ELDERPARK
HOUSING

Housing Application Form



Personal Information		
About You	**Main Applicant**	**Joint Applicant**
Title		
Forenames		
Surname		
National Ins No		
Date of Birth		
Gender		
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		

PROCESSING DETAILS (*Office use only*)			
Date Application Received:		**Application Ref No.**	
Date Processed & 1st Pointed :		**Date 2nd Pointed:**	
Processed By:		**Checked By:**	
Total Points:		**Size of Property:**	

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		

Current Housing Status

Local Authority/Council		Housing Association		Private Landlord	
Owner-Occupier		Shared Owner		Living with family and friends	
Supported Accommodation		Tied Accommodation		Temporary Homeless Accommodation	

Have you been assessed as homeless by a local authority or council? (If yes, please provide documentation to confirm this)	Yes		No	

PREVIOUS TENANCY DETAILS

Where have you lived before – Please list your addresses for the last 5 years. Please begin with the most recent first and continue on a separate sheet if necessary.

Main Applicant

Address	From	To	Name and Address of Landlord	Reason for leaving

Joint Tenant (if different from main applicant)

Address	From	To	Name and Address of Landlord	Reason for leaving

Have you ever been a member of armed forces?

Yes		**No**	

Previous tenancies:

	Main App		Joint App			
Has anyone ever taken legal or less formal action against you or anyone on your application for anti-social behaviour					If yes, please give name and address	
Do you or the Joint applicant have current or former rent/mortgage/ repairs arrears						

MEDICAL INFORMATION

	YES	NO
Are you or a permanent member of your moving household awaiting hospital discharge and cannot return to their own accommodation due to an enduring medical condition?		
Do you or a permanent member of your moving household have a disability or medical condition which makes present accommodation wholly unsuitable which cannot be adapted?		

If YES to any, please give detail:

Name of the Person (1)	Details of Disability/Medical Condition
Name of the Person (2)	**Details of Disability/Medical Condition**

Do you need to live in a property with specific features to help you manage a medical condition? This could include:					
Live on a Ground floor or property with a Lift	Yes ☐	No☐	Wheelchair adapted - wet room and or lower kitchen	Yes ☐	No☐
If so, why?					

Describe in your own words how rehousing would alleviate your medical condition

REASON FOR REHOUSING

How would you pay your rent? *(Please tick any that apply)*

On UC/HB	☐
Employment	☐

LOCATION AND TYPE OF PROPERTY

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 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		New Development – Nimmo Drive	
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 TYPE OF PROPERTY WOULD YOU LIKE TO LIVE IN?

Floor Level			
Ground Floor		Second Floor	
First Floor		Third Floor	
Fourth Floor		House Only	

Would you consider a 1 Apartment Studio/Bedsit Flat?	Yes	☐	No	☐
Would you consider a Tenement Flat?	Yes	☐	No	☐

CURRENT HOUSING DETAILS

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? *If yes, a copy of the notices served on the occupier by the council*	Yes		No	
Do you suffer from abuse, harassment, or victimisation? *If yes please provide written confirmation*.	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	
If yes, please state the name and address of the person involved and the nature of support you receive or will provide. Name _____ Address _____ Nature of Support _____				
Are you employed/in training/education and want to move to help sustain this? *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*	Yes		No	
If yes, please state the name of your employer/training/childminder and provide confirmation. (payslip, letter from college etc) 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	

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	☐	☐
2	White other British	☐	☐
3	Irish	☐	☐
4	Other white ethnic group	☐	☐
5	Any mixed background	☐	☐
6	Indian, Indian Scottish or Indian British	☐	☐
7	Pakistani, Pakistani Scottish or Pakistani British	☐	☐
8	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	☐	☐
9	Chinese, Chinese Scottish or Chinese British	☐	☐
10	Other Asian, Asian Scottish or Asian British	☐	☐
11	Caribbean, Caribbean Scottish or Caribbean British	☐	☐
12	African, African Scottish or African British	☐	☐
13	Other Black	☐	☐
14	English White	☐	☐
15	Welsh White	☐	☐
16	Northern Irish White	☐	☐
17	Polish	☐	☐
18	Gypsy/Traveller	☐	☐
19	Arab	☐	☐
99	Other Background	☐	☐
NP	Not provided	☐	☐

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