

HOUSING APPLICATION FORM

| | |
|------------------------------------|---------------|
| Name | |
| Ref No | |
| FOR OFFICIAL USE | |
| Size | |
| Points | |
| Areas applied for | |
| Medical Assessment required | YES/NO |

1. PERSONAL DETAILS

| | | | |
|---|----------------|-------------|------------|
| Title | Initials | Forename(s) | Surname(s) |
| Date of Birth | N.I. Number | | |
| Daytime Telephone Number (if applicable) | E-Mail Address | | |
| Address | | | |

2. NAME AND ADDRESS OF CURRENT LANDLORD (if applicable)

| |
|--|
| |
|--|

Sole Owner Joint Owner Tenant Sub-tenant

Living with Relatives Lodger Tied Accommodation

(Please tick the relevant box above)

| |
|--|
| <p>If private tenant, when does your lease expire?</p> |
|--|

(Please provide copy of lease)

3. EXISTING ACCOMMODATION

| | | |
|----------------------------------|--------|--------|
| How many bedroom(s) do you have? | Double | Single |
|----------------------------------|--------|--------|

EXISTING ACCOMMODATION

(Please give details of all other persons living in current household)

| Name | Date of Birth | Relationship to Applicant | Moving with Applicant (YES / NO) |
|------|---------------|---------------------------|-------------------------------------|
| | | | |
| | | | |
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| | | | |

Please provide details of anyone not in current household who would be moving in with you.

| Name | Address | Date of Birth | Relationship to Applicant | Tenancy Held YES / NO |
|------|---------|---------------|---------------------------|--------------------------|
| | | | | |
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| | | | | |

| | YES | NO |
|---|--------------------------|--------------------------|
| Do you have the use of inside W.C. ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have the use of outside W.C. ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have the use of bathroom / shower room ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so is this shared with others ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have the use of hot water ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have the use of a kitchen ? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so is this shared with others ? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the house you live in structurally defective ? | <input type="checkbox"/> | <input type="checkbox"/> |

(If yes, please provide details on separate sheet)

4. PLEASE SUPPLY ADDRESSES FOR LAST 10 YEARS AND NAME OF LANDLORD
(if applicable)

| | | |
|------------------|-------|----|
| 1. ADDRESS | Dates | |
| | From | To |
| Landlord Details | | |

Sole Owner Joint Owner Tenant Sub-tenant
 Living with Relatives Lodger Tied Accommodation Living with Parents

(Please tick the relevant box above)

| | | |
|------------------|-------|----|
| 2. ADDRESS | Dates | |
| | From | To |
| Landlord Details | | |

Sole Owner Joint Owner Tenant Sub-tenant
 Living with Relatives Lodger Tied Accommodation Living with Parents

(Please tick the relevant box above)

| | | |
|------------------|-------|----|
| 3. ADDRESS | Dates | |
| | From | To |
| Landlord Details | | |

Sole Owner Joint Owner Tenant Sub-tenant
 Living with Relatives Lodger Tied Accommodation Living with Parents

(Please tick the relevant box above)

5. **HOMELESSNESS** (please tick)

| | | | | |
|--------------------|-----|--------------------------|----|--------------------------|
| Are you homeless ? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--------------------|-----|--------------------------|----|--------------------------|

(If yes, please provide evidence from Local Authority)

6. **DOMESTIC VIOLENCE / RACIAL HARASSMENT** (please tick)

| | | | | |
|---------------------------------------|-----|--------------------------|----|--------------------------|
| Are you a victim of any of the above? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|---------------------------------------|-----|--------------------------|----|--------------------------|

(If yes, please provide evidence, i.e. Police reports, medical, etc)

7. **MEDICAL**

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Are there any medical factors which you wish to be taken into consideration? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

(If yes, please request medical questionnaire)

PLEASE NOTE:

Medical points are awarded where both of the following apply to either the applicant(s) or a member of the household to be rehoused:

- a medical condition exists which is exacerbated by the current accommodation or where the quality of life is adversely affected by the current accommodation
- AND
- the intended offer of re-housing will result in the condition being alleviated.

| | | | | |
|-------------------------------|-----|--------------------------|----|--------------------------|
| Are you registered disabled ? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-------------------------------|-----|--------------------------|----|--------------------------|

8.

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Have you or any members of your household been subject to an Anti-social Behaviour Order ? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

(If yes, please give details on separate sheet)

9.

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| Are you related to any member of the Board or staff of Clyde Valley Housing Association | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

(If yes, please provide details)

10. WOULD YOU BE INTERESTED IN:

| | | |
|------------------------------|------------------------------|-----------------------------|
| Shared Ownership / Homestake | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|------------------------------|------------------------------|-----------------------------|

11. ACCOMMODATION REQUIRED?

How many bedrooms do you require?

List areas of preference: (There is no limit to the number of areas you can apply for)

12. What type of property or area / street would you **not consider?**

13. Clyde Valley Housing Association Ltd has an equal opportunities policy to ensure that discrimination does not occur in the allocation of its housing on the basis of gender, race, colour, creed or disability. Please complete the table below to allow us to monitor the effectiveness of this policy. (This information will be treated with strict confidentiality)

| | SELF | PARTNER |
|-------------------------------|------|---------|
| 01 Scottish | | |
| 02 Other British | | |
| 03 Irish | | |
| 04 Any Other White Background | | |
| 05 Any Other Mixed Background | | |
| 06 Asian Indian | | |
| 07 Asian Pakistani | | |
| 08 Asian Bangladeshi | | |
| 09 Asian Chinese | | |
| 10 Any Other Asian Background | | |
| 11 Black Caribbean | | |
| 12 Black African | | |
| 13 Any Other Black Background | | |
| 99 Any Other Background | | |
| R Question Refused | | |
| X Ethnic Origin Unknown | | |

14.

Are there any other circumstances or information which you wish to provide in connection with your application?

YES NO

(If yes, provide details below)

15. APPLICATIONS WITH OTHER LANDLORDS

Have you applied for housing with any of the following

North Lanarkshire Council YES NO

South Lanarkshire Council YES NO

A Housing Association other than Clyde Valley

Please give name

DECLARATION

I / We understand that the following conditions apply to this application.

1. Completion of this form is not in any way binding on either party at this stage and particularly does not bind Clyde Valley Housing Association to make any offer of housing or prevent us/me from seeking housing elsewhere.
2. All the statements made are true and accurate and any false or misleading information will render application and any tenancy based upon it null and void.
3. Permission under that Data Protection Act 1998, is given to Clyde Valley Housing Association to make enquiries in respect of my application for housing and to obtain information from necessary sources to process this application.

Signature: _____

Date: _____

Signature: _____

Date: _____

FOR OFFICAL USE

| Date | Offer | Refused / Accepted | Reason for Refusal | Interview |
|-------------|--------------|---------------------------|---------------------------|------------------|
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Clyde Valley Housing Association

Motherwell Office

82-84 Brandon Parade East
Motherwell ML1 1LY

Telephone: 01698 268855

Fax: 01698 266271

Opening Times

Monday - Thursday 9.00 am to 12.30 pm and 1.30 pm to 5.00 pm

Friday 9.00 am to 12.30 pm and 1.30 pm to 4.30 pm

Hamilton Office

16 Gateside Street
Hamilton
ML3 7JG

Telephone: 01698 428426

Fax: 01698 428289

Opening Times

Monday - Friday 9.00 am to 12.30 pm and 1.30 pm to 4.30 pm

Coatbridge Office

1 Islay Way
Coatbridge
ML5 5DX

Telephone: 01236 425589

Fax: 01236 430349

Opening times

Monday, Wednesday and Friday 9.30 am to 12.30 pm

E-mail: cvha@cvha.org.uk