital, H.M. Forces or Prison)	<input type="checkbox"/>	Relationship/family problems	<input type="checkbox"/>
No place to site caravan	<input type="checkbox"/>	To be nearer family	<input type="checkbox"/>
Mortgage repossession	<input type="checkbox"/>	In financial difficulties	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Want to move to another part of Glasgow	<input type="checkbox"/>
Harassment/Violence	<input type="checkbox"/>	Home is too large	<input type="checkbox"/>
To meet social and cultural Requirements	<input type="checkbox"/>	Home is too small	<input type="checkbox"/>
		Other	<input type="checkbox"/>

If you tick **Medical needs**, you will need to ask your doctor to complete the medical form attached to this application

If you tick **Mortgage Repossession** you will need to provide proof of court order

If you tick **Forces discharge**, you will need to provide proof from H.M. Forces

Is there anything you wish to add which you feel will give us a better understanding of your circumstances, please provide details below

Support Needs

Do you consider yourself or anyone included in this application to be a disabled person?

Yes No Name

Do you or anyone included in this application currently receive support or help from other agencies

Yes No

If yes , please give details below

Name

Address

Phone Number

What type of care and support are you receiving and how often

Do you need to move to give support

Yes No

If yes please give details of who you will support

Name

Address

Phone Number

What type of care and support are you providing and how often

Do you have cultural/social requirements that are not currently met or require accommodation where social/cultural links may be continued

Yes No Details

For Sheltered and Very Sheltered Applicants Only

To apply for Sheltered Housing, applicants should ask their Doctor to complete the enclosed medical form.

If you consider yourself and/or your partner to be a disabled person or have a particular need and would benefit from the special facilities offered by Sheltered Housing.

Where applicants have a degree of physical or mental disability and require a higher level of housing support, such applicants will be advised about Very Sheltered Housing.

About your Medical and other relevant circumstances

Does your present house have an adverse affect on your health in any of the following ways

Mobility
(For example,
external or
internal stairs)

Aggravate a medical condition such as asthma or arthritis or aggravate a psychological condition

Seriously aggravate an existing and serious medical condition, for example a heart complaint or chronic bronchitis or seriously aggravate a psychological condition

Name and address of your Doctor

For Sheltered and Very Sheltered Applicants Only

State any other relevant details to support your request for sheltered/very sheltered housing

Do you require any help with any of the following tasks?

(Please tick which best applies to you)

	None	A little	Quite a lot	Require constant help
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any further information which you feel will give us a better understanding of your circumstances

Your choice of housing

Please choose which areas you would like to be housed in

Mainstream Flats - General flats with no alarm cover or staff cover Glasgow South	<input type="checkbox"/>
Amenity Housing (24 hour Alarm Cover) Cartvale Road, Glasgow	<input type="checkbox"/>
Sheltered Housing (Warden Attendance - Mon - Fri , 9am - 5pm, plus 24 hour alarm cover) Walton Court Walton Court (Shared Ownership)	<input type="checkbox"/> <input type="checkbox"/>
Very Sheltered Housing (24 hour Staff plus the provision of kosher lunch and evening meals) Barrland Court, Giffnock	<input type="checkbox"/>

Please note that we operate a nomination agreement with Glasgow Council. This means that, the Council can send your name to us to be considered for a house. Therefore you are advised to apply to the Council as well as the Association.

What floor level would you consider?

Ground First Second

What size of accommodation do you require

0 bedroom (bedsit) one bedroom two bedrooms

Do you need accommodation suitable for wheelchair use?

Yes No

Declaration

I/We understand that the completion of this form does not guarantee that I/we will be offered tenancy

I/we confirm that the information provided is accurate to the best of my/our knowledge. The Association may refuse to offer a tenancy if an applicant provides false information knowingly or recklessly to obtain a tenancy.

In the case of a tenancy being offered because of a false statement, the Association may seek to recover the tenancy. The sheriff will make the final decision in such cases. A tenancy may be ended by court order if the Association establishes that a ground exists and that it is reasonable to end the tenancy.

I/we are willing to be interviewed in my/our own home by an authorised representative of the Association.

I/we authorise Arklet Housing Association to contact any agency or other relevant person, as required, to confirm details provided on this form. This includes contacting my landlord for a reference or doctor or health professional for medical documentation.

I/we also authorise Arklet Housing Association to cancel this application if I/we do not respond to the annual review within the specified timescales.

In the case of joint applications, both applicants must sign this form.

Signature of Applicant

Date

Signature of Joint Applicant

Date

Ethnicity

Please consider the following list of codes based on the Scottish Census and tick the box that applies to you and your family. This section is for monitoring purposes only. This information is gathered to ensure that we are promoting access to our Housing from all communities

The completion of this section is optional.

White Scottish	<input type="checkbox"/>	Asian/Scottish/British Chinese	<input type="checkbox"/>
White other British	<input type="checkbox"/>	Asian/Scottish/British Other	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black/Scottish/British African	<input type="checkbox"/>
White other	<input type="checkbox"/>	Black/Scottish/British Caribbean	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Black/Scottish/British Other	<input type="checkbox"/>
Asian/Scottish/British Indian	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Asian/Scottish/British Pakistan	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Asian/Scottish/British Bangladesh	<input type="checkbox"/>		

Notes

(This page is for office use only)

Date	Details	Initials
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