



ELDERPARK
HOUSING

**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

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	
Has anyone ever taken legal or less formal action against you or anyone on your application for anti-social behaviour	Yes	No	Yes	No		
Do you or the Joint applicant have current or former rent/mortgage/repairs arrears	Yes	No	Yes	No		

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

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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Properties You Would Consider

Turnover, or the number of properties re-let, 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 regards to the turnover figure detailed in the stock profile in pages 3 & 4 of the Lettings Booklet. Remember, the higher the turnover the greater the opportunity of being re-housed.

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

Out with Elderpark: Ibrox, Kinning Park & Cessnock (Some Properties have community Alarms)

Houses/Flat Ibrox	✓ if interested	Flats Kinning Park	✓ if interested	Flats Cessnock	✓ if interested
Brighton Place		Scotland St		Brand St	
Briton Street		Lambhill St		Harley St	
Summertown Rd		Cornwall St			
Clynder Street					
Skene Road					
Hinshelwood Dr					
Rhynie Drive					

What 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 any of the following adaptations for medical reasons?

A Community Alarm System	Yes	No	An Over bath shower	Yes	No	A Walk in shower	Yes	No
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Would you consider a 1 Apartment Studio Flat?	Yes		No	
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How Would You Describe Your Present Housing Situation

How many bedrooms are in your current home?	No of double		No of single	
Do you share a living room with another household?	Yes		No	
Do you share a bathroom with another household?	Yes		No	
Do you share a kitchen with another household?	Yes		No	
Is your house below tolerable standard as defined in Housing (Scotland) Act 1987? <i>If yes, a copy of the notices served on the occupier by the council</i>	Yes		No	
Do you suffer from abuse, harassment, or victimisation? <i>If yes please provide written confirmation.</i>	Yes		No	
Do you want to move to provide or receive support?	Yes		No	
Is anyone in the household pregnant?	Yes		No	
<i>If yes, please state the name and address of the person involved and the nature of support you receive or will provide.</i>				
Name _____ Address _____				
Nature of Support _____				
Are you employed/in training/education and want to move to help sustain this? <i>This may be because you need a tenancy in the area or you need to live close to a child minder or you need a settled address</i>	Yes		No	
<i>If yes, please state the name of your employer/training/childminder and provide confirmation. (payslip, letter from college etc)</i>				
Name of Employer _____				
Address _____				

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 office Reg. No: _____				
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	

Are you or anyone you are wishing to be rehoused 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 relationships should be included.*

	If yes, please give details	No
Name of committee member, employee or elected member		
Relationship to you		

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Financial Assessment

Household Income	*Weekly/Fortnightly/ Four weekly/Monthly	Household Expenditure	*Weekly/Fortnightly/ Four weekly/Monthly	
Customer Net Salary/Wages	£	Priority Expenditure	Rent/Mortgage/Digs (Including Bedroom Tax deductions, Factor fees)	£
Partner Net Salary/Wages	£		Council Tax	£
Jobseeker's Allowance (detail of income/contribution based)	£		Gas/Electricity (if interested in reduced costs refer)	£
Universal Credit (revert to organisational policy for UC)	£		Court Fines	£
Income Support	£		Food	£
Employment and Support Allowance/Statutory Sick Pay	£	School/Work Meals	£	
Incapacity Benefit	£	Loans/Credit & Store Cards/Hire Purchase/Door step lenders	£	
Working Tax Credit	£	TV Licence	£	
Child Tax Credit	£	TV Subscription	£	
Child Benefit	£	House Insurance (Building & Contents)	£	
Attendance Allowance	£	Internet/Home Telephone	£	
Disability Living Allowance	£	Mobile Telephone	£	
Personal Independence Payment	£	Clothing	£	
State Pension	£	Pet Costs (Vets, food, insurance)	£	
Occupational Pension	£	Alcohol/tobacco/betting	£	
Pension Credit	£	Maintenance Paid	£	
Widow's Pension	£	Child Care/after school clubs/pocket money	£	
Maintenance/Child Support Received	£	Vehicle Costs (repayments, fuel, road tax, insurance)	£	
Any Other Income	£	Travel expenses	£	
Any Non-dependent income/Contributions	£	Any Other Expenses	£	
Carer's Allowance	£			
Total Income	£	Total Expenditure	£	
		Disposable Income	£	

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Equal Opportunities

Under the Equality Act 2010, we must not discriminate against anybody because of their religion and belief when we provide services. To make sure we offer the same services and opportunities to all customers, no matter what their ethnic or racial background, faith or religion, we have included the following questions as part of our equal opportunities monitoring form. You do not have to fill in this form. If you do we will keep your information confidential and use it to create statistics only. It will not affect your application. Any personal details you provide will only be used to maintain your application and will not be used for any other purpose.

Please tick one of the ethnic groups shown to tell us you and your partner's (if applicable) ethnic background:

		Applicant	Partner
1	White: Scottish	<input type="checkbox"/>	<input type="checkbox"/>
2	White other British	<input type="checkbox"/>	<input type="checkbox"/>
3	Irish	<input type="checkbox"/>	<input type="checkbox"/>
4	Other white ethnic group	<input type="checkbox"/>	<input type="checkbox"/>
5	Any mixed background	<input type="checkbox"/>	<input type="checkbox"/>
6	Indian, Indian Scottish or Indian British	<input type="checkbox"/>	<input type="checkbox"/>
7	Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>	<input type="checkbox"/>
8	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/>	<input type="checkbox"/>
9	Chinese, Chinese Scottish or Chinese British	<input type="checkbox"/>	<input type="checkbox"/>
10	Other Asian, Asian Scottish or Asian British	<input type="checkbox"/>	<input type="checkbox"/>
11	Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>	<input type="checkbox"/>
12	African, African Scottish or African British	<input type="checkbox"/>	<input type="checkbox"/>
13	Other Black	<input type="checkbox"/>	<input type="checkbox"/>
14	English White	<input type="checkbox"/>	<input type="checkbox"/>
15	Welsh White	<input type="checkbox"/>	<input type="checkbox"/>
16	Northern Irish White	<input type="checkbox"/>	<input type="checkbox"/>
17	Polish	<input type="checkbox"/>	<input type="checkbox"/>
18	Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>
19	Arab	<input type="checkbox"/>	<input type="checkbox"/>
99	Other Background	<input type="checkbox"/>	<input type="checkbox"/>
NP	Not provided	<input type="checkbox"/>	<input type="checkbox"/>
REF	Refused		

DECLARATION - To be signed by the applicant after completion of the form

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I/We hereby declare that the information given on this form is, to the best of my/our knowledge and belief, accurate and truthful.

I/We understand that if it is found that I/we have provided false information or misleading information to the housing association; my/our application will be cancelled. Furthermore, I/we understand that the housing association reserves the right to take legal action for the repossession of any tenancy granted on the basis of deliberately providing the false information.

In addition I/we understand that in circumstances of threatening behaviour or verbal or physical abuse aimed towards staff or committee members, the association reserves the right to withdraw an offer of housing or suspend my/our application.

I/We authorise my/our landlord to obtain information on any tenancy I/we have held and to take up references considered necessary and relevant to this application.

I/We understand that any false or misleading information, withholding information that is material to the application now and at any time, may result in my application being cancelled, any offer of tenancy being withdrawn or I may lose any tenancy I/we are granted.

Signed applicant		Date	
Signed joint applicant		Date	
Interview Completed By (Advisor's Name)			
Signed		Date	