



# Choose Well



**'A new way to get the home you want.'**

## **Choice Base Letting Application Form**

## You Choose Registration Form



This form must be completed if you wish to be placed on our Housing Register. Once on the register you have the opportunity to bid for housing with us.

We provide a range of housing within the Wellhouse neighbourhood.

Full details of the Choice Based Lettings scheme (Choose Well) are provided in an information guide.

You will also be required to complete a Reference Form—please ensure you have Received a reference form with your registration form.

**If you need any help filling in this form please ask for assistance**

Wellhouse Housing Association

The hub

49 Wellhouse Crescent

Wellhouse

Glasgow

G33 4LA

0141 781 1884

Web-site:

Email:

## Section 1: Your Details

	You	Joint Applicant
Gender (male/female)	<input type="text"/>	<input type="text"/>
Title (Mr/Mrs/Miss/Ms)	<input type="text"/>	<input type="text"/>
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Date of Birth/ Age	<input type="text"/>	<input type="text"/>
What is your first language?	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Work telephone number	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

### Household Details

Please list all the people who are living with you and anyone else not at your current address but to be rehoused with you

Title	First name	Surname	Date of birth	Relationship to applicant	Tick if to be Rehoused with you	Tick if not Living at your address

## Section 2: Equal Opportunities Monitoring

Wellhouse Housing Association actively seeks to achieve equality of opportunity and embraces diversity of staff, residents and its community. We believe that no person should be disadvantaged or discriminated against on the basis of their age, disability, gender, transgender, race, religion or belief, or sexual orientation. In order to achieve this, please could you provide us with answers to the following questions. The following information will be treated in the strictest confidence and is optional.

### How would you describe your ethnic origin?

Ethnic Origin	Applicant	Joint Applicant
White British	<input type="radio"/>	<input type="radio"/>
White Irish	<input type="radio"/>	<input type="radio"/>
White Other	<input type="radio"/>	<input type="radio"/>
Mixed	<input type="radio"/>	<input type="radio"/>
Indian	<input type="radio"/>	<input type="radio"/>
Pakistani	<input type="radio"/>	<input type="radio"/>
Bangladeshi	<input type="radio"/>	<input type="radio"/>
Asian Other	<input type="radio"/>	<input type="radio"/>
Caribbean	<input type="radio"/>	<input type="radio"/>
African	<input type="radio"/>	<input type="radio"/>
Traveller	<input type="radio"/>	<input type="radio"/>
Other (please state0	<input type="text"/>	

### How would you describe your nationality?

Nationality	Applicant	Joint Applicant
UK National Resident in UK	<input type="radio"/>	<input type="radio"/>
UK resident returning from overseas	<input type="radio"/>	<input type="radio"/>
A8 Accession State—Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovenia, Slovakia.	<input type="radio"/>	<input type="radio"/>
Other European Economic Area (please state0	<input type="radio"/>	<input type="radio"/>
Any other country (please state0	<input type="radio"/>	<input type="radio"/>

**How would you describe your sexual orientation?**

<b>Sexual Orientation</b>	<b>Applicant</b>	<b>Joint Applicant</b>
Heterosexual	<input type="radio"/>	<input type="radio"/>
Bisexual	<input type="radio"/>	<input type="radio"/>
Gay man	<input type="radio"/>	<input type="radio"/>
Gay woman/lesbian	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>

**How would you describe your religion/belief?**

<b>Religion / Belief</b>	<b>Applicant</b>	<b>Joint Applicant</b>
Christian	<input type="radio"/>	<input type="radio"/>
Buddhist	<input type="radio"/>	<input type="radio"/>
Sikh	<input type="radio"/>	<input type="radio"/>
Hindu	<input type="radio"/>	<input type="radio"/>
Muslim	<input type="radio"/>	<input type="radio"/>
Jewish	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>
Prefer not to say	<input type="radio"/>	<input type="radio"/>
Atheist	<input type="radio"/>	<input type="radio"/>
Agnostic	<input type="radio"/>	<input type="radio"/>

## Section 3: Where you used to live

Please provide any previous addresses in the last 5 years.

Please give your most recent address first.

You				Council	Family/Friends	Private Let	H Assoc tenant	Owner	other
Address	Date from	Date to	Reason for leaving						
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint Applicant									
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 4: Income

Are you:	Applicant	Joint Applicant
Employed	<input type="radio"/>	<input type="radio"/>
Self Employed	<input type="radio"/>	<input type="radio"/>
Occupation	<input type="radio"/>	<input type="radio"/>
Job Seeker	<input type="radio"/>	<input type="radio"/>
Not seeking work	<input type="radio"/>	<input type="radio"/>
Retired	<input type="radio"/>	<input type="radio"/>
In Full Time Education	<input type="radio"/>	<input type="radio"/>
H M Forces	<input type="radio"/>	<input type="radio"/>

### Employment Details—Applicant

Employer	
Employer	
Employed From	
Hours per week	

## Employment Details—Joint Applicant

Employer	
Employer	
Employed From	
Hours per week	

## Section 5: Current housing situation

If you are homeless, please go to question d. Otherwise please answer the following questions as appropriate

### A. Property Type

Ground Floor Flat	<input type="radio"/>	<input type="radio"/>
First Floor Flat	<input type="radio"/>	<input type="radio"/>
Second Floor Flat	<input type="radio"/>	<input type="radio"/>
Maisonette	<input type="radio"/>	<input type="radio"/>
Bungalow	<input type="radio"/>	<input type="radio"/>
House	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If you have ticked OTHER, please provide further details

How many bedrooms are there in the property?

### Living in rented housing including supported accommodation or shared housing

Please provide the name and address of your landlord and tick the appropriate box to tell us the type of landlord you have.

	Name, address and telephone of landlord	
You	<input type="text"/>	<input type="radio"/> Council <input type="radio"/> Housing Association <input type="radio"/> Private Landlord
Joint Applicant	<input type="text"/>	<input type="radio"/> Council <input type="radio"/> Housing Association <input type="radio"/> Private Landlord

## Homeless

Please note that to be regarded as homeless and in priority need for housing, written confirmation is required from the local Homeless Persons Section, which should be attached to this form. You will need to make an appointment with a Homeless Persons Officer if you have not already done so.

Are you currently homeless? If YES please tick one of the following boxes

Leaving hospital and no home to go to?	<input type="radio"/>	<input type="radio"/>
Bed and Breakfast	<input type="radio"/>	<input type="radio"/>
Living temporarily with family/friends	<input type="radio"/>	<input type="radio"/>
Sleeping rough	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If you have ticked OTHER, please provide further details

Are you threatened with homelessness?      Yes            No     

If YES please provide further details, including the date that you expect that you will become homeless

## D. Supported Housing

Are you living in any of the following types of accommodation and need to move on to your own home?      Yes            No     

Hostel /Supported Housing            Children's Home            Other     

## E. Temporary / No secure tenancy

If you live in housing with no secure tenancy, please give further details in the box below.



## Section 6: Housing Needs

### A. State of Repair

Has the property you occupy been declared unfit for habitation? Or Is the property you occupy in serious disrepair

If you have answered yes to either of the above, please give further details:

**Note: If you said your home is unfit, a confirmation letter from the Environmental Health Department must be attached.**

### B. Health Problems

The applicant needs to be rehoused to reduce the impact of their current housing situation on their health or well-being. Evidence will be required to establish the impact on the applicant's well-being and lifestyle and management of daily living and how rehousing may be able to alleviate the circumstances.

You have a physical or mental illness that meets this definition?

If YES, please tick the appropriate category

Physical disability  Mental Health condition  Deaf or hard of hearing   
Learning disability  Visual Impairment  Other

**Please provide further details of any disability, long term condition or illness**

Name	Details

**Please tell us about any problems you have in your current home due to your condition**

**C. Overcrowding**

How many bedroom do you have?

**Who sleeps in each bedroom—include names, ages and relationship to you.**

Bedroom 1

Bedroom 2

Bedroom 3

Bedroom 4

**Do you think you are living in overcrowded conditions?**

Please provide details

**D. Other Needs**

**Do you need to move for any of the following reasons? Please tick the applicable box and provide further details.**

- To be near workplace, school or essential amenities
- To provide or receive support
- Due to your current housing being unaffordable
- To escape harassment (racial or other hate motivated harassment) serious anti-social behaviour or fleeing domestic violence

## E. Support Needs

Do you, or anyone that will live with you receive any support services (e.g. support linked to your current housing or provided by a specialist agency) or will you require such a service in your new home?

If yes please provide details of the support in the box below, including the name and contact address of your support worker

**IMPORTANT:** Please enclose a letter from your support worker providing further details about your support needs and any support that you may need if you are re-housed.

## Section 7: Other Information

### A. Issues relating to crime, anti-social behaviour, debt and breaches of tenancy conditions

Do you or anyone to live with you have criminal convictions other than those spent under the 1974 Rehabilitation of Offenders Act.

Yes

No

If YES, please provide details:

Have you or anyone in your household had legal action started or taken against you ( for example Notice of Possession, ASBO or Injunction) or any other type of action as a result of causing or allowing anti-social behaviour?

Yes

No

If YES, please provide details:

**B. Assistance**

Is an agency or other person assisting you with this application? Yes  No   
If YES please provide name and address and contact details

Agency Tel No  
Contact Email Address  
Address

**C. Communication**

Do you require letters and information to be sent in another format? (e.g. large print, braille or in another language) Yes  No

If YES provide further details

**Section 7: Other Information**

What is your preferred method of communication? (please indicate)

Letter  Telephone  Email  Other

If other please state:

## Section 8: References

Please note that we will usually only accept registration forms that are supported by a reference, which should be included and returned with your form. If this is not possible, your referee can forward the form separately.

Reference Form enclosed:                      Yes                                      No                                      To Follow

If the Reference Form is to follow, please provide the name and address and telephone number of your referee in the space below.

Or if you are not forwarding a reference, please state why?

## Section 9: Relationship to Interested Parties

Are you, or anyone that will be living with you a Wellhouse Housing Association employee or a members of the Management Committee, or a relative of a staff or committee member?.                      Yes                                      No

If YES, please provide further details

## Section 10: Additional Information

This is an opportunity to provide further information to support your application, that may not be covered in the previous sections.

## Section 11: Declaration

Please read this section carefully, then sign and date the boxes below. If this is a joint application, both applicants must sign the declaration.

Wellhouse Housing Association needs the information on this form to process your application to join the Housing Register. In line with the Data Protection Act 1998, we will keep the information you have given us on computer and use it to deal with your housing application and for housing management purposes.

- The information I have given on this form is true and correct.
- If I provide false or misleading information, I understand this may lead to:  
My application/registration being cancelled.  
Any offer of accommodation will be withdrawn.  
If you have been granted a tenancy, legal action instructed to end said tenancy.
- I give permission for you to contact other agencies to check the information I have given, including landlords and previous landlords

Your signature:

Date:

Joint Applicant:  
Signature

Date:

## Section 12: Next steps

Once you have completed your form:

- Check you have answered all the questions as best as you are able and have signed the declaration.
- You have a completed reference form.
- You have included any supporting documentation.

Once you are happy all the above is in order return the forms to Wellhouse Housing Association offices

Providing we have all the information we need, we aim to process your application within 10 working days of receiving your application.

If you have any questions or wish to discuss any issues further, please do not hesitate to contact us.

# For Office Use Only

Date Form Received

Registration Number

Applicant Name /Address / Tel No

Communication Needs

Registration Accepted:

Yes

No

Registration Date:

Yes

Banding

Housing Needs

A

B

C

D

If Band A—date priority

Support Needs if re-housed.