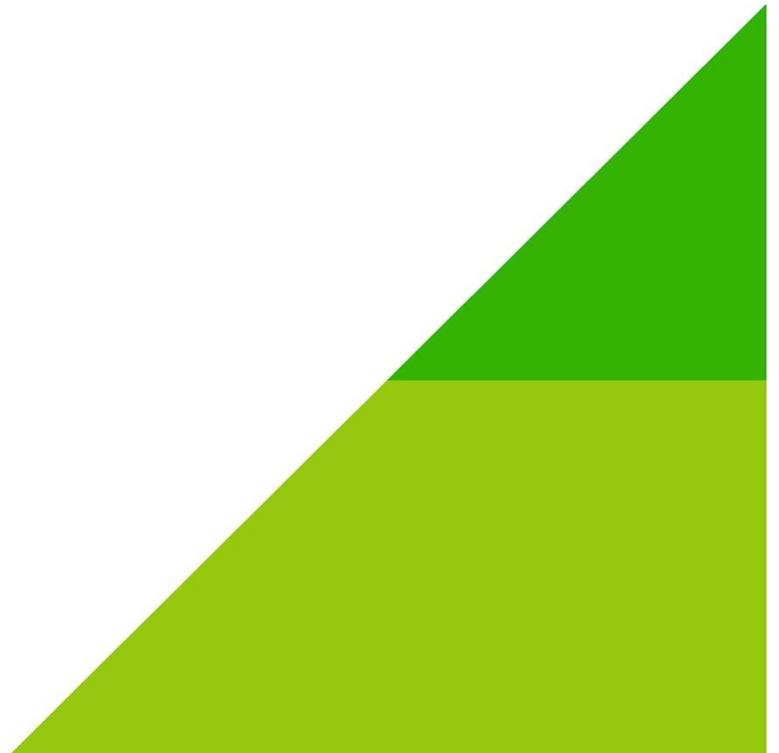




ELDERPARK
HOUSING

Housing Transfer Form



Section 1: Personal Details

About You	Main Applicant	Joint Applicant
Mr/Mrs/Ms/Miss		
First Names(s)		
Last Name		
Date of Birth		
Male/Female		
National Insurance Number		
Present Address		
Flat Position		
Post Code		
Daytime Telephone		
Email Address		
Correspondence or Contact Address (if different from present address)		
Relationship of Joint Applicant		

Section 2: Properties you would consider

The number of properties re-let in a street varies depending on the type; new build or traditional tenement, whether the property is a flat or a house and where it is located. When selecting which properties you would consider have regard to turnover figure detailed in the stock profile in the Lettings Booklet. Remember, the higher the turnover the greater the opportunity of being re-housed.

Elderpark Area

Houses in Elderpark	✓ if you are interested	Flats in Elderpark	✓ if you are interested	Flats in Elderpark	✓ if you are interested
Elderpark Street		Elderpark Street		Garmouth Gardens	
Uist Street		Uist Street		Greenfield Street	
Elder Street		Crossloan Road		Harhill Street	
Fairfield Gardens		Craigton Road		Garmouth Place	
Fairfield Place		Nimmo Drive		Govan Road	
Fairfield Street		Langlands Road			
Garmouth Gardens		Elder Street			
Garmouth Street		Fairfield Gardens			
Greenfield Street		Fairfield Place			
Garmouth Place					
Harhill Street					
Langlands Road					

Out with Elderpark: Ibrox, Kinning Park and Cessnock
 (* some properties have community alarms)

Houses/Flats in Ibrox	✓ if you are interested	Flats in Kinning Park	✓ if you are interested	Flats in Cessnock	✓ if you are interested
Brighton Place		Scotland Street		Brand Street	
Briton Street *		Lambhill Street		Harley Street	
Summertown Rd *		Cornwall Street			
Clynder Street *					
Skene Road					
Hinshelwood Drive					
Rhynie Drive					

Do you want to be considered for:

Building Type		Floor Level			
Traditional Tenement		Ground Floor		Second Floor	
New Build Property		First Floor		Third Floor	

Do you require adaptations:

A Community alarm system	Yes	No	An over bath shower	Yes	No	A walk in shower	Yes	No

Would you consider a 1 apartment i.e. studio flat

	Yes		No
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Single elderly applicants of pension credit age:

Do you wish to be considered for a 2 bed flat as well as a 1 bed flat

	Yes		No
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Section 3: 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	Surname	Date of Birth	Male/Female	Relationship to you	Will this person move in with you?	
					Yes	No

Section 4: Housing History

Joint Applicant

Address	Date from	Date to	Name/Address of Landlord/Owner	Reason for Leaving

Do you or the joint applicant have current or former rent/mortgage/repairs arrears?

	Yes		No
--	-----	--	----

If yes, do you have an arrangement with the landlord to reduce/clear your arrears?

	Yes		No
--	-----	--	----

Has anyone ever taken action against you or anyone on your application, for anti-social behaviour?

	Main Applicant	Joint Applicant
	Yes	Yes
	No	No

If yes please provide details:

Section 5: Personal Details

Is anyone applying for housing pregnant? If yes, please provide details of who is pregnant and when the baby is due
Name:

	Yes		No
--	-----	--	----

Due Date:

Do you have access to children who stay overnight?

	Yes		No
--	-----	--	----

Offers of a two bedroom property will be subject to applicants signing a disclaimer stating that they will pay the bedroom tax
Please provide written confirmation from an official agency or the children's main carer to confirm names of the children and the access arrangements.

Please give details of children

First Name	Surname	Date of Birth	Male/Female	Relationship to you	Present Address

How many bedrooms are in your home?

	Double Bedrooms		Single Bedrooms
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Do you suffer from abuse, harassment or victimisation?

	Yes		No
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If yes please provide written confirmation. For more information refer to the Lettings Booklet

Do you or any member of your household wishing to be re-housed with you have any health/disability reasons for wishing to be re-housed?

	Yes		No
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Please ensure that you fill in a self-assessment 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)

Do you want to move to provide or receive support?

	Yes		No
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If yes please state the name and address of the person involved and nature of support you receive or will provide
Name: Address:

Nature of Support:

Are you employed/in training and want to move to help sustain this?

	Yes		No
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This may be because you need a tenancy in the area or you need to live close to a childminder or you need a settled address. If yes please state the name of your employer/training or childminder and provide conformation, e.g. payslip, letter from college etc.

Name and Address of Employer:

Why will moving help sustain your employment or training?

	Yes		No
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Do you own a dog?

	Yes		No
--	-----	--	----

Would you be interested in a mutual exchange?

If you are please contact our office

	Yes		No
--	-----	--	----

Do you have a bank account which allows direct debits?

	Yes		No
--	-----	--	----

Do you have access to the internet on a PC?

	Yes		No
--	-----	--	----

Do you expect to pay your rent or part of it through housing benefit?

	Yes		No
--	-----	--	----

Do you wish to be referred to our financial capability office to get help on managing your money?

	Yes		No
--	-----	--	----

Do you want to flat share?

	Yes		No
--	-----	--	----

Reason for your application:

Section 6: Other Information

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

If yes who?

	Yes		No
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Home Office Reference Number:

Are you or a member of your household currently or ever have been a Registered Sex Offender?

	Yes		No
--	-----	--	----

Have you or a member of your household been convicted of a Criminal Offence in the last three years?

	Yes		No
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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, staff or elected member of Elderpark Housing Association?

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 relationship should be included

	Yes		No
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Name of Committee member, employee or elected member:

Relationship to you:

Potentially Vulnerable Applicants

Do you need large print?

<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No
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Do you have poor hearing?

<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No
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Can you communicate effectively in English?

If No, what is your first language?

<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No
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Do you have difficulties understanding letters and forms?

If so is there a carer who we can forward copies of correspondence? Please give their name, address and telephone number

<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No
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Name:

Address:

Contact Number:

Thank you for completing this application. Please read and sign the declaration below.

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. The onus is on you to provide any supporting documentation.

Declaration by Applicant

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 change to 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 the tenancy I am granted.

I give permission for Elderpark Housing Association 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 agree to my personal information being shared with Money Matters Financial Capability Service which operates from Elderpark's office.

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

Applicant Signature:

Date:

Joint Applicant Signature:

Date

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

What Happens Next?
(Please refer to the Lettings Booklet)