

DO YOU ALREADY HAVE AN APPLICATION WITH US?
 IF YES, PLEASE TICK _____
 PROVIDE REFERENCE NUMBER IF KNOWN: _____



For office use only:	
Waiting List	<input type="checkbox"/>
Transfer	<input type="checkbox"/>
Section 5 Referral	<input type="checkbox"/>
Other Referral	<input type="checkbox"/>
Sheltered Housing	<input type="checkbox"/>

APPLICATION FOR HOUSING

SECTION A: YOUR NAME, ADDRESS AND TELEPHONE NUMBERS

Please use **BLOCK CAPITALS**

	Applicant	Joint Applicant (if applicable)
Name of Applicant: Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Forename(s):		
Surname:		
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Current Address:		
Town/City:		
Postcode:		
Telephone Number(s): Home: Mobile:		
Email Address:		
National Insurance Number:		
Correspondence address if different from above:		

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Ref. Number:	<input type="text"/>			
	DATE	ACTIONED		DATE
Date of Application:	<input type="text"/>	<input type="text"/>	Points:	<input type="text"/>
Pointed by:	<input type="text"/>	<input type="text"/>	Apt Size:	<input type="text"/>
Checked by:	<input type="text"/>	<input type="text"/>	Medical:	<input type="text"/>
Audit Checked by:	<input type="text"/>	<input type="text"/>	Social:	<input type="text"/>
Medical Sent:	<input type="text"/>	<input type="text"/>	Special Case:	<input type="text"/>
Medical Retr'd:	<input type="text"/>	<input type="text"/>	Revised Points:	<input type="text"/>
Social Form Sent:	<input type="text"/>	<input type="text"/>	Floor Level Restriction:	<input type="text"/>
Social Form Retr'd:	<input type="text"/>	<input type="text"/>		
Date Visited:	<input type="text"/>	<input type="text"/>		

SUPPORTING PROOF

Some of the questions in the form ask you to supply proof or evidence of your circumstances. It is important that you supply this information so that your application can be fully assessed, and we can give you the correct level of priority. If you don't supply all the information required, we will get in touch with you. However, if we don't receive what is needed within 14 days of us asking for it, your application may be cancelled. Please refer to the 'Proof Checklist' for further information.

SECTION B: YOUR HOUSEHOLD AND YOUR PRESENT HOUSING CIRCUMSTANCES

Q1 Starting with yourself, please list below, everyone living in your present accommodation, even if they are not to be rehoused with you.

(Note: if you live in a hostel, hotel, hospital, prison or other property shared with strangers, you do not need to list names etc.)

If anyone in your household is expecting a baby, in the row below the mother's name, write "Unborn", the expected date of delivery in the date of birth column and the sex of the baby (if known). **We will need to see proof of pregnancy.**

If you need further space for details of more people, please use a blank piece of paper giving all the same information as in the table below.

NAME	Date of Birth	Sex M/F	Relationship to Applicant	Living with you now YES/NO	To be housed with you YES/NO
			Applicant	N/A	N/A
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Q2 If there are any other persons to be rehoused with you who are not living at the application address, please give details below:

NAME AND ADDRESS	Sex M/F	Date of Birth	Relationship to Applicant
		/ /	
		/ /	
Why are they not living with you now:			

SECTION B: YOUR HOUSEHOLD AND YOUR PRESENT HOUSING CIRCUMSTANCES

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Q3 Do you have access arrangements for a child/children not living with you permanently?
- If yes, please provide details below:

NAME	Date of Birth	Sex M/F	Relationship to you

Current Address of child/children

Name of the other parent	Telephone Number

Please provide details of access arrangements (including number of overnight stays per week). We will require access/custody arrangements to be confirmed by a solicitor and/or the applicant's former partner.

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R'ship
Brkdn

Q4 If you are applying for accommodation due to a relationship breakdown, are both partners still occupying the same house?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SECTION C: PRESENT HOUSING DETAILS

Q5 How many bedrooms are in your current accommodation?

Number of Double Bedrooms:

Number of Single Bedrooms:

Q6 Does your present accommodation have the following facilities?
Please indicate by ticking the appropriate boxes.

You should tick "shared" if you share this facility with other people who are not part of the household being rehoused with you.

	Yes	No	Shared
Inside WC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath/Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piped Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Bedroom/Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Please indicate on what basis your household is occupying your current accommodation:

	Tick
Owner Occupier	<input type="checkbox"/>
Living in Hostel / Hotel / Hospital / Prison / Institution	<input type="checkbox"/>
Tenant in Accommodation tied to their job	<input type="checkbox"/>
Homeless / No fixed abode	<input type="checkbox"/>
WSHA Tenant requesting a Transfer	<input type="checkbox"/>
WSHA Tenant requesting a Transfer due to Underoccupancy	<input type="checkbox"/>
Tenant of another Housing Association/Local Authority	<input type="checkbox"/>
Private Tenant	<input type="checkbox"/>
Living with Parents/Relatives/Friends	<input type="checkbox"/>
Living care of Whiteinch and Scotstoun Tenant	<input type="checkbox"/>
Living in Supported or Temporary Furnished Accommodation	<input type="checkbox"/>
Living in NASS Accommodation	<input type="checkbox"/>
Referral	<input type="checkbox"/>

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Overcro

Undero

Sharing

lacking

Tenure

SECTION C: PRESENT HOUSING DETAILS

Q8 Why do you wish to be rehoused? Please tick **all** that apply.

* We may require to send you an additional form to complete.

Medical reasons*	<input type="checkbox"/>	Relationship Breakdown	<input type="checkbox"/>
Overcrowding or Underoccupation	<input type="checkbox"/>	Living Independently	<input type="checkbox"/>
Harassment*	<input type="checkbox"/>	Travel to work*	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	Family Reasons	<input type="checkbox"/>

Please explain briefly:

Q9 Do you or anyone in your household have any pets? If so, please indicate what these are:

Type of pet(s)	number

No pets are allowed in our multi- storey property, in all other properties only one pet is allowed. This policy does not apply to small animals, birds or fish, kept in cages or tanks. These are permitted in any reasonable numbers unless they present a health hazard or nuisance.

SECTION D: WHERE YOU LIVED BEFORE

Q10 Starting with your current accommodation, please list all the addresses you have lived at in the last 5 years. If you need more space, please continue on a blank piece of paper giving all the information as shown in the table below.

Please indicate at each address under the “Tenure” column, whether you were a Tenant, Owner, Lodger or living with Relatives/Friends.

Address/Applicant	Time spent there		Landlord Name & Address	Tenure (Tenant, Lodger, etc)	Reason for Leaving
	From	To			
Most recent first		Present			
Joint Applicant					

Please continue on a separate sheet if required.

SECTION D: WHERE YOU LIVED BEFORE

Q15	Sexual Offences Act 2003	
Are you, your joint applicant or anyone else who will be moving with you, required to register with Police Scotland under Sexual Offences Act 2003? A requirement to register under the Act will not affect the assessment of your application but may affect where you could be rehoused.		If yes, please provide name of household member(s) below:

Q16	Immigration	Please answer Yes/No – If yes, please specify:	
Are you subject to immigration control?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there conditions or limits to your leave to remain in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Q17	Are you in employment? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide details below:				
	Name of person in employment	Employer's name and address	Date Started	No. hours worked per week
	Applicant		/ /	
	Joint Applicant			

Q18	Do you have a bank account which allows you to set up a direct debit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SECTION E: CARE AND SUPPORT

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Q19 Particular Needs

(a) Does anyone in your household consider they have a disability?

Yes No

Who is that person and what is their disability?

(b) Does anyone in your household consider that they have a disability or medical condition **which would be improved by rehousing?**

Yes No

Who is that person and what is their disability?

We may send a Medical Self-Assessment form to you if we wish more information. Should you receive a Medical Self-Assessment form please complete and return immediately.

Q20 Support

Do you or anyone living with you need to move into the area to:

1 Provide support to someone living in the area?

Yes No

If, Yes, please give details of the person and support provided:

2 Receive support from someone living in the area?

Yes No

If Yes, please give details of the person and support required / received:

We may send a Social Assessment form to you if we wish more information. Should you receive a Social Assessment form please complete and return immediately.

Medical

Social

SECTION F: YOUR HOUSING REQUIREMENTS

Q21 The Association has properties in the following streets, at present. Please indicate which street you would consider by placing a tick in the appropriate box. It may increase your chances of being rehoused if you make your choices as broad as possible.

Please remember, you will not be considered for any street you have not ticked.

	Code	Tick ✓
Consider me for all Streets in Whiteinch and Scotstoun		
WHITEINCH		
All General Needs Streets in Whiteinch Only		
Whiteinch Streets include:		
Dumbarton Road (Nos 785-1357 and 932-1086, 1195 and 1199)	001	
Balshagray Crescent	015	
Byron Street	989	
4 Edzell Street	003	
Edzell Street (Nos 23, 29 & 31)	999	
Edzell Court	997	
Edzell Place	998	
Fore Street	004	
Glendore Street	005	
Haldane Street	006	
Harmsworth Street	014	
Haylynn Street	008	
Medwyn Street	010	
Northinch Court	992	
Northinch Street	993	
Palladium Place	996	
Primrose Street	012	
Victoria Park Drive South	995	
Ferryden Court	986	
Curle Street	987	
64 Curle Street (Multi Storey Flats High Rise)	988	
SCOTSTOUN		
All General Needs Streets in Scotstoun Only		
Scotstoun Streets include:		
Dumbarton Road (Nos 1371-1513)	001	
Earl Street (Nos 3-47 and 2-84)	002	
Harland Street	007	
Henrietta Street	009	
Methil Street	011	
Scotstoun Street	013	
SHELTERED HOUSING (AGE 60 & OVER)		
Scotstoun Includes Primrose Court	994	
Whiteinch Includes Northinch Court	992	
*Ground floor only 90-96 Northinch Street	993	
*Ground floor only 1151-1175 Dumbarton Road	001	
AMENITY HOUSING (AGE 55 & OVER)		
Scotstoun Includes: 7 & 9 Methil Street	011	

SECTION G: OTHER INFORMATION

Q22 Would you consider a 1 apt/Studio flat? Yes No

Would you consider Livingroom and Kitchen combined? Yes No

Q23 Please tick what floor levels you would consider (You should note that you will only be considered for floor levels you have ticked).

Ground First

Second Third

Non multi-storey properties with a lift Any with a lift

Q24 If you would consider our multi-storey properties at 64 Curle St what floor levels would you prefer? 1-4 5-20 Any

Q25 What type of heating would you accept (Please tick all that apply)

Electric Heating Gas Heating

Q26 Are you, or is anyone in your household, related to, or otherwise connected with, a member of the Association's Management Committee or Staff? Yes No

If Yes, please state the name of the individual concerned and the nature of the relationship:

You should note that such a relationship or connection would not debar you from rehousing by the Association. However, the procedures for considering your application would be different and we would advise you of the procedures in due course.

SECTION H:

We realise that this application form goes into some detail. All information given to us will be treated in confidence. Please note, however, that we may be required to share this information with appropriate agencies such as the Police or the Department of Work and Pensions. If you have any difficulty filling in this form, our Housing Management Staff will assist you. Please note that you may telephone and make an appointment to speak to a member of staff.

DECLARATION

Please read the following carefully before signing this application:

- 1 I/We hereby certify that the information given on this application is a true reflection of my/our current circumstances and understand if it is later found not to be so the application may be suspended.
- 2 I/We acknowledge that the Association will take all reasonable steps to ensure the accuracy of the information provided. I/We further consent, in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018, to Whiteinch and Scotstoun Housing Association Limited obtaining any necessary information from relevant sources for the purpose of processing this application.
- 3 I/We understand that the Association has the right to apply in Court for possession of a flat/house where the tenancy was granted on the basis of false or misleading information provided knowingly, or recklessly, by the applicant at any time; or where relevant information is withheld at any time.
- 4 I/We undertake to notify the Association immediately of any change in the circumstances described in this application.
- 5 I/We hereby give permission for the Association to contact any current/previous landlords to obtain a reference on the conduct of current/previous tenancies.

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

Applicant's usual Signature:	Date:
Joint Applicant's usual Signature:	Date:

Where to send your completed form:

Whiteinch & Scotstoun Housing Association Limited
The Whiteinch Centre, 1 Northinch Court, Glasgow G14 0UG
Telephone: 0141 959 2552 Fax: 0141 950 4432

Email: wsha_admin@wsha.org.uk

<https://www.wsha.org.uk>

Whiteinch & Scotstoun Housing Association Limited
Registered Office: The Whiteinch Centre, 1 Northinch Court, Glasgow G14 0UG
A charity registered in Scotland (Scottish Charity No. SC035633)
A registered society under the Co-operative and Community Benefit Societies Act 2014 (No. 1931R(S))
Registered with the Scottish Housing Regulator (No. 205)
VAT Reg. No. 135 5700 27
Member of the Scottish Federation of Housing Associations