



Housing Options Application Form



Housing Options and Solutions Interview

Elderpark Housing Options Application Form



| | | | |
|---|--|----------------------------|--|
| Date Interview | | Application Ref No. | |
| Carried Out By: | | Points Awarded | |
| House Visit / At The Office / Postal / E-Mail / Review | | | |

| Personal Information | | |
|---|-----------------------|------------------------|
| About You | Main Applicant | Joint Applicant |
| Title | | |
| Forenames | | |
| Surname | | |
| National Ins No | | |
| Date of Birth | | |
| Male/Female | | |
| Address: Please indicate if c/o | | |
| Postcode: | | |
| Tel No. | | |
| E-mail | | |
| Correspondence or contact address if different from present | | |
| Name and Address of current Landlord | | |
| Relationship to Joint tenant | | |
| Have you ever had a tenancy with Elderpark HA | | |
| If so what was the address | | |

| Performance Assessment (official use only) | | | | | |
|---|--|--------------------|--|--------------------|--|
| Date received | | Assessed by | | Crossed checked by | |
| Date of cross check | | Date put on Capita | | Size of Property | |

| WAITING LIST A – Homeless (WHL can receive points for domestic abuse and medical points) | | | |
|---|---------------|-------------------------------|---------------|
| WAITING LIST B & TRANSFERS (apply Ground floor/lift only for applicants want ground floor only of Ground/1st if they have medical problems) | | | |
| Points Category | Points | Points Category | Points |
| Insecure Tenure | | c/o Family or Friends | |
| Homeless | | Overcrowding/Under-occupation | |
| Domestic Abuse | | Medical points | |
| Sharing Amenities | | Below Tolerable Standard | |
| Harassment/Abuse/Domestic Abuse | | Poor Energy Efficiency/Damp | |
| Employment | | Support | |

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Input via core details for the main applicant

Special Requirements – Please tick any that apply

| | | | | | | | |
|----------------------|--------------------------|-----------------------|--------------------------|---|--------------------------|--------|--------------------------|
| Very Poor Vision | <input type="checkbox"/> | Poor Hearing / Deaf | <input type="checkbox"/> | Poor Mobility | <input type="checkbox"/> | Autism | <input type="checkbox"/> |
| Mental Health Issues | <input type="checkbox"/> | Learning Difficulties | <input type="checkbox"/> | Requires a Translator (language required) | | | <input type="checkbox"/> |

Difficulty Understanding Letters or Forms If you have a carer we can forward copies of correspondence to please give their:
 Name:
 Address:
 Tel No:

| | Main Applicant | | Joint Applicant | |
|--|----------------|----|-----------------|----|
| Do you have any medical problems? (If yes please complete self-assessment medical form) | Yes | No | Yes | No |
| Do you consider yourself disabled? | Yes | No | Yes | No |
| Opt out of Experian | Yes | No | Yes | No |

Please give details of the person for whom medical points being sought

Name

Address

Describe in your own words what health problem or disability have

What medical treatment are you receiving?

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| Does the design or the condition of your house affect your illness? | Yes | No |
|--|-----|----|
| For example, you may have poor mobility and you live in an upper tenement flat or your home suffers from dampness) | | |

If yes please give details

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Would re-housing alleviate your medical condition? If so is re-housing essential or advisable?

- Essential would be your health would be greatly improved, for example you live on a top floor tenement and have severe mobility issues
- Advisable may be that there is a link between your housing and poor health

Please give reasons why you think re-housing is either essential or advisable

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Consent to Share

What we will do with your information

This form explains how your personal information will be used as part of your assessment for housing. We are committed to protecting your privacy. We try to meet the highest standards when collecting and using personal information. We adhere to the requirements of the General Data Protection Regulations, when using and sharing personal information. Included in this pack is a copy of our Fair Processing Notice with further details on how we use your information. We are also registered on the public register of data controllers, with the Information Commissioner's Office.

Agreement to share your information

The Housing Options partners will collect and share your information with Glasgow City Council, other public organisations and relevant agencies so we can understand your needs better, improve services and avoid asking you for the same information more than once. This might include workers involved in your care, for example your nurse, social worker, support worker, future housing providers or other relevant agency as discussed with you.

The Housing Options partners, as landlords, will also collect and share your information for the purposes of assessing your needs for housing and to develop a Common Housing Register (CHR). This will make it easier for you to be considered for housing by a number of landlords and avoid you filling in separate registration forms for each. This means when you fill in a housing registration form you agree to your information being shared with other landlords, with other public organisations, organisations that handle public funds, social work services, your support worker, your nurse and other relevant agency as discussed with you. There may be occasions when there is sufficient concern about your or others safety or wellbeing, or for the detection and prevention of crime that your information will be shared before your consent is given or even if you do not agree to your information being shared.

I understand that information is held about me and agree that my personal information may be shared with other relevant agencies and professionals where you consider it appropriate. I have had an opportunity to discuss what this means.

I understand that the information I have given in this registration form is true. I also undertake to tell you about people aged 16 years or over who live in my home.

| | | | |
|--|---------------|------|--|
| I agree with this statement: | Yes/No | | |
| Name of Customer (print) | | | |
| Signature of Customer | | | |
| Signature of Advocate / Representative (if required) | | | |
| Interviewer's Signature | | | |
| Designation | | Date | |

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Personal Details:

| | Main App | | Joint App | | If yes, please give name and address | |
|---|----------|----|-----------|----|--------------------------------------|--|
| | Yes | No | Yes | No | | |
| Has anyone ever taken legal or less formal action against you or anyone on your application for anti-social behaviour | | | | | | |
| Do you or the Joint applicant have current or former rent/mortgage/repairs arrears | | | | | | |

Household Details

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

| Name | Date of Birth | Male/ Female | Relationship to you | National Insurance No | Will this person be moving with you? | |
|------|---------------|-----------------|---------------------|-----------------------|--------------------------------------|----|
| | | | | | Yes | No |
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Please give details of everyone who is not living with you but wish to be rehoused with you

| Name | Date of Birth | Male/ Female | Relationship to you | Reason not living with you now and present address | | |
|------|---------------|-----------------|---------------------|--|--|--|
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