

Application No: _____ Points: _____ Flat Size: _____



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@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:	
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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. :
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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 Retirement 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: _____