



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:	
Applicant No.:		Date of Receipt:	

Registered Office: Kildean Business & Enterprise Hub, 146 Drip Road, Stirling, FK8 1RW

Telephone: 01786 446066

Website: www.forthha.org.uk **Email:** info@forthha.org.uk

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 7 working days to confirm that you have been placed on our housing list. If you change your address or any other of your circumstances change, please inform us immediately.

SECTION I - ABOUT YOU

I.1 PLEASE COMPLETE APPLICATION IN BLOCK CAPITALS

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

Joint Applicant (Joint)
First Name (s):
Surname:
Title: (Mr/Mrs/Miss/Ms)
Date of Birth:
National Insurance Number:
Address: _____
Postcode:
Date you moved into this address:
Home Tel. No.:
Work Tel. No.:
Mobile Tel. No.:
Email:
Relationship to main applicant:

SECTION I - ABOUT YOU (CONTINUED)

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 Have you come to live in the UK in the last 10 years?

YES NO

A) If yes, when did you last arrive in the UK – Date: _____

B) If yes, what is your nationality: _____

I.4 Are you subject to immigration control?

YES NO

If yes please provide details: _____

Management of Offenders (Scotland) Act 2005

YES NO

I.5 Are you, or anyone on your application, required to register with the police under the Sex Offenders Act 1997 and Sexual Offences Act 2003?

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: _____

(P) We require proof, please see enclosed form for examples of proof required

SECTION 2 – HOUSEHOLD DETAILS

2.1 Please give details of everyone permanently living at your current address with you. Please include your own details in row 1. This information is essential to calculate any points that you are entitled to.

Full Name	Date of Birth	Sex M/F	Relationship to you	Will this person move with you Yes/No
1.You			Self	Yes
2.				
3.				
4.				
5.				
6.				

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

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 with you 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)(P)

Full Name	Date of Birth	Sex M/F	Relationship to you	Address

(P) We require proof, please see enclosed form for examples of proof required

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 abode.....	<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 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

3.3 Do you own any property that you do not live in? If you do, please provide details in box below, i.e. address of property and why you are not living there.

SECTION 3 - CURRENT HOUSING SITUATION (CONTINUED)

3.4 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 (Please describe in box below)...	<input type="checkbox"/>	<input type="checkbox"/>

3.5 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"/>

3.6 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

3.7 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"/>

SECTION 3 - CURRENT HOUSING SITUATION (CONTINUED)

3.8 Are you homeless or likely to become homeless within the next 2 months? (P) YES NO

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

Please contact Stirling Council Homelessness Team on 01786 237900. The Homeless Team will assess your housing situation and advise you on your housing options.

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

	Main	Joint		Main	Joint
I have received a 'Notice to Quit' (P)	<input type="checkbox"/>	<input type="checkbox"/>	Leaving the Armed Forces (P).....	<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/abuse	<input type="checkbox"/>	<input type="checkbox"/>
Relationship breakdown.....	<input type="checkbox"/>	<input type="checkbox"/>	Asked to leave my family home (P).	<input type="checkbox"/>	<input type="checkbox"/>
Cannot afford to buy or private rent.....	<input type="checkbox"/>	<input type="checkbox"/>	Ready to leave supported accommodation (P).....	<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 (P)	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Health circumstances*	<input type="checkbox"/>	<input type="checkbox"/>	Harassment (P)	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

(P) We require proof, please see enclosed form for examples of proof required

SECTION 3 - CURRENT HOUSING SITUATION (CONTINUED)

3.12 Does your current home suffer from disrepair? (P)

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, currently 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? (P)

YES NO N/A

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

(P) We require proof, please see enclosed form for examples of proof required

SECTION 4 – YOUR HOUSING REQUIREMENTS

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? (P) YES NO

If YES, please provide details of the overnight carer:

4.3 If you have a child/children who stay with you regularly overnight, please give details (P). If you do not provide a letter from the (co-)parent/guardian and birth certificate(s) for the child/children we are not likely to allocate an extra bedroom.

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

(P) We require proof, please see enclosed form for examples of proof required

SECTION 4 – YOUR HOUSING REQUIREMENTS (CONTINUED)

Choice of Property Type

4.4 Please tick the type of property you would consider:

(Please tick all of the boxes that apply)

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Any Flat / House | <input type="checkbox"/> Ground Floor Flat | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Any House | <input type="checkbox"/> Level Access | |

Choice of Area

4.5 Please tick the areas you wish to consider:

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

Property types marked with a * have wheelchair properties within the development. Our areas of highest turnover and where you are most likely to be reached for a property are Cambusbarron, Raploch, Stirling City Centre, St Ninians, Fallin and Plean.

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 physical, mental 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.

SECTION 4 – YOUR HOUSING REQUIREMENTS (CONTINUED)

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 NO
- I need to move to be closer to a relative/carer to provide/receive support for health reasons YES NO
- I need to move to allow a pupil/student to be closer to education YES NO

If YES to any of the above, please provide details, eg, address of employment, educational institution or relative/carer:

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 Do you have any Pets?

YES NO

If YES, please provide brief details: _____

Housing Debt Owing

6.2 Do you have an outstanding debt that you owe to your current landlord or any previous landlords?

YES NO

If YES, please provide brief details: _____

Anti Social Behaviour

6.3 Has any person on this application ever been served with an Anti-Social Behaviour Order (ASBO), or has a live legal notice, or ongoing legal action being taken against them for anti-social behavior?

YES NO

If YES, please provide brief details: _____

SECTION 6 - GENERAL INFORMATION (CONTINUED)

Tenancy Conditions

6.4 Have you, or anyone who will be housed with you, been evicted from a previous Housing Association or Local Authority property, or lost a previous tenancy through abandonment?

YES NO

If YES, please provide brief 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 on page 17?
- Supplied all the information that we have asked for? (see proof requirements checklist)
- Told us about your present accommodation and supplied all the proof requested? (see section 3)
- Completed the housing choices section to ensure that you can be offered accommodation?

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 2018

The information you provide us with in this application is covered by the Data Protection Act 2018.

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
Name:
Signature:
Date:

Joint Applicant
Name:
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

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Other British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Gypsy / Traveller | <input type="checkbox"/> Polish | <input type="checkbox"/> Other White |

BLACK

- | | |
|------------------------------------|--|
| <input type="checkbox"/> African | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other Black |

ASIAN

- | | | |
|--------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other Asian | |

MIXED

- | | |
|--|--|
| <input type="checkbox"/> White & African | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> White & Caribbean | <input type="checkbox"/> Other Mixed |

OTHER

- Arab, Arab Scottish or Arab British

- Any other background

Nationality - please specify:

Sexual Orientation

Please indicate your sexual orientation:

- | | |
|--|--|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Gay man |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay woman/lesbian |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other - please specify: |

VOLUNTARY MONITORING INFORMATION (CONTINUED)

Do you consider yourself disabled?

Disabilities

YES NO

If YES, is your disability any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Physical impairment / Mental illness | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> 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?

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> In full time employment | <input type="checkbox"/> Student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> In part time employment | |

Income details

What is your total net income per week? (Include all wages, benefits and pensions paid to your household).

- | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> £95 or less | <input type="checkbox"/> £96 to £195 | <input type="checkbox"/> £196 to £289 |
| <input type="checkbox"/> £290 to £384 | <input type="checkbox"/> £385 to £479 | <input type="checkbox"/> £480 or more |

What does your income consist of?

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> Maintenance Payments | <input type="checkbox"/> Employment Support Allowance |
| <input type="checkbox"/> Tax Credits | <input type="checkbox"/> Job Seekers Allowance | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> Child Benefit | <input type="checkbox"/> Retirement Pension | <input type="checkbox"/> DLA/PIP – Mobility |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Works/Occupational Pension | <input type="checkbox"/> DLA/PIP – Care |

Other, please provide brief details: _____

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

POINTS

CATEGORY

Homeless.....

Threatened homeless

Below Tolerable Standard.....

Overcrowding.....

Accessibility

Harassment.....

Under occupation.....

Facilities

Support

Preference/no fixed abode.....

Sharing

Insecure of Accommodation.....

TOTAL

AMENDED TOTAL

AMENDED TOTAL

Please tick (✓) one box only

Homeless

Threatened Homeless

Unsatisfactory Housing Conditions.....

Under Occupation

General Aspirational.....

Nomination.....

Section 5.....

