

Housing Application Form



Gardeen Housing Association Ltd
Building a Better Future

Reference Number: (for office use only)

Information

Before completing the form, please read the declaration (see section 13), you must sign the declaration. In the case of joint applicants, both must sign the declaration.

Please refer to the guidance on page 6 of the Summary Allocations Policy regarding what information is needed to verify your circumstances.

This form can be returned to the office or by email to info@gardeen.org.uk.

1 Personal Details

MAIN APPLICANT

Title (eg Mr, Mrs, Miss, Ms)

Full Name:

Date of Birth:

Your Current Address:

Postcode

Flat Position

Home/Mobile Phone Number:

Other Contact Phone Number:

Email Address:

National Insurance Number:

JOINT APPLICANT

Title (eg Mr, Mrs, Miss, Ms)

Full Name:

Date of Birth:

Your Current Address:

Postcode

Flat Position

Home/Mobile Phone Number:

Other Contact Phone Number:

Email Address:

National Insurance Number:

Preferred method of contact?

Telephone

Text

Email

Letter

2 Household Composition

MAIN APPLICANT Please list everyone currently living in your present accommodation.

	Name	Date of Birth	Relationship to you	Moving with you? Please tick ✓	
				Yes	No
1					
2					
3					
4					
5					
6					

JOINT APPLICANT Please list everyone currently living in your present accommodation.

	Name	Date of Birth	Relationship to you	Moving with you? Please tick ✓	
				Yes	No
1					
2					
3					
4					
5					
6					

Is anyone in the household pregnant?

Yes

No

If yes, when is the baby due?

Please provide proof (refer to guidance sheet)

3 Access to Children

Are any of the children in your household for access only?

Yes

No

Please provide proof (refer to guidance sheet). Please detail the access arrangements below:

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

4 Present and Previous Tenancies

MAIN APPLICANT

Please give details of all your addresses in the last five years, starting with current address.
(Each applicant must supply this information – use a separate sheet if necessary).

Address	Tenure (eg tenant, owner, lodger)	Dates		Reason for Leaving
		From	To	

Please provide details of your current landlord:

Name:

Address:

Telephone Number:

Have you previously been evicted?

Yes

No

If yes, give details

JOINT APPLICANT

Please give details of all your addresses in the last five years, starting with current address.
(Each applicant must supply this information – use a separate sheet if necessary).

Address	Tenure (eg tenant, owner, lodger)	Dates		Reason for Leaving
		From	To	

Please provide details of your current landlord:

Name:

Address:

Telephone Number:

Have you previously been evicted?

Yes

No

If yes, give details

5 Homelessness

Do you consider yourself to be homeless? (If no, go to section 6)

Yes

No

Have you been assessed by your local authority?

Yes

No

If yes, please detail name of caseworker and area office address:

Name of Caseworker:

Area Office Address:

Please provide copies of your Assessment Letter.

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

Sink with hot & cold water

Do you share any of the following with another household?

Kitchen

Living Room

Toilet

Bathroom

Bedroom

Does your property have any serious disrepair/dampness that is making it difficult for you to live there?

Yes

No

Please provide proof (refer to guidance sheet)

If yes, please give details:

JOINT APPLICANT Only complete if address is different from 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

Sink with hot & cold water

Do you share any of the following with another household?

Kitchen

Living Room

Toilet

Bathroom

Bedroom

Does your property have any serious disrepair/dampness that is making it difficult for you to live there?

Yes

No

Please provide proof (refer to guidance sheet)

If yes, please give details:

7

Supporting Information (All of the questions below must be answered)

Do you or the joint applicant have rent arrears from a previous tenancy?

Yes

No

If so, is there an arrangement which is being maintained to pay the arrears ?

Yes

No

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

Yes

No

If yes, please give details:

Has anyone taken action against you or anyone in your household for Anti-Social Behaviour in the last three years?

Yes

No

If yes, please give details:

Are you or anyone else in your household at risk from Domestic Abuse if you remain in your present home?

Yes

No

Are you currently seeking support for this from women's aid or any other support group? If yes, please give name/contact details of your support worker:

Yes

No

Have you any previous convictions?

Yes

No

If yes, please refer to the guidance on page 4 of the Summary Allocations Policy regarding what convictions must be declared under the Rehabilitation of Offenders Act 1974.

Are you or anyone in your household, required to register with the Police under the Sex Offenders Act 1997?

Yes

No

If yes, please provide details on a separate piece of paper and place in a sealed envelope along with your application form and proofs. Mark the envelope "For The Attention of the Housing Manager".

Nationality

Yes

No

Under the Housing (Scotland) Act 2010 and the Asylum and Immigration Act 1999, are you, or is any member of your household, an asylum seeker or subject to immigration controls?

If yes, please give details:

Visa

Yes

No

Are you, your partner or the joint applicant staying in the UK on a Spouse Visa?

If yes, please give details:

Are you, your partner or the joint applicant staying in the UK on any other type of Visa?

Yes

No

If yes, please give details:

10 Medical Support Needs

If more than one person has a medical condition, please request a separate form

Do you (or any member of your household wishing to be rehoused with you) have any medical reasons for wishing to be rehoused? (If no, go to section 11)

Yes

No

Please provide proof (refer to guidance sheet)

Name of Person:

Disability/Condition:

Please state how your / their current home is unsuitable. Please advise how a move would help improve your/their medical condition. (e.g. stairs or on a hill)

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:

Do you/they have difficulty walking?

If yes, do you/they use any aids to help you/them to get around? Please describe the aids used:

Yes

No

Some difficulty

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

10 Medical Support Needs (continued)

Does your/their bathroom have?

A bath only

Yes

No

A bath and over bath 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:

Is an extra bedroom required due to your/their medical condition?

Yes

No

If yes, please explain why:

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.

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

No

Receive

Provide

Name:

Specify Relationship:

Address:

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

12 Regulatory Standards of Governance

Are you or any member of your household related to or otherwise connected with a member of the Management Committee or Staff of Gardeen Housing Association? (Current or within last 12 months).

Yes

No

If yes, please tell us the details of the person you are connected to:

Name:

Relationship to you:

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 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 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 of any change in my / our circumstances.

I / We authorise the Association 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 legislation. The information within this form will need to be verified by any relevant party and in signing this form you confirm that you understand that the Association will share the information and data disclosed within the application form with other third parties from time to time in order that your application can be assessed. Further details can be found in the Association's Fair Processing Notice. 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's Allocation policy. Should you be successful in obtaining accommodation with the Association, 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 grounds for the landlord to raise action against you to end the tenancy.

Signature of Applicant

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Signature of Joint Applicant

Date

d	d	m	m	y	y	y	y
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Equality Information Form



Gardeen Housing Association Ltd
Building a Better Future

Information for those completing the form

Why we are asking for equality information?

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations.

What do we do with equality information?

We use equality information for a range of purposes, including to help us to:

- protect and promote your rights and interests
- promote equality objectives across our services
- identify and address our customers' needs, and improve our services
- identify and eliminate any form of discrimination.

Do you need to answer every question?

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us. You can complete some questions and not others or you can complete parts of questions. The form has space for you to tell us more about your needs if you want.

We may ask for some information in other forms where this is required by law. For example, where we need to know your age if you are applying for a home as only those over 16-years-old can be registered on our housing list.

How do we process your equality information?

We process equality information strictly in line with data protection law, including by:

- processing your equality data confidentially
- restricting access only to relevant staff members
- retaining equality information only as long as necessary
- sharing data only as lawfully permitted
- destroying data securely.

Who do we gather equality information about?

We gather equality information from:

- people who apply for a home
- tenants
- people who apply for a job with us
- our employees
- board and committee members

We can provide this document in large print. You can contact us for more information to help you to complete the form.

Name

Age

Note: We may request a specific date of birth in certain forms when this is required in law. For example, we need to know the age of housing applicants as a person can only be registered on our housing list/register if the person is sixteen.

What is your date of birth?

Prefer not to say

Alternative Format
Please tick the
band for your age

16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>	65+	<input type="checkbox"/>

Prefer not to say

Belief or Religion

Please tick the box that best describes your belief or religion

Buddhism	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	No specific belief in religion (for example, atheism or agnosticism)	<input type="checkbox"/>
Christianity – Catholic	<input type="checkbox"/>	Islam	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Christianity – Protestant	<input type="checkbox"/>	Judaism	<input type="checkbox"/>		
Christianity – Other	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>		

Other religion (please state what this is):

Other belief (for example, humanism):

Please use the space below to tell us about any particular requirements relating to your beliefs or religion.

Please tick here if you want to discuss this matter in confidence:

Disability

Are you a disabled person?

Yes

No

If yes, please tick the box which category you would use from the following list:

Autoimmune: (for example, multiple sclerosis, HIV, Crohn's/ulcerative colitis)

Learning difficulties: (for example, Down's Syndrome)

Mental health issue: (for example, depression, bi-polar)

Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia)

Physical impairment: (for example, wheelchair-user, cerebral palsy)

Sensory impairment: (hearing impairment)

Sensory impairment: (visual impairment)

Other: If none of the categories above apply to you, please specify the nature of your impairment.

Prefer not to say

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

Ethnicity

Please tick the box that best describes your particular group

African

African, African Scottish or African British

Other African background (please specify):

Asian, Scottish Asian or British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Indian, Indian Scottish or Indian British

Pakistani, Pakistani Scottish or Pakistani British

Chinese, Chinese Scottish or Chinese British

Other Asian background (please specify):

Black or Caribbean

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Other Caribbean or Black background (please specify):

Mixed groups

Mixed or multiple ethnic group (please specify):

White

English

Irish

Roma

Welsh

Gypsy Traveller

Polish

Scottish

Other British

Other group

Please specify your ethnic group:

Prefer not to say

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

Marriage and civil partnership

Are you presently in a civil partnership?

Yes

No

Are you presently married?

Yes

No

Prefer not to say

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

Pregnancy and maternity

Are you pregnant?

Yes

No

Have you taken maternity or paternity leave in the past year?

Yes

No

Prefer not to say

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

Sex

What is your sex?

Female

Male

Intersex

Prefer not to say

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

Gender re-assignment (trans/transgender)

Do you consider yourself to be a trans person?

Yes

No

Prefer not to say

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

Sexual orientation

What is your sexual orientation?

Bisexual

Heterosexual/straight

Other

Gay man

Lesbian/gay woman

Prefer not to say

Please use the space below to advise us if you have any particular requirements.

Please tick here if you want to discuss this matter in confidence:

General

Please mark this box if there are any issues that you want to discuss with us in confidence.

Consent

I consent to Gardeen Housing Association collecting and processing the above data to help provide an appropriate service. This service involves using equality data to ensure that services address any form of discrimination, promote equality objectives and address my needs.

Note: If data processing is based on your consent, then you can withdraw consent at any time by telling us.

Signature

Date

d

d

m

m

y

y

y

y



Gardeen Housing Association Ltd
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