



Forth Housing Association Ltd

HOUSING APPLICATION FORM

Do you require any of the following options to help you with your application?

Large print text

Braille text

A signer or lip speaker

Language interpreting service

Please state the first language of:

Main Applicant

Joint Applicant

Office Use Only			
Main Applicant:		Joint Applicant:	
First Name:		First Name:	
Surname:		Surname:	
Application No.:		Date of Receipt:	

Registered Office: 4th Floor Wallace House, 17-21 Maxwell Place, Stirling FK8 1JU

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Forth Housing Association Ltd is a Registered Scottish Charity, No. SC003550



HAPPY TO TRANSLATE

Please answer ALL parts of the form so that we can assess your application and work out your priority for housing. We operate a group plus points based system to reflect priority for re-housing. Please see our Allocations Leaflet for more information on this.

We will write to you within 10 working days to confirm that you have been placed on our housing list.

SECTION I - ABOUT YOU

I.1 - PLEASE COMPLETE APPLICATION IN BLOCK CAPITALS

Main Applicant (Main)	Joint Applicant (Joint)
First Name (s):	First Name (s):
Surname:	Surname:
Title: (Mr/Mrs/Miss/Ms)	Title: (Mr/Mrs/Miss/Ms)
Date of Birth:	Date of Birth:
National Insurance Number: (This will be your password)	National Insurance Number:
Address: <hr/>	Address: <hr/>
Postcode:	Postcode:
Date you moved into this address:	Date you moved into this address:
Home Tel. No.:	Home Tel. No.:
Work Tel. No.:	Work Tel. No.:
Mobile Tel. No.:	Mobile Tel. No.:
Email:	Email:
	Relationship to main applicant:

If no fixed address please provide a mailing address

I.2 In order to minimise paper, may we confirm the outcome of your application by email?

YES NO

Eligibility for Housing - Asylum and Immigration (P)

I.3 Are you, or anyone on your application, subject to any form of immigration control?

YES NO

If YES, please provide details:

(P) We require proof, i.e. passport and any other documentation

Management of Offenders (Scotland) Act 2005

1.4 Are you, or anyone on your application, required to register with the police under the Sex Offenders Act 1997 and Sexual Offences Act 2003.

YES NO

If YES, you are obliged to provide us with this information. If you fail to do so, this could lead to you losing any tenancy offered to, or, accepted by you.

Names of Person Registered: _____

Current Address: _____

Signature: _____ Date: _____

SECTION 2 - HOUSEHOLD DETAILS

2.1 Please give details of everyone living at your current address with you:

Full name	Date of birth	Sex M / F	Relationship to you	Will this person move with you Yes / No
			Main Applicant	-

2.2 Are you, or, is anyone needing to be rehoused with you, pregnant?

YES NO

If YES, please state who is pregnant _____

Date the baby is due: _____

2.3 Please give details of anyone else to be rehoused who does not live with you at present. (If you have a child/children who stays with you regularly overnight, please refer to Section 4.3)

Full name	Date of birth	Sex M / F	Relationship to you	Address

SECTION 3 - CURRENT HOUSING SITUATION

3.1 Please tick one of the boxes that best describes your housing situation:

	Main	Joint		Main	Joint
I own my own home.....	<input type="checkbox"/>	<input type="checkbox"/>	Parents or Relatives.....	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Accommodation.....	<input type="checkbox"/>	<input type="checkbox"/>	Caravan/mobile home.....	<input type="checkbox"/>	<input type="checkbox"/>
Shared Ownership/Homestake.....	<input type="checkbox"/>	<input type="checkbox"/>	Hospital/ residential care.....	<input type="checkbox"/>	<input type="checkbox"/>
Housing Association.....	<input type="checkbox"/>	<input type="checkbox"/>	HM Forces.....	<input type="checkbox"/>	<input type="checkbox"/>
Council Tenant.....	<input type="checkbox"/>	<input type="checkbox"/>	Prison.....	<input type="checkbox"/>	<input type="checkbox"/>
Private Landlord.....	<input type="checkbox"/>	<input type="checkbox"/>	Hostel, B&B or refuge.....	<input type="checkbox"/>	<input type="checkbox"/>
Rent from my employer.....	<input type="checkbox"/>	<input type="checkbox"/>	No fixed address.....	<input type="checkbox"/>	<input type="checkbox"/>
Sub-tenant/lodger.....	<input type="checkbox"/>	<input type="checkbox"/>	Friends.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe).....	<input type="checkbox"/>	<input type="checkbox"/>			

3.2 Please tick one of the boxes below that best describes your current accommodation:

	Main	Joint		Main	Joint
Bedsit.....	<input type="checkbox"/>	<input type="checkbox"/>	Flat.....	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette.....	<input type="checkbox"/>	<input type="checkbox"/>	House.....	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow.....	<input type="checkbox"/>	<input type="checkbox"/>	Other.....	<input type="checkbox"/>	<input type="checkbox"/>

3.3 If you live in a flat, what floor is your accommodation on:

	Main	Joint		Main	Joint
Ground.....	<input type="checkbox"/>	<input type="checkbox"/>	First.....	<input type="checkbox"/>	<input type="checkbox"/>
Second.....	<input type="checkbox"/>	<input type="checkbox"/>	Above second.....	<input type="checkbox"/>	<input type="checkbox"/>

3.4 Do you live in a close?

	Main			Joint	
	YES	NO		YES	NO
Do you live in a close?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES, is there a lift within your close?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5 If you rent the home that you currently live in, please give your landlords name, address and contact details:

Main Applicant		
How much rent do you pay?	£	week/month

Joint Applicant		
How much rent do you pay?	£	week/month

3.6 Are you homeless or likely to become homeless within the next 2 months? YES NO

If YES, by which date do you have to leave: _____

Please contact Stirling Council Homelessness Team on 01786 432400. The Homeless Team will assess your housing situation and advise you on your housing options.

3.7 Please tick the one main reason why you need to be rehoused:

	Main	Joint		Main	Joint
I have received a 'Notice to Quit'.....	<input type="checkbox"/>	<input type="checkbox"/>	Leaving the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>
Living in temporary accommodation...	<input type="checkbox"/>	<input type="checkbox"/>	Need a smaller property	<input type="checkbox"/>	<input type="checkbox"/>
Need a larger property	<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Relationship breakdown	<input type="checkbox"/>	<input type="checkbox"/>	Asked to leave my family home.....	<input type="checkbox"/>	<input type="checkbox"/>
Cannot afford to buy or private rent.....	<input type="checkbox"/>	<input type="checkbox"/>	Ready to leave supported accommodation.....	<input type="checkbox"/>	<input type="checkbox"/>
House to be repossessed or demolished.....	<input type="checkbox"/>	<input type="checkbox"/>	Have to leave house that I rent from employer.....	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Health circumstances*	<input type="checkbox"/>	<input type="checkbox"/>			

*(if you tick this box, please see section 4.6)

3.8 How many rooms of each type do you have in your current home? (Please circle)

	Main					Joint				
Double bedrooms	1	2	3	4	5	1	2	3	4	5
Single bedrooms	1	2	3	4	5	1	2	3	4	5
Living rooms	1	2	3	4	5	1	2	3	4	5
Separate dining rooms	1	2	3	4	5	1	2	3	4	5

3.9 Facilities

a. Please tick the facilities at your current home:

	Main	Joint
Bath or shower	<input type="checkbox"/>	<input type="checkbox"/>
Sink.....	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet.....	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen/cooking facilities.....	<input type="checkbox"/>	<input type="checkbox"/>
Piped water.....	<input type="checkbox"/>	<input type="checkbox"/>
Mains electricity.....	<input type="checkbox"/>	<input type="checkbox"/>
Hot & cold water supply.....	<input type="checkbox"/>	<input type="checkbox"/>
Heating in all rooms.....	<input type="checkbox"/>	<input type="checkbox"/>

b. Please tick if you share these facilities with people not moving with you:

	Main	Joint
Bath or shower	<input type="checkbox"/>	<input type="checkbox"/>
Sink.....	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet.....	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen/cooking facilities.....	<input type="checkbox"/>	<input type="checkbox"/>

3.10 Does your current home suffer from rising or penetrating damp? YES NO

3.11 Does your current home have any structural defects? YES NO

3.12 Does your current home suffer from disrepair? YES NO

If YES to any of the above, please provide full details: (NB: If you do not provide details, we will be unable to award points) _____

Harrassment

3.13 Are you, or anyone who will be moving with you, experiencing any form of harassment or abuse, including domestic abuse, racial abuse at your current address? YES NO

If YES, please provide details: (NB: If you do not provide details, we will be unable to award points)

3.14 Have you contacted your landlord regarding this harassment? YES NO N/A

If YES, we will contact your landlord for further information.

3.15 Have you been getting any support, or have needed assistance from any organisation, with regard to this harassment? YES NO N/A

If YES, please provide the name, address and contact details of the person providing the support: _____

SECTION 4 - YOUR CHOICES

Choice of Property Size

Please Note: The number of bedrooms we will offer will be based on need and the number of persons in your actual household.

4.1 How many bedrooms do you need?

1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5+ Bedroom

4.2 Do you, or anyone who will move with you, need an extra bedroom for an overnight carer?

YES NO

If YES, please provide details of the overnight carer: _____

4.3 If you have a child/children who stays with you regularly overnight, please give details. (P)

Full name	Address	Date of birth	Relationship to you	How often do they or will they stay overnight with you each week?

Choice of Property Type

4.4 Please tick the type of property you would consider:

(Please tick all of the boxes that apply)

Any Flat Ground Floor Flat Housing with Support
 Any House Level Access Wheelchair

Choice of Area

4.5 Please tick the areas you wish to consider:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Bannockburn* | <input type="checkbox"/> Fallin* | <input type="checkbox"/> St Ninians* |
| <input type="checkbox"/> Braehead | <input type="checkbox"/> Plean* | <input type="checkbox"/> Stirling City Centre |
| <input type="checkbox"/> Cambusbarron* | <input type="checkbox"/> Raploch* | <input type="checkbox"/> Whins of Milton* |
| <input type="checkbox"/> Cornton* | <input type="checkbox"/> Riverside* | <input type="checkbox"/> Dunblane* |
| <input type="checkbox"/> Cowie* | | |

Property types marked with a * have wheelchair properties within the development.

Health and Housing for Physical Disabilities Only

4.6 Do you, or any of the other people who will be moving with you, have a medical or mobility condition that is affected by your current housing circumstances? YES NO

4.7 In relation to your physical disability, do you, or anyone who will move with you, need any assistance or support, in living in your home? YES NO

If you have answered YES to either of the above questions, we will forward a Medical Questionnaire to you.

4.8 Do you have a professional person (Doctor, Nurse, Social Worker, etc.) from whom we can get confidential information regarding your application? YES NO

If YES, please give the name, address, contact details and state their professional relationship to you: _____

**Social Inclusion and Community Reasons for moving
(This relates to persons not currently living within our area of operation)**

4.9 Are you applying for housing for any of the following reasons?

- | | | |
|---|------------------------------|-----------------------------|
| I need to move to be closer to my employment | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I need to move to be closer to a relative/carer to provide/receive support for health reasons | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I need to move to allow a pupil/student to be closer to education | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I need to move for fostering reasons | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If YES to any of the above, please provide details: _____

SECTION 5 - PREVIOUS ADDRESSES

5.1 Please provide previous addresses for the past 5 years, (continue on a separate sheet if necessary).

Main Applicant (Main)	
Address: _____	
Postcode:	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Joint Applicant (Joint)	
Address: _____	
Postcode:	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Main Applicant (Main)	
Address: _____	
Postcode:	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Joint Applicant (Joint)	
Address: _____	
Postcode:	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

SECTION 5 - PREVIOUS ADDRESSES CONTINUED

Main Applicant (Main)	
Address: _____	
Postcode:	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Joint Applicant (Joint)	
Address: _____	
Postcode:	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Main Applicant (Main)	
Address: _____	
Postcode:	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Joint Applicant (Joint)	
Address: _____	
Postcode:	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

SECTION 6 - GENERAL INFORMATION

Other Housing Options

6.1 Would you be interested in low cost home ownership schemes, known as Shared Equity? YES NO

6.2 Would you be interested in exchanging homes with someone else, known as Mutual Exchange? YES NO

6.3 Do you have any Pets? (please specify) YES NO

Anti Social Behaviour

6.4 Has any person on this application ever been served with an Anti-Social Behaviour Order (ASBO). YES NO

If YES, please provide details: _____

Tenancy Conditions

6.5 Have you, or anyone who will be housed with you, been evicted from a previous Housing Association or Local Authority property. YES NO

If YES, please provide details: _____

Housing Debt Owing

6.6 Do you have an outstanding debt that you owe to your current landlord or any previous landlords? YES NO

If YES, please provide details: _____

Further Information _____

CHECKLIST AND RELATIONSHIPS

To prevent any delay in your form being processed, please use the checklist below to ensure that you have completed all relevant parts of the application form.

HAVE YOU:

- Understood and signed the declaration?
- Supplied all of the information that we have asked for?
- Told us all about your present accommodation and supplied all the proof requested?
- Completed the housing choices section to ensure that you can be offered accommodation?.....

Page No.	Confirmation of:	Examples
2	Immigration	Passport and any other documents
7	Custody	Child Benefit letter

Relationship to staff or committee members of Forth Housing Association.

Are you, or anyone who wants to be housed with you, related to any member of the management committee or staff? YES NO

If YES, please provide brief details:

Name of Committee member, employee or elected member:

Special permission may be needed for us to offer accommodation to employees, committee members or close relatives.

Relationship to Main Applicant

Relationship to Joint Applicant

DATA PROTECTION AND DECLARATION

Data Protection Act 1998

The information you provide us with in this application is covered by the Data Protection Act 1998.

Declaration

Before returning this form to us, please read through the following statements and sign and put the date in the boxes below, to show that you understand and agree with them. We will not process your application without it.

- I/we are 16 years of age or over.
- I/we understand that Forth Housing must protect public money and may use this information to prevent and detect fraud. I/we understand that the information may also be shared for the same purposes with other organisations handling public funds.
- I/we agree that you or your authorised representative may process, use and disclose any information which I have given on this form for social rented housing and the compiling of statistical information on housing needs.
- I/we agree that Forth Housing may share information with other third parties from whom you may seek information about me/us.
- I/we agree that my current or previous landlord(s) can be contacted for a reference.
- I/we agree that all the information given by me/us on this form is true. If I/we supply any false information or keep back any relevant information my/our application will not be progressed.
- I/we agree that if I/we are given a tenancy because I/we have supplied false information or I/we have kept back information, the tenancy may be ended.
- I/we agree that if I/we do not respond to communication, then Forth Housing will remove my/our application from the housing list.
- I/we agree that if at any time my/our circumstances change, it is my/our responsibility to update Forth Housing immediately, for example address / contact details.

Main Applicant
Signature
Date

Joint Applicant
Signature
Date

CONTINUED →

VOLUNTARY MONITORING INFORMATION

We are committed to providing quality services by ensuring that everyone has equal, fair access to housing. The information you provide on this part of the form will be used for statistical purposes to ensure that we are complying with our Equal Opportunities Policy.

What is your ethnic group?

Please tick (✓) one box only from the following table that best describes your cultural background.

WHITE Scottish Other British Irish Other White

Gypsy / Traveller Polish

BLACK African Caribbean Black British Other Black

ASIAN Indian Bangladeshi Pakistani Other Asian

Chinese

MIXED White & African White & Caribbean White & Asian Other Mixed

OTHER Arab, Arab Scottish or Arab British

Any other background

Nationality - please specify

Sexual Orientation - Please indicate your sexual orientation:

Heterosexual/straight

Gay man

Bisexual

Gay woman/lesbian

Prefer not to say

Other - please specify

We also wish to obtain better information regarding the numbers of A8 and A2 nationals wishing to apply for housing.

Please tick the appropriate box if you are from one of the following countries:

Czech Republic

Estonia

Poland

Slovakia

Latvia

Slovenia

Lithuania

Bulgaria

Hungary

Romania

VOLUNTARY MONITORING INFORMATION CONTINUED**Disabilities****Do you consider yourself disabled?**YES NO

If YES, is your disability any of the following?

 Physical / Mental illness Hearing Impairment Learning Disability Visual Impairment

Other, please provide brief details: _____

Employment and Income

The questions in this section are to help us plan for the future. You don't need to give the information. If you do provide information we will keep all information confidential.

Employment details

Are you?

 In full time employment In part time employment Unemployed Retired Student**Income details****What is your total net income per week?**

(Include all wages, benefits and pensions paid to your household).

 £95 or less £96 to £195 £196 to £289 £290 to £384 £385 to £479 £480 or more**What does your income consist of?**

Please tick (✓) all of the boxes that apply to your household:

 Wages/Salary Maintenance Payments Employment Support Allowance Tax Credits Job Seekers Allowance Universal Credit Child Benefit Retirement Pension DLA/PIP – Mobility Income Support Works/Occupational Pension DLA/PIP – Care

Other, please provide brief details: _____

Office Use Only			
I. Pointed by:		Date:	
I. Verified by:		Date:	
2. Points Amended by:		Date:	
2. Verified by:		Date:	
3. Points Amended by:		Date:	
3. Verified by:		Date:	

POINTS

Homeless.....

Threatened homeless

Below Tolerable Standard.....

Overcrowding.....

Accessibility

Harassment.....

Under occupation (transfers only)

Facilities.....

Support.....

Preference.....

Affordability.....

Family - no lift

Sharing

Insecure of Accommodation.....

Other.....

TOTAL

AMENDED TOTAL

AMENDED TOTAL

CATEGORY

Please tick (✓) one box only

Homeless.....

Threatened homeless

Below Tolerable Standard.....

Overcrowding.....

Large families.....

Unsatisfactory Housing Conditions

Transfer.....

General Aspirational

Nomination.....

Section 5.....

Mutual Exchange.....

