

Application No: _____ Points: _____ Flat Size: _____



Registered Office: 1271 Argyle Street, Glasgow G3 8TH

T: 0141 285 7910 ✉ administration@yorkhillha.org web: www.yorkhillha.org



www.facebook.com/yorkhillhousingassociation



@YorkhillHA

“Your Local Housing Service – Big Enough To Cope, Small Enough To Care”

Housing Application Form

Completion of this form does NOT guarantee an offer of accommodation.

If you wish a copy of this application form in larger print or in another format please ask at reception.

Please tell us by ticking the boxes below if you require an interpreter to be present at any interview or if you require any letter or correspondence to be translated.

Interpreter:	Translator:	
---------------------	--------------------	--

What language? : _____

1. PERSONAL DETAILS:

Name: _____

Address: _____

Flat Position: _____ **Post Code:** _____

Telephone No: Home: _____ **Mobile:** _____

National Insurance No: _____

E mail address: _____

Correspondence address: _____

Name and address of current Landlord:

What date did you move to this address and what was your reason for moving?

If less than one year, please give previous address, name and address of Landlord and state reason for leaving:

If you currently live in rented accommodation and the Tenancy is not your own, do you have the Landlords permission to reside at this address? Yes/No

If yes, please give Landlords name and address:

2.

Have you ever been or are you currently subject to any legal action by any Landlord? If yes, please give details of action and outcome and name and address of Landlord who took the action:

Please list the names, gender and date of birth of everyone who would be rehoused with you if offered accommodation. Start with yourself:

Start with your own name, gender and date of birth:

Surname	First Name	Gender	Date of Birth	Relation To You
				Self

List below anyone who does not presently live with you but who you would want to be rehoused with you if offered accommodation:

Name	Relation To You	Gender	Date of Birth	Present Address

3.

Please list below your last three addresses and give the name and address of the Landlord for each, dates you lived there and reason for leaving:

Address	From	To	Landlord details	Reason for leaving

2. **CURRENT HOUSING STATUS:**

Please tick one of the following:

Are you:

An Owner Occupier		A Lodger	
A Council Tenant		Living in a Tied House	
A Housing Association Tenant		Living in a Caravan	
A Sharing Owner		Private Tenant	
Living with Friends		Living with Family	
		Other	

If you are a Private Tenant, answer Yes or No to the following:

- Do you have a written lease or Tenancy Agreement and/or rent book? Yes/No
- Does your Landlord live on the premises? Yes/No

PLEASE NOTE THAT NO PRIORITY IS GIVEN TO HOMELESS APPLICANTS OR APPLICANTS WHO ARE ABOUT TO BECOME HOMELESS. IN THESE CIRCUMSTANCES YOU SHOULD CONTACT YOUR LOCAL COMMUNITY CASEWORK TEAM TO HAVE A HOMELESS ASSESSMENT CARRIED OUT.

4.

Do you own outright or have a mortgage on any property?

Yes/No

If yes, please state the reason why any owned property is not suitable for your housing requirements:

3. SIZE OF AND AMENITIES IN CURRENT PROPERTY:

How many rooms are in your current accommodation?

Kitchen:		Bathroom:	
Bedrooms:		Living room:	
Combined living room/kitchen:		Other:	

How many rooms do you have for the sole use of you and your family?

Do you share any of the following amenities with other people?

Please tick relevant boxes:

Kitchen:	Bath or Shower:	W.C. :
----------	-----------------	--------

How many people do you share these amenities with? _____

How many families is this? _____

Are they related to you in any way?

Yes/No

If yes, please give details: _____

5.

Do you lack any of the following amenities? (Please note points will not be awarded if facilities are present but require repair)

If yes, please tick the relevant boxes:

Kitchen:	Bath or Shower:
W.C. :	Hot Water:

4. CONDITION OF PROPERTY:

Does your present property have any defects i.e. dampness, please note details below:

5. HOUSING PREFERENCES:

Please indicate which flat positions you would be willing and able to accept: (Please note that if medical points are awarded for mobility difficulties, you will be considered for ground or first floor accommodation only or Sheltered Housing if applicable).

Ground Floor:		First Floor:	
Second Floor:		Third Floor:	
Fourth Floor:		Fifth Floor:	

6. ACCOMMODATION TYPES:

Please indicate below which types of accommodation you would accept: (Please tick all that apply)

1apt – combined living room and bedroom and separate kitchen

Small single persons flat with combined living room and kitchen and a bed space off the living room/kitchen area

Flat with a galley kitchen (narrow kitchen)

Flat with a combined living room and kitchen:

Flat with a separate kitchen:

6.

7. MEDICAL CIRCUMSTANCES:

Please complete the medical claim form enclosed with the application pack to describe any illness or disability suffered by you or anyone who would be housed with you if you think it is relevant to your application for housing:

Do you receive any home support from external agencies? Yes / No

If yes, please provide details of who provides this support: _____

8. OTHER INFORMATION:

Are you related to any past or present members of the Associations' Staff or Management Committee? Yes/No

If yes, please give details below:

Do you have any pets? Yes/No

If yes, please specify below:

Please give any other information you wish to give in support of your application. In particular, if you require to move into the Yorkhill area to give or receive support or are suffering from any form of harassment, or are the victim of domestic abuse – continue on the back inside cover if necessary.

Finally, please read and sign the declaration below, complete the equal opportunities questionnaire on the next two pages and return the completed application form along with all relevant documentation to the Association.

In signing this application form, I confirm that the information given is true and accurate and accept that any offer of housing resulting from it will be subject to checking it's accuracy by the Association at the time of offer. I understand that if not accurate, any offer may then be withdrawn.

Should the information given subsequently prove to be false after allocation of a tenancy, I realise that the Association WILL take steps to recover the tenancy.

I also understand that my points may be revised should the Association change its Allocations Policy and Points System.

Finally, I give my permission for Yorkhill Housing Association Ltd to obtain any information they require from my Doctor, Health Authority, Social Services Department, any present or previous Landlord, the Police or any other relevant agencies to confirm my details.

Signed: (First Applicant) _____

Date: _____

Signed: (Joint Applicant) _____

Date: _____

Application No: _____

Points: _____

Flat Size: _____

EQUAL OPPORTUNITIES QUESTIONNAIRE

Yorkhill Housing Association is committed to equal Opportunities and as a result monitors (for statistical purposes only) all applications received to ensure we do not directly or indirectly discriminate.

To assist us in the process, it is very important that the following questions are answered. However, if you do not answer any or all of these questions it will not harm your application for housing.

Ethnic Origin:

How would you describe your ethnic origin? Tick relevant boxes.

	Self	Partner
White: Scottish		
British		
Irish		
Other White		
Asian: Pakistani		
Indian		
Bangladeshi		
Chinese		
Other Asian		
Black: Caribbean		
African		
Other Black		
Gypsy / Traveller		
Other Ethnic Background		
Mixed Race:		

9.

How would you describe your household?

Minority Ethnic:

White:

Mixed:

Gender:

Which of the following best describes you?

Single Male

Single Female

Couple

Couple (Same Gender)

Single Parent (Female)

Single Parent (Male)

AGE:

Which of the following age band do you belong to?

16 – 25

41 – 50

61 – 75

26 – 40

51 – 60

Over 75

DISABILITY:

Do you consider yourself to have a disability? By this we mean a condition which has a long term and substantial effect on your ability to carry out normal day to day activities.

Yes/No

If yes, is it:

Physical

Mental Health

Learning Disability

Visual Impairment

Hearing Impairment

Other: Please specify

THANK YOU FOR YOUR HELP TO MONITOR OUR SERVICE.

FOR OFFICE USE ONLY.

1. CHECKED BY: _____

2. PROOF OF RESIDENCY RECEIVED: _____

3. IF NO, DATE FORM RETURNED TO APPLICANT: _____

4. MEDICAL FORM RECEIVED: _____

5. IF NO, DATE FORM RETURNED TO APPLICANT: _____

6. DATE OF VISIT: _____

7. ASSESSED BY: _____

8. DATE OF FIRST OFFER: _____

9. ADDRESS OF OFFER: _____

10.ACCEPTED/REFUSED: _____

11.DATE OF SECOND OFFER: _____

12.ADDRESS OF OFFER: _____

13.ACCEPTED/REFUSED: _____

Yorkhill Housing Association

General Data Protection Regulation Privacy Notice for Housing Applicants

This notice explains what information we collect when you apply for a house with us, how we use it, how we look after it and how long we keep it for.

What we collect

We need, and so collect the following information about you:

- your name;
- address;
- telephone number;
- e-mail address;
- National Insurance Number;
- date of birth;
- pregnancy and maternity status;
- other names you've been known by; for example your maiden name; and
- your gender.

We will collect this information about other people to be housed with you too. We also need and collect information about their relationship to you.

Equality and Diversity

To meet with equalities and diversity law and good practice we ask you for information on your:

- your gender;
- age range;
- ethnic origin;
- if you have a disability;
- your religious belief; and
- your sexuality.

This information will be anonymous. You do not have to give it to us if you do not want to.

When you make a housing application you will also be asked and will need to tell us if you are an asylum seeker, if you have been granted refugee status or are a migrant worker.

Any information you give us will always be used in a way that meets the law.

Security

The information you provide to us will be treated by us as confidential and will only be processed by our staff and stored within the United Kingdom/European Economic Area.

When you give us information we make sure it is kept safe, secure and access restricted to relevant staff. Our Privacy Policy tells you how we do this. If you ask for a copy of our Privacy Policy we will give you one.

Retention and disposal of information

The information we collect is stored in paper form and electronically. We will only keep your paper application form for as long as your housing application stays on our waiting list. After this we will securely destroy.

Your electronic information will be stored in our archive files and access restricted to relevant staff.

Your Rights

At any time you can:

- ask for a copy of the information we have on you;
- get us to correct any information that is wrong;
- ask us to remove personal information we have on you; and
- object to receiving any marketing communications from us.

If you would like to do any of this or have any questions please contact our Compliance Manager, Stewart Pattison, at the office at 1271 Argyle Street, Glasgow, G3 8TH, by telephone on 0141 285 7910 or by email on spattison@yorkhillha.org copied to administration@yorkhillha.org.

You have the right to complain to the Information Commissioner's Office on how we use your information. The Information Commissioner's contact details are:

The Information Commissioner's Office – Scotland
45 Melville Street, Edinburgh, EH3 7HL
Telephone: 0131 244 9001
Email: Scotland@ico.org.uk

Please help us to keep our records up to date by letting us know if you change your email address or other contact details.