



Housing Options Application Form



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 Rubixx		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	

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		

Do you have somewhere safe to stay tonight? (If no, make an appointment with GCC casework team)	Yes		No	
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Current Housing Status

Local Authority		RSL Tenant		Private Landlord	
Owner-Occupier		Shared Owner		Lodger	
Supported Accommodation		Tied Accommodation		Temporary Homeless Accommodation	
Non-Permanent Structure		Family/Friends			

MEDICAL FORM

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

Do you need to live in a property with specific features to help you manage a medical condition? This could include:

Environmental alarm linked to call warden system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Live on a Ground floor or property with a Lift	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have a step-in shower instead of an over-bath shower.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wheelchair adapted - wet room and or lower kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If so, why?

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

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.

Properties in Elderpark	✓ if interested	Properties in Elderpark	✓ if interested
Elderpark St		Harhill Street	
Uist St		Garmouth Place	
Crossloan Road		Govan Road	
Craigton Road		Nethan Street	
Nimmo Drive		Golspie Street	
Elder St		Harmony Row	
Fairfield Gardens			
Fairfield Place			
Fairfield Street			
Garmouth Street			
Harhill Street			
Langlands Road			
Garmouth Gardens			
Greenfield Street			

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

Ibrox	✓if interested	Kinning Park	✓if interested	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	

Would you consider a 1 Apartment Studio/Bedsit Flat?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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? (Please provide proof)	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		

DECLARATION

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	

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"/>	

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