

Registered Scottish Charity No: CSC036552

Housing Application Form

Please complete the form accurately. Please provide all **applicable** documents listed below.
We require **TWO** forms of identification for each applicant (main and joint). One of these must be photographic.
We require proof of address for each resident that currently lives with you.
We require proof of address for each person that is moving with you.

Proof of identity – Passport, photo driving license, residency permit or birth certificate

Proof of National Insurance number

Current address – Tenancy agreement, utility bill (gas, electric, water, home telephone). All must be dated within the last 3 months.

Dependants – Birth certificate, proof of address

Pregnancy – Copy of the certificate of confinement (MATB1) or letter from GP/health visitor

Notice to quit – A copy of this notice served by your current landlord

Please note: if you are offered a property, you will be required to pay one month's rent in advance.

Applicant

Joint Applicant (if applicable)

Title:		Title:	
Full Name:		Full Name:	
D.O.B:		D.O.B:	
Address:		Address:	
Postcode:		Postcode:	
Date moved in:		Date moved in:	
Tel:		Tel:	
Email:		Email:	
NI No:		NI No:	
Landlord: Contact no:		Landlord: Contact no.	

If you wish correspondence to be sent to a different address than the one you reside at, complete this box.

Correspondence Address	
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CURRENT HOUSING SITUATION

Which of the following describes your current housing situation?

Current Wellhouse HA tenant	<input type="checkbox"/>	Temporary Furnished Flat	<input type="checkbox"/>
Other housing association	<input type="checkbox"/>	Private landlord	<input type="checkbox"/>
Council rented accommodation	<input type="checkbox"/>	Lodging with Friends/Relatives	<input type="checkbox"/>
Owner Occupier/shared owner	<input type="checkbox"/>	Homeless (<i>If yes, please attach decision letter from local authority</i>)	<input type="checkbox"/>

Other (give details)	
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WHERE YOU CURRENTLY RESIDE

What floor level is your home on? (Grd, 1 st , 2 nd , 3 rd etc)	
What type of property do you reside in? (eg Tenement, House etc)	
Do you have access to a lift?	
Have you been asked to leave your current accommodation?	
What date are you expected to leave?	
How many bedrooms are in your current accommodation?	
How many bedrooms do you have use of?	
Are any bedrooms unused?	
How many people live in your current accommodation?	

SHARING AMENITIES

Do you currently share amenities with another family who also live at this address? Please tick the appropriate boxes.

Living room	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>
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CURRENT PROPERTY CONDITION

Are there any property issues that affect your use of the house? If yes, please give details:

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Does your current home lack the following?

Piped water supply	<input type="checkbox"/>	Cooking facilities	<input type="checkbox"/>	Full central heating	<input type="checkbox"/>
Bathroom/shower room	<input type="checkbox"/>	Bath	<input type="checkbox"/>	Hot water supply	<input type="checkbox"/>
Inside Toilet	<input type="checkbox"/>	Mains electricity	<input type="checkbox"/>	Separate Living room	<input type="checkbox"/>

WHY YOU WANT TO MOVE

Please tell us why you are applying for housing. Tick the relevant boxes

Poor condition of property	<input type="checkbox"/>	Relationship breakdown	<input type="checkbox"/>
Overcrowding	<input type="checkbox"/>	Domestic abuse	<input type="checkbox"/>
Underoccupancy (property is too big)	<input type="checkbox"/>	Harassment	<input type="checkbox"/>
Medical or health reasons	<input type="checkbox"/>	To be near employment	<input type="checkbox"/>
To provide/receive support to friend or relative	<input type="checkbox"/>	Financial Difficulties	<input type="checkbox"/>
To receive support from friend or relative	<input type="checkbox"/>	Mortgage repossession	<input type="checkbox"/>
Required to leave tied accommodation	<input type="checkbox"/>	Homeless/threatened homeless	<input type="checkbox"/>
Landlord has served Notice to Quit	<input type="checkbox"/>	Temporary Accommodation	<input type="checkbox"/>

Please explain so that your personal situation can be accurately assessed.

If you need to move house to be near a close relative or friend to either receive or provide care and support, please provide details:

Full Name	
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Address	
What type of support is given/received?	
How often is support given/received?	

YOUR PREVIOUS ADDRESSES

Please give details of where you (**main** applicant) have been residing for the past 5 years (please complete on a separate sheet if necessary)

Address	Landlord's name (if applicable)	Date of entry	Date of leaving	Reason for Leaving

Please give details of where the **JOINT** applicant has been residing for the past 5 years (please complete on a separate sheet if necessary)

Address	Landlord's name (if applicable)	Date of entry	Date of leaving	Reason for Leaving

PEOPLE WHO CURRENTLY LIVE WITH YOU

Please provide details of EVERYONE who lives at your current accommodation and indicate whether they will be moving with you or not. We require proof of residence for everyone living in the property. Please continue a separate sheet if necessary.

Full Name	Relationship to you	D.O.B	SEX	Moving with you? YES/NO

Is there anyone else moving with you that does **not** currently live with you? This also relates to applicants who have regular overnight access to children and require an additional bedroom.

Full Name	Relationship to you	D.O.B	Male/Female	Moving with you? YES/NO

Is anyone to be housed with you pregnant?

Please attach certificate of confinement (MATB1) if issued, or a letter from your GP or health visitor

Name	Expected date of delivery

Do you owe rent arrears or other debt for a current or for a previous tenancy?
If yes, please give details:

Address where rent is owed	
Total amount owed	
Details of arrangement to repay:	

Have you (or anyone to be rehoused with you) been investigated for anti-social behaviour?
If yes, please give details:

Name of person(s) involved	
Address involved	
Details	

What size of house (how many bedrooms) do you need?

Please note that the Allocation Policies will determine the size of house you are entitled to.

1	<input type="checkbox"/>	2	<input type="checkbox"/>
3	<input type="checkbox"/>	3+	<input type="checkbox"/>

What floor level would you like to be rehoused on?

Please be aware that medical conditions may determine what type of housing you are offered.

Ground	<input type="checkbox"/>	First	<input type="checkbox"/>
Second	<input type="checkbox"/>	House	<input type="checkbox"/>
Main Door	<input type="checkbox"/>	No Preference	<input type="checkbox"/>

SUPPORT SERVICES

Does anyone to be rehoused with you receive support from a support agency? (eg Social Work, Occupational Therapist, SAMH etc)

Name of Support Provider	
Address	

What type of support is provided?	
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PETS

Do you have any pets?
(if yes, please provide details)

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ADDITIONAL INFORMATION

Is there anything else (not already covered) that you feel is relevant to your housing application.
If so, please give details:

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DECLARED INTERESTS

Are you, or anyone to be rehoused with you, related to or otherwise connected with a Member of the Management Committee of Wellhouse Housing Association. Common law relationships should be included. (if yes please give details of the person you relate to)

Name of person	
Relationship to you	

DECLARATION

I/We certify that the information given is a true record of my / our present circumstances, if not the application may be invalidated OR withdrawn OR cancelled. The Association has the right to apply in court for repossession of any dwelling / accommodation, where the tenancy was found to have been granted on the basis of false or misleading information.

I / We agree to inform Wellhouse Housing Association of any change in my / our circumstances. I/We authorise the Association to make any necessary enquiries or investigations to confirm the details of this application.

DATA PROTECTION

All the information provided within this application will be treated in confidence and comply with the relevant data protection legislation. The information within this form will need to be verified by any relevant party and in signing this form you confirm that you understand that the Association will share the information and data disclosed within the application form with other third parties from time to time in order that your application can be assessed. Further details can be found in the Association's Fair Processing Notice. The purpose of obtaining this information is to

verify your current and previous housing circumstances and the information will only be used for the purpose of assessing your rehousing need and requirements. The information you give on this form will be held securely in our files and will be used for the purpose of assessing your housing need as defined in the Association Allocation policy. Should you be successful in obtaining accommodation with the Association, this form and any subsequent additions/updates will be held securely in your house file. After the granting of any tenancy, should any of the information you provided on this application be found to be false or misleading, this will be grounds for the landlord to raise action against you to end the tenancy.

Signature of Main Applicant		Date	
Signature of Joint Applicant		Date	