



people · places · opportunities

partick **homes ltd**

# APPLICATION FORM FOR HOUSING

If you need any more information or help filling in this form, please ask for the duty officer who will be happy to assist you. Telephone 0141 357 3773 or email [info@partickha.org](mailto:info@partickha.org).

**If you are homeless or threatened with homelessness you should contact the local West Community Casework Team, 20 Dunkenny Square, Drumchapel, tel no 0141 287 3150 (Monday to Friday 9.00 am to 5.00 pm) or Hamish Allan Centre, 180 Centre Street, Glasgow, G5 8EE (freephone 0800 838502) who will assess your housing situation and advise you of your housing options.**

This form can be made available in large print, Braille or in an alternative language or format on request.

## FOR OFFICE USE ONLY

Customer Type	Homeless		Transfer		General	
Surname			First Names			
Registration Date			Registration No			
Input by			Input Date			
Medical Form Sent			Medical Form Received			

**SECTION 1 PERSONAL DETAILS**

**ABOUT YOU (please complete in BLOCK CAPITALS)**

	Main Applicant	Joint Applicant
Mr/Mrs/Ms/Miss	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Sex	<input type="text"/>	<input type="text"/>
Present Address	<input type="text"/>	<input type="text"/>
Flat Position	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Home Telephone	<input type="text"/>	<input type="text"/>
Work Telephone	<input type="text"/>	<input type="text"/>
Mobile Telephone	<input type="text"/>	<input type="text"/>
Other Contact Telephone number	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Contact Address (if different from present address)	<input type="text"/>	<input type="text"/>
What is the relationship between yourself and the joint applicant? (ie partner, brother, sister etc)	<input type="text"/>	
National Insurance Number	<input type="text"/>	<input type="text"/>

(National Insurance Number is used as a means of safeguarding against a fraudulent application and will be held in strictest confidence)

**ABOUT YOU AND YOUR FAMILY**

**Please give details of everyone who lives with you in your current home  
(Do not include yourself or joint applicant)**

First Name	Last Name	Date of Birth	Male/ Female	Relationship to you	Will this person move with you?	
					YES	NO

Is anyone in the above household pregnant? YES  NO

If yes, please provide details of who is pregnant and when the baby is due:

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**We will need to see proof of your expected date of delivery**

**Please list here the names of anyone not currently living with you who will be moving  
with you to your new home**

First Name	Last Name	Date of Birth	Male/ Female	Relation- ship to you	Reason not living with you now and present address

If you regularly have any children staying with you who do not stay with you permanently, please give details of their age, sex and what the access/custody arrangements are.

Name	Date of Birth	Male/ Female	Relationship to you	Current Address

Please provide details of the arrangement:

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**We will need to see proof of access/custody arrangements**

**Do you have any pets?**

YES  NO

If YES please state the type and number of pets you have

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**Please note that we restrict the number and types of pets that are allowed on a property**

## SECTION 2 HOUSING DETAILS

### ABOUT THE HOME YOU LIVE IN

#### At your present address are you:

- |                              |                          |                                     |                          |
|------------------------------|--------------------------|-------------------------------------|--------------------------|
| Council tenant               | <input type="checkbox"/> | Staying with family                 | <input type="checkbox"/> |
| Housing Association tenant   | <input type="checkbox"/> | Staying with friends                | <input type="checkbox"/> |
| Tenant of a private landlord | <input type="checkbox"/> | Lodger                              | <input type="checkbox"/> |
| Owner occupier               | <input type="checkbox"/> | In support accommodation            | <input type="checkbox"/> |
| Sharing owner                | <input type="checkbox"/> | In housing tied to employment       | <input type="checkbox"/> |
| HM Forces                    | <input type="checkbox"/> | In hospital/prison/residential care | <input type="checkbox"/> |
| Homeless accommodation       | <input type="checkbox"/> |                                     |                          |

If other, please state \_\_\_\_\_

Please tell us who owns or is the landlord of your present accommodation (name and address)

\_\_\_\_\_

#### What type of accommodation do you live in at present?

- |                              |                          |                                  |                          |
|------------------------------|--------------------------|----------------------------------|--------------------------|
| Tenement/flat                | <input type="checkbox"/> | Maisonette flat                  | <input type="checkbox"/> |
| Multi-storey                 | <input type="checkbox"/> | Caravan/mobile home/houseboat    | <input type="checkbox"/> |
| Own door (4 in a block) flat | <input type="checkbox"/> | Room in a house/hostel           | <input type="checkbox"/> |
| House/cottage                | <input type="checkbox"/> | No fixed address                 | <input type="checkbox"/> |
| Bedsit                       | <input type="checkbox"/> | Hospital/prison/residential care | <input type="checkbox"/> |

If other, please give details \_\_\_\_\_

#### How many rooms does your current accommodation have?

	Number of Rooms	Tick (✓) if shared with another household
Living room	_____	<input type="checkbox"/>
Double bedroom	_____	<input type="checkbox"/>
Single bedrooms	_____	<input type="checkbox"/>
Bedsit	_____	<input type="checkbox"/>
Kitchen	_____	<input type="checkbox"/>
Toilet/bathroom	_____	<input type="checkbox"/>

**Do you have access to the following facilities/amenities in your accommodation?  
Please tick (✓). If you are sharing any of the facilities listed below with anyone who is not part of your household, please tick (✓).**

Facilities	Yes	No	Share		Yes	No	Share
Cold water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen (bedsit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate living rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Does your accommodation have any of the following problems?**

	Yes	No
Extensive dampness/water penetration	<input type="checkbox"/>	<input type="checkbox"/>
Structural problems	<input type="checkbox"/>	<input type="checkbox"/>
Closing Order served on property	<input type="checkbox"/>	<input type="checkbox"/>
Declared below Tolerable Standard*	<input type="checkbox"/>	<input type="checkbox"/>

\* A house meets the Tolerable Standard if it:

- is structurally stable
- is substantially free from rising or penetrating damp
- has satisfactory provision for natural or artificial light, ventilation, heating
- has adequate piped supply of water
- has a sink with a supply of both hot and cold water
- has a WC available for sole use of the occupants
- has an effective system of drainage
- has satisfactory facilities for cooking

It should be noted that a house which passes the Standard may not be in a good state of repair: to fail the Standard a house must be lacking in basic amenities or be in an extremely poor condition.

(Recent changes to tolerable standards to be added)

**What type of accommodation do you wish to be considered for? (Tick as many as you wish)**

Tenement flat (ground floor)	<input type="checkbox"/>	Own door flat (ground floor)	<input type="checkbox"/>
Tenement flat (first floor)	<input type="checkbox"/>	Terrace house	<input type="checkbox"/>
Tenement flat (second floor & above)	<input type="checkbox"/>		

**SECTION 3 HOUSING HISTORY**

**WHERE HAVE YOU LIVED BEFORE**

Please list your addresses for the last 5 years. Please begin with the most recent first and continue on a separate sheet if necessary.

**Main Applicant**

Address	Date from	Date to	Name and address of landlord/owner	Reason for leaving

**Joint Applicant (if different from Main Applicant)**

Address	Date from	Date to	Name and address of landlord/owner	Reason for leaving

	<b>Main Applicant</b>	<b>Joint Applicant</b>
Has anyone ever taken action against you or anyone on your application, for anti-social behaviour	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, was court action taken?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was less formal action taken such as a written warning?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has an Anti-social Behaviour Order been granted against you or anyone on your application?

Yes  No

If yes, please give full name of person \_\_\_\_\_

**Why do you wish to be rehoused? please tick all that apply**

- |                     |                          |                              |                          |
|---------------------|--------------------------|------------------------------|--------------------------|
| Overcrowding        | <input type="checkbox"/> | Relationship breakdown       | <input type="checkbox"/> |
| Under occupied      | <input type="checkbox"/> | Health/Disability            | <input type="checkbox"/> |
| Harassment          | <input type="checkbox"/> | To live independently        | <input type="checkbox"/> |
| For employment      | <input type="checkbox"/> | Homeless/threatened homeless | <input type="checkbox"/> |
| Crime/Fear of crime | <input type="checkbox"/> | To give/receive support      | <input type="checkbox"/> |
| Domestic abuse      | <input type="checkbox"/> | Other                        | <input type="checkbox"/> |

Please explain briefly \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<b>Yes</b>	<b>No</b>
Have you been asked to leave your present accommodation?	<input type="checkbox"/>	<input type="checkbox"/>

Have you been given written notice to leave? If yes, please provide a copy of the notice	<input type="checkbox"/>	<input type="checkbox"/>
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Has a court order for possession been granted? If yes, please provide a copy of the order	<input type="checkbox"/>	<input type="checkbox"/>
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Have you or the joint applicant have current or former rent/ mortgage/repairs arrears?	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please give the name of the landlord:	<input type="checkbox"/>	<input type="checkbox"/>
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Do you have an arrangement with the landlord to reduce/clear your arrears?	<input type="checkbox"/>	<input type="checkbox"/>
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**SECTION 4 CARE AND SUPPORT**

**YOU AND YOUR HEALTH**

**Do you or any member of your household wishing to be rehoused with you have or consider yourself to have a health/disability reason for wishing to be rehoused?**

Yes  No

Please ensure that you fill in a health/disability application form if you want to be considered for medical points (if more than one person has a medical condition, please request a separate form)

You may also be asked to provide additional written evidence from your GP, Consultant, Social Worker etc.

**If you want to move to provide or receive support, please give details**

**Are you seeking rehousing in order to:**

Receive support from carer or relative Yes  No

If yes, please state name and address of carer/relative and nature of support you receive.

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Provide support from carer Yes  No

If yes, please state name and address of person and nature of support you provide.

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**We will need to see proof of your entitlement to a 'care' related benefit**

**SECTION 5 OTHER INFORMATION**

**Are you or is any member of your household an asylum seeker, or do immigration controls apply to anyone in your household?**

Yes  No

If yes, who? \_\_\_\_\_

Home Officer reference number: \_\_\_\_\_

**Nationals from the A8 Accession countries of the E.U. may not be eligible for housing, dependent upon their residence status in the U.K. under the E.U. Treaties and/or Immigration legislation.**

**Please tick below if you or your partner are nationals of the following countries.**

The Czech Republic	<input type="checkbox"/>	Lithuania	<input type="checkbox"/>
Latvia	<input type="checkbox"/>	Slovenia	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>	Hungary	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	Poland	<input type="checkbox"/>

**Are you or anyone you are wishing to be re-housed with related to anyone who is, or has been in the last 12 months, a member of the management committee, a board member, or a member of staff of the Partick Housing Association Group. This will not affect your application in any way, but is required to comply with the provisions of the Housing (Scotland) Act 2001. Common law relationships should be included.**

Yes  No

If yes, give details below

Name of Committee member, employee or elected member	
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Name of Organisation	
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Relationship to you	
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## PREFERENCES FOR REHOUSING

It would be helpful if you would answer the following questions related to the type of accommodation you would like. Please note that the Association will only consider making an offer of the type of property you have asked for so **please think carefully before answering and tick as many as you like.**

**Remember the more restrictions you put on the type of accommodation you will consider the longer you may have to wait for an offer.**

1. Which floor level(s) would you consider?

Ground (level access)	<input type="checkbox"/>	1st	<input type="checkbox"/>	3rd	<input type="checkbox"/>	5th +	<input type="checkbox"/>
Ground (with steps)	<input type="checkbox"/>	2nd	<input type="checkbox"/>	4th	<input type="checkbox"/>	Any floor level with a lift	<input type="checkbox"/>

2. Which type(s) of kitchen would you consider?

Living kitchen (living room and kitchen are in one room)	<input type="checkbox"/>
Open plan kitchen (designed to form part of the living room)	<input type="checkbox"/>
Internal kitchen (separate kitchen with no window)	<input type="checkbox"/>
Separate kitchen	<input type="checkbox"/>
Dining kitchen	<input type="checkbox"/>

3. Which type of cooking facilities would you consider?

Gas	<input type="checkbox"/>	Electric	<input type="checkbox"/>	Either	<input type="checkbox"/>
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4. What heating type(s) would you consider?

Gas Central Heating	<input type="checkbox"/>	Electric Storage Heating	<input type="checkbox"/>	Gas Fire only	<input type="checkbox"/>	Electric Fire only	<input type="checkbox"/>
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5. Which streets would you consider?

PARTICK EAST		PARTICK EAST		PARTICK WEST	
Anderson Street	<input type="checkbox"/>	Muirpark Street	<input type="checkbox"/>	Apsley Street	<input type="checkbox"/>
Byres Road	<input type="checkbox"/>	Peel Street	<input type="checkbox"/>	Beith Street	<input type="checkbox"/>
Chancellor Street	<input type="checkbox"/>	Purdon Street	<input type="checkbox"/>	Crathie Drive	<input type="checkbox"/>
Dalcross Street	<input type="checkbox"/>	Stewartville Street	<input type="checkbox"/>	Crawford Street	<input type="checkbox"/>
Dowanhill Street	<input type="checkbox"/>	Torness Street	<input type="checkbox"/>	Crow Road	<input type="checkbox"/>
Dumbarton Road	<input type="checkbox"/>	Vine Street	<input type="checkbox"/>	Dumbarton Road	<input type="checkbox"/>
Eldon Court (Caird Drive)	<input type="checkbox"/>	White Street	<input type="checkbox"/>	Exeter Drive	<input type="checkbox"/>
Elie Street	<input type="checkbox"/>		<input type="checkbox"/>	Fairlie Park Drive	<input type="checkbox"/>
Fordyce Street	<input type="checkbox"/>		<input type="checkbox"/>	Hayburn Court	<input type="checkbox"/>
Fortrose Street	<input type="checkbox"/>		<input type="checkbox"/>	Hayburn Street	<input type="checkbox"/>
Gardner Street	<input type="checkbox"/>		<input type="checkbox"/>	Kennoway Drive	<input type="checkbox"/>
Gullane Street	<input type="checkbox"/>		<input type="checkbox"/>	Kildonan Drive	<input type="checkbox"/>
Lawrence Street	<input type="checkbox"/>		<input type="checkbox"/>	Maule Drive	<input type="checkbox"/>
Lawrie Street	<input type="checkbox"/>		<input type="checkbox"/>	Meadow Road	<input type="checkbox"/>
Hyndland Street	<input type="checkbox"/>		<input type="checkbox"/>	Norval Street	<input type="checkbox"/>
Mansfield Street	<input type="checkbox"/>		<input type="checkbox"/>	Rosevale Street	<input type="checkbox"/>
Merkland Street	<input type="checkbox"/>		<input type="checkbox"/>	Sandy Road	<input type="checkbox"/>
All streets considered in Partick East	<input type="checkbox"/>		<input type="checkbox"/>	Sorley Street	<input type="checkbox"/>
All streets considered in Partick West	<input type="checkbox"/>		<input type="checkbox"/>	Thornwood Drive	<input type="checkbox"/>

**WHAT TO DO NEXT**

Please check that you have answered all the questions which apply to you and have attached **COPIES** of all the papers we need to see. Please do not send originals.

Please remember to enclose the following documents, if appropriate

Section One, Page 3 — proof of pregnancy

Section One, Page 4 — proof of access/custody arrangements

Section Four, Page 9 — proof of 'care' related benefit entitlement

**DATA PROTECTION**

The Partick Group is registered under the Data Protection Act 1998 and is duty bound to comply with the conditions set out in this Act. We will process the information contained in this application form and any other relevant information obtained in connection with the application in a number of ways. We will process the information for the purposes of your application for housing. We may also use this information to provide statistical data to the Management Committee, Communities Scotland and other interested parties. In addition, if you are successful in obtaining accommodation we will use the information as history notes.

By signing this application form I give consent to process the information in the above way.

**DECLARATION BY APPLICANT**

**Please read the following statement and sign below**

I/We understand that to the best of my knowledge the details I have given on this application form are true and correct and that I will tell you about any changes in my circumstances.

I understand that any false or misleading information or withholding relevant information, now and at any time, may result in my application being cancelled, any offers of tenancy being withdrawn or I may lose any tenancy I am granted.

I give permission to each landlord that accepts this application to make any necessary enquiries in connection with my application for housing to verify the circumstances stated on the form or to obtain details relating to former tenancies.

I understand and agree to the conditions noted in the declaration.

Signatures (if more than one applicant then both applicants must sign or the form will not be processed).

Applicant: ..... Date: .....

Joint Applicant: ..... Date .....

## SECTION 6 MONITORING FORM

We are committed to equality of opportunity for the whole community and we would like to monitor our performance in this area. We would therefore be grateful if you could assist us by answering the following questions. You do not have to provide this information if you do not wish to and information provided will in no way affect your application.

Question refused

		Main Applicant	Joint Applicant
1 Gender — are you?	Male	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>
2 Age — are you?	16-24	<input type="checkbox"/>	<input type="checkbox"/>
	25-39	<input type="checkbox"/>	<input type="checkbox"/>
	40-49	<input type="checkbox"/>	<input type="checkbox"/>
	50-59	<input type="checkbox"/>	<input type="checkbox"/>
	60+	<input type="checkbox"/>	<input type="checkbox"/>

3 Ethnic Origin — How would you describe your household's ethnic origin?

<b>White</b>	Scottish	<input type="checkbox"/>	<input type="checkbox"/>
	Other British	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please write in box		

<b>Asian, Asian Scottish or Asian British</b>	Indian	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
	Other Asian background, please write in box		

<b>Black, Black Scottish or Black British</b>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>
	Other Black background, please write in box		

**Mixed** Any mixed background, please write in box

**Other**

Gypsy/Traveller    
Other ethnic background, please write in box

**Please provide details of others in the household whose ethnic origin differs from the main or joint applicant**

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**4 Disability**

Do you consider anyone in your household to have a disability? By this we mean a condition which has a long term and substantial effect on your ability to carry out normal day to day activities.

Yes  No

If yes, is it:

- Physical
- Mental ill health
- Learning disability
- Visual impairment
- Hearing impairment
- Other

Please specify \_\_\_\_\_

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