



Date: \_\_\_\_\_

Ref: \_\_\_\_\_

COC date: \_\_\_\_\_

## Housing Application Form

This Application form can be used by **Association Tenants** wishing to apply for a transfer, by **Waiting List Applicants** wishing re-housing and for all applicants wishing to apply for consideration under the **Lettings Initiative** operated by the Association.

Please read the declaration on page 9 of this form before completing. Joint applicants must both sign the declaration.

Please answer all questions in BLOCK CAPITALS and black ink and tick (✓) boxes as required. The information you provide will be treated as STRICTLY CONFIDENTIAL.

**The Association operates appointments and where possible we encourage applicants to attend the office to submit their application in order that we can provide applicants with information and a full assessment of their application.**

This form can be returned in person when you attend an interview at the Association's office, or the form can be posted. The form should be returned to the Association's office at 65 Pettigrew Street, Shettleston, Glasgow G32 7XR. Telephone (0141) 763 0511. You can also apply via the website at [www.shettleston.co.uk](http://www.shettleston.co.uk)

### 1. PERSONAL DETAILS

#### APPLICANT

Surname:	_____	Title (Mr, Mrs, Miss, Ms):	_____
First names:	_____	Date of birth:	_____
NI No:	_____	Tenure:	_____
		Date of entry:	_____
Address:	_____	Flat position:	_____
		Postcode:	_____
Home tel:	_____	Mobile tel:	_____
		Work tel:	_____

#### PARTNER/SPOUSE

Surname:	_____	Title (Mr, Mrs, Miss, Ms):	_____
First names:	_____	Date of birth:	_____
NI No:	_____	Tenure:	_____
		Date of entry:	_____
Address:	_____	Flat position:	_____
		Postcode:	_____
Home tel:	_____	Mobile tel:	_____
		Work tel:	_____



## 4. PREVIOUS ADDRESSES

If you are a **Shettleston Housing Association Tenant**, please go to **Question 5**. All other applicants please give details of your last three addresses before moving to your present home.

Under the heading **Tenure**, we mean were you a tenant, living with parents, hostel resident, bedsit resident, owner occupier, living with relatives or friends, in supported accommodation or private let.

Current address	Landlord's name/address
From:	

Previous last address	Landlord's name/address
Dates/To:                      From:	Tenure:
Reasons for leaving:	

Second last address	Landlord's name/address
Dates/To:                      From:	Tenure:
Reasons for leaving:	

If you are currently living c/o parents, have you always lived within the parental home?

YES       NO

Points

Date ref requested

Date conf

Initials

Date ref requested

Date conf

Initials

Date ref requested

Date conf

Initials

## 5. PRESENT ACCOMMODATION

Points

### THE HOUSE YOU LIVE IN

What floor is it on? \_\_\_\_\_

How many bedrooms are there? \_\_\_\_\_

How many of these are single bedrooms? (1 person) \_\_\_\_\_

#### Amenities:

Tick (✓) if your house has the following amenities:

- |   |   |
|---|---|
| <input type="checkbox"/> Inside toilet    | <input type="checkbox"/> Separate kitchen   |
| <input type="checkbox"/> Bath/shower      | <input type="checkbox"/> Kitchen facilities |
| <input type="checkbox"/> Hot water supply |   |

#### Sharing amenities:

Tick (✓) if you have to share any of the following with another household:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Toilet          | <input type="checkbox"/> Livingroom |
| <input type="checkbox"/> Bathroom/shower | <input type="checkbox"/> Bedroom    |
| <input type="checkbox"/> Kitchen         |                                     |

#### Property amenities:

Tick (✓) if your house has any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Internal kitchen<br>(no windows)    | <input type="checkbox"/> Situated on ground floor, on<br>main road and no garden |
| <input type="checkbox"/> Poor quality windows (steel framed) |  |

#### Dampness:

Tick (✓) if your house has the following:

- Rising/penetrating dampness  
*We require report from Environmental Health Dept confirming dampness. Please note this may result in a notice being served on the property.*

## 6. OTHER HOUSING NEEDS

### MEDICAL

Do you, or any member of your household require to move for medical reasons?

YES  NO

Name of person: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Briefly describe the medical condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CARE AND SUPPORT

Do you need to move house to be near a close relative or friend in order to either receive or provide care and support?

YES  NO

Name: (person receiving/providing support): \_\_\_\_\_

Address: \_\_\_\_\_

If YES, we require you to complete a separate form detailing the support. This form is available from our office.

## MUTUAL EXCHANGE

Would you consider a Mutual Exchange? This is where two tenants agree to exchange houses with each other.

Are you interested in knowing more about this scheme?

YES  NO

## 7. ACCOMMODATION REQUESTED

In this section we require you to indicate your choice of location and type of property you would be willing to consider. The Association will try to meet your housing choices, but in some instances will be limited in its ability to do so.

You should still indicate what your full range of choices are, in order that your interest can be registered.

Apartment Size:

1apt

2apt

3apt

4apt

5apt

6apt

Floor Height:

Ground

1st

2nd

3rd

Main door

## WHEELCHAIR ACCOMMODATION

Do you or a member of your household require accommodation that has been adapted to suit a wheelchair?

YES  NO

## ACCOMMODATION REQUESTED

Are you interested in being considered for furnished accommodation?

YES  NO

Are you interested in knowing more about buying a house from the Association on a Shared Ownership basis?

YES  NO

Points

System updated

Initials

System updated

Initials

## LOCATION

Points

Please tick (✓) your preferred locations for re-housing. You will only be considered for properties in locations you have ticked. When deciding on location please refer to Stock Information leaflet.

Supply and demand can vary significantly across stock. If you are very restrictive it may affect your chances of re-housing.

1. Dalton Street New Build (Muiryfauld Drive, St Mark Street and Dalton Street)
2. 578 - 660 Shettleston Road
3. 577 - 663 Shettleston Road
4. 3 - 15 St Mark Street
5. Blair Street
6. 40 - 88 Old Shettleston Road
7. 3 - 23 Ram Street
8. 701 - 737 Shettleston Road and 5 Fernan Street
9. Inter War Properties: 61 - 71 Darleith Street, Denbeck Street, Fernan Street, 100 - 300 Old Shettleston Road, 73 & 83 Kenmore Street and 1 & 2 Ram Street
10. 765 - 803 Shettleston Road
11. Kenmore Street (New Build), 270-280 Old Shettleston Road, 64 & 68 Darleith Street
12. 885 - 901 Shettleston Road and 4 Darleith Street
13. 934 - 1154 Shettleston Road and 3 South Chester Street
14. 8 - 16 Meadowell Street
15. 1196 - 1392 Shettleston Road & 4-16 Academy Street
16. 1145 - 1539 Shettleston Road & 9 Annick Street
17. 58 - 130 Budhill Avenue & 7 Greenfield Place (3 x 1apts)
18. Castlelaw Estate
19. Springboig Estate
20. Sandyhills Estate: Glen Ogle Street, Loch Laidon Street, Lochay Street, Loch Achray Street and Loch Achray Gardens
21. Steel Estate: Ardgay Place, Ardgay Street, Cullen Street, Culrain Street, Dalness Passage, Easdale Drive, Eckford Street, Fendoch Street, Gilmerton Street, Glenalmond Street, Glenturret Street, Ochil Place, Ochil Street and Strathord Street
22. Amulree Street New Build (7 - 85)
23. Glenalmond Street New Build (23 - 39)
24. Pettigrew Street, Wellshot Road, Orbiston Gardens, 3 South Vesalius Street and Denbrae Street

## 8. LOCAL LETTINGS INITIATIVES

Please tick (✓) the relevant boxes if you wish to be considered for the lettings initiatives operated by the Association. An information leaflet is enclosed with this form.

Local Regeneration Lettings Initiatives – minimum age 25  YES  NO  
Steel Estate Elderly Lettings Initiative – minimum age 60  YES  NO  
Springboig Elderly Lettings Initiative – minimum age 60  YES  NO

If you are a **Shettleston Housing Association Tenant** who has expressed an interest in the Initiatives you can now proceed to Question 9.

### **Only to be completed if applying for the Local Regeneration Lettings Initiative.**

*Please complete the following sections which are relevant to you.*

#### **EMPLOYMENT**

**Are you in employment?**  YES  NO

If YES, please give the name and address of your employer:

Please also provide your last 3 payslips.

Employer's name:

---

Employer's address:

---

---

Postcode:

---

Tel:

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#### **FAMILY**

**Do you have a close family member living in the Shettleston area who will nominate you to Shettleston Housing Association?**  YES  NO

*Close relative includes mother, father, brother, sister, son, daughter, grandparent or grandchild).*

If YES, please arrange for your relative who is nominating you to fill in the details below.

Please supply proof of residence for your relative e.g. official letter/utility bill or bank statement addressed to him/her.

Name:

---

Relationship with applicant:

---

Address:

---

---

Postcode:

---

Tel:

---

Signature of nominating relative:

---

Date:

---

Points

System updated

Initials

Check/Init

Check/Init

Check/Init

Details confirmed

Initials

Checked

Initials

Details confirmed

Initials



## 12. DECLARATION

**Please read the following carefully before signing this application.**

I/we certify that the information given in this application and any other application forms relating to this application is a true and accurate record of my/our present circumstances, if not the application/s may be invalidated and suspended from the “active” housing list.

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 false or misleading information.

I/we agree to inform the Association of any changes in my/our circumstances.

I/we understand that my/our application will be subject to an annual review and failure to respond to the review request sent by the Association will result in my/our application being removed from the register.

I/we authorise the Association to make any necessary enquiries or investigations to confirm the details of this application.

### DATA PROTECTION

All information provided within this application will be treated in confidence and comply with the relevant Data Protection Act. The information within this form will need to be verified by any relevant party and in signing this form you give consent for this to be carried out and for third parties to release the required information. 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 re-housing need and requirements (The information will be held securely in our files and will be used for the purpose of assessing your housing need as defined in the Association’s Allocation Policy. Should you be successful in obtaining accommodation with the Association, this form and any additions/updates will be held securely in your house file). After the granting of any tenancy, should any of the information you provide on this application be found to be false or misleading, this will be grounds for the Association to raise action against you to end the tenancy.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Joint Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## 13. ETHNIC MONITORING

Shettleston Housing Association is committed to the promotion of Equal Opportunities and as a result monitors all applications received to ensure that we do not directly or indirectly discriminate against disadvantaged groups and that our services reflect the needs of the population we serve.

To assist us in the process it is very important that the following questions are answered. However, if you choose not to answer any of these questions it will not affect your application or your right to our services.

### HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?

**White?**

Scottish	<input type="checkbox"/>
Other British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other white background (self-define):	<input type="checkbox"/>

---

**Dual Heritage?**

Please specify dual heritage background if appropriate, e.g. Pakistani & Scottish (self-define):

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**Asian, Asian Scottish, or Asian British?**

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background, e.g. Vietnamese, Malaysian Thai, etc (self-define):	<input type="checkbox"/>

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**Black, Black Scottish or Black British?**

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background (self-define):	<input type="checkbox"/>

---

**Other Ethnic Background?**

Any other background (self-define):

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## HOW WOULD YOU DESCRIBE YOUR HOUSEHOLD?

- Black/Minority     Ethnic     White     Dual (e.g.Pakistani/Scottish)

## DISABILITY MONITORING CATEGORIES

Do you consider yourself to have a disability as defined by the Disability Discrimination Act (DDA)?

- YES     NO

If YES, please tick the appropriate box.

- Mobility     Manual dexterity  
 Physical co-ordination     Ability to lift, carry or otherwise move everyday objects  
 Speech, hearing or eyesight     Perception or the risk of physical danger  
 Memory or ability to concentrate, learn or understand  
 Other (self-define): \_\_\_\_\_
- 

## GENDER MONITORING CATEGORIES

How would you describe your gender?

- Male     Female  
 Other (self-define): \_\_\_\_\_
- 

How would describe your household?

- Single male     Single female  
 Couple (different gender)     Couple (same gender)  
 Single parent (male)     Single parent (female)  
 Family (different gender couple with children)     Family (same gender couple with children)  
 Other (self-define): \_\_\_\_\_
- 

## AGE MONITORING CATEGORIES

- 16-25     26-40     41-50     51-60     61-75     over 75

## LANGUAGE MONITORING CATEGORIES

Please state the language you prefer to use?

*e.g. English, Punjabi, Arabic, Sign, etc:* \_\_\_\_\_

*Thank you for your help to monitor our service*

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