



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 10 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.

Please attach to this application proof of residence of ALL persons living in the current household. NO application will be processed without this information. Current bank statements would be preferred along with photo ID.

The form should be returned to the Association's office (see bottom of page 12 for details). Telephone (0141) 763 0511. You can also apply via the website at 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: _____

Email: _____

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: _____

Email: _____

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:	Tenure:

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
(no windows) | <input type="checkbox"/> Situated on ground floor, on
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. FURTHER INFORMATION

Have you, or anyone moving in with you, ever been issued with an Anti-Social Behaviour Order (ASBO), Acceptable Behaviour Contract (ABC) or an Unacceptable Behaviour Notice (UBN)?

YES NO

If YES, please provide details below.

Name	Details	Date

Have you, or anyone moving in with you, ever been convicted of drug dealing?

YES NO

If YES, please provide details below – *it is important you confirm where and when the conviction/s took place.*

Offence	Where	Date

Have you, or anyone moving in with you, required to register with the Police under the terms of the Sex Offenders Act 1997?

YES NO

If YES, please provide details below.

7. 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

8. ACCOMMODATION REQUESTED

Points

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 Any

System updated

Initials

System updated

Initials

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

LOCATION

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.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| All Areas | <input type="checkbox"/> |
| 1. Dalton Street, Muiryfauld Drive, 50 - 68 St Mark Street | <input type="checkbox"/> |
| 2. 578 - 660 Shettleston Road | <input type="checkbox"/> |
| 3. 577 - 663 Shettleston Road | <input type="checkbox"/> |
| 4. 3 - 15 St Mark Street | <input type="checkbox"/> |
| 5. Blair Street | <input type="checkbox"/> |
| 6. 40 - 88 Old Shettleston Road | <input type="checkbox"/> |
| 7. 3 - 23 Ram Street*** | <input type="checkbox"/> |
| 8. 701 - 737 Shettleston Road; 5 Fernan Street | <input type="checkbox"/> |
| 9. Inter War Properties: 61 - 71 Darleith Street; Denbeck Street; Fernan Street; 100 - 300 Old Shettleston Road; 73 & 83 Kenmore Street; 1 & 2 Ram Street | <input type="checkbox"/> |
| 10. 765 - 803 Shettleston Road | <input type="checkbox"/> |

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 11. 37 - 83 Kenmore Street; 270 - 280 Old Shettleston Road; 64 & 68 Darleith Street | <input type="checkbox"/> |
| 12. 885 - 901 Shettleston Road; 4 Darleith Street | <input type="checkbox"/> |
| 13. 934 - 1154 Shettleston Road; 3 South Chester Street; 977 - 991 Shettleston Road, 3 - 9 Ardhholm Street; 4 - 10 Vesalius Street | <input type="checkbox"/> |
| 14. 8 - 16 Meadowell Street | <input type="checkbox"/> |
| 15. 1196 - 1392 Shettleston Road; 4 - 16 Academy Street; Killin Drive | <input type="checkbox"/> |
| 16. 1145 - 1539 Shettleston Road; 9 Annick Street | <input type="checkbox"/> |
| 17. 58 - 130 Budhill Avenue; 7 Greenfield Place (3 x 1apts) | <input type="checkbox"/> |
| 18. Castlelaw Estate*** | <input type="checkbox"/> |
| 19. Springboig Estate | <input type="checkbox"/> |
| 20. Sandyhills Estate: Glen Ogle Street; Loch Laidon Street; Lochay Street; Loch Achray Street; Loch Achray Gardens | <input type="checkbox"/> |
| 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; Strathord Street | <input type="checkbox"/> |
| 22. 7 - 85 Amulree Street | <input type="checkbox"/> |
| 23. 23 - 39 Glenalmond Street | <input type="checkbox"/> |
| 24. Pettigrew Street; Wellshot Road; Orbiston Gardens; 3 South Vesalius Street; Denbrae Street | <input type="checkbox"/> |
| 26a. 2 - 32 Edrom Path* (Sheltered Housing Complex) | <input type="checkbox"/> |
| 26. 57 - 77 Anstruther Street; 85 Elvan Street; 40 Enterkin Street; 18 - 22 Hillview Street | <input type="checkbox"/> |
| 27. Balintore Street; 31 - 59 & 54 - 62 Balintore Street**; 97 - 99 Culrain Street**;
14 - 36 Glenalmond Street; 81 & 102 - 136 Pettigrew Street (new build);
171 - 219 & 138 - 232 Pettigrew Street; 47 - 89 South Chester Street;
76 - 88 South Chester Street** | <input type="checkbox"/> |
| 28. 31 - 51 Ardhholm Street; 4 - 55 Etive Street; 34 - 84 Kenmore Street;
5 - 46 McNair Street; 336 - 580 Old Shettleston Road; 1097 - 1107 Shettleston Road;
32 - 73 Vesalius Street | <input type="checkbox"/> |
| 29. 4 - 74 Cobinshaw Street; 2 - 155 Cockenzie Street; 17 & 92 - 132 Eskbank Street;
3 - 60 Kirknewton Street | <input type="checkbox"/> |
| 30. 1 - 9 & 2 - 8 Fernan Gardens** | <input type="checkbox"/> |

* Minimum age of 60 years;

** Minimum age of 55 years;

*** Minimum age of 55 years for 2 apartment properties.

9. 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:

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

10. REASONS FOR APPLICATION/ADDITIONAL INFORMATION

Please provide details of your reasons for applying for housing. In particular, give details of any special circumstances or problems that you are experiencing which might be helped by re-housing and which are not covered elsewhere in this application.

11. HOUSING SCOTLAND ACT 2001

Are you or any member of your household, related to or otherwise connected with a member of the Management Committee or staff of the Association?

YES NO

Name of Committee member/staff:

Relationship to you:

Please note that this does not prevent you applying in the normal way, but does require that the Association must follow certain procedures laid down in Section 63, Schedule 7 of the Housing Scotland (Act) 2001.

12. WHY DO YOU WISH TO LIVE WITHIN THE SHETTLESTON AREA?

Points

Committee

Date

Recorded by

13. 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: _____

Have you remembered to attach to this application proof of residence of ALL persons living in the current household. NO application will be processed without this information. Current bank statements would be preferred along with photo ID

YES

NO

14. EQUALITIES 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 rights to our services.

HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?

White

Scottish Irish Other British Gypsy traveller Polish

Any other white background (please specify):

Mixed or Multiple Ethnic Background

Please specify:

Asian, Asian Scottish or Asian British

Indian Pakistani Bangladeshi Chinese

Any other Asian background, e.g. Vietnamese, Malaysian, Thai etc (please specify):

Black, Black Scottish or Black British

Caribbean African

Any other black background (please specify):

Other Ethnic Background

Arab, Arab Scottish or Arab British Any other group Not known

Are any of your household members of a different ethnic group YES NO

Prefer not to answer this question

LANGUAGE MONITORING CATEGORIES

Please state the language you prefer to use (e.g. English, Punjabi, Arabic, Sign, etc.):

Please continue overleaf...

GENDER MONITORING CATEGORIES

How would you describe your gender?

Male

Female

Other (please specify): _____

Do you consider yourself to be transgender?

Yes

No

I prefer not to answer this question

Sexual orientation

Heterosexual

Gay man

Gay woman/lesbian

Bisexual

I prefer not to answer this question

What is your marital status?

Married

Civil partnership

Not married

I prefer not to answer this question

How would you 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 (please specify): _____

AGE MONITORING CATEGORIES

16-25

26-40

41-50

51-60

61-75

over 75

DISABILITY MONITORING CATEGORIES

Do you consider yourself to have a disability? (ie. Do you have a physical or mental disability which has substantial, long term adverse effect on your ability to carry out normal day to day activities).

Yes

No

I prefer not to answer this question

If yes, please tick the appropriate category.

Mobility

Manual dexterity

Physical co-ordination

Ability to lift, carry or otherwise move everyday objects

Speech, hearing or eyesight

Memory or ability to concentrate, learn or understand

Perception or the risk of physical danger

Other (please specify): _____

Thank you for your help to monitor our service



**SHETTLESTON
HOUSING
ASSOCIATION**

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