



250 Peat Road, Glasgow, G53 6SA
Telephone: 0141 881 0595 - Email: Admin@rosehillhousing.co.uk

APPLICATION FOR HOUSING

All details given in this application will be treated as strictly confidential.

PLEASE COMPLETE THE FORM USING BLOCK CAPITALS

IMPORTANT: BEFORE COMPLETING THIS FORM, PLEASE READ THE ENCLOSED NOTES

YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL THE RELATIVE SECTIONS ARE COMPLETED AND ANY SUPPORTING CORRESPONDANCE IS PROVIDED.

Customer Details

Title		Forename		Surname		Gender	
Date of Birth		National Insurance Number		Other names used in the last 5 years			
Current Address (include house number, street, area, city and postcode)							
Date From		Date To		Present			
Correspondence Address, if different from above (include house number, street, area, city and postcode)							
Home Phone Number		<input type="checkbox"/>	Work Phone Number		<input type="checkbox"/>		
Mobile Number		<input type="checkbox"/>	Email Address		<input type="checkbox"/>		

Office use only

Date received: _____

Reference number: _____

Date loaded to system: _____

Apartment Size: _____

Point's letter issued: _____

Points: _____

Other persons who live with you at present

Name	Date of Birth	Gender M/F	Relationship	Joint Tenant/ Applicant	National Insurance Number	Moving with you
				Y / N		
				Y / N		
				Y / N		
				Y / N		
				Y / N		
				Y / N		
				Y / N		

If Yes, then who?

Are you or anyone to be rehoused with you on the Sex Offenders Register?*

*

This will not adversely affect how your application is assessed but will allow us to work with you and the Sex Offenders Liaison Officer to identify the most appropriate offer of housing (Please refer to your organisations guidance)

Is anyone else going to be living with you who does not live with you at present?

Name	Current Address	Relationship	Date of Birth	National Insurance Number	Joint applicant	Reason for living apart

Current accommodation

Property Type e.g. Tenement, Multi-Storey, 4 in a block or main door		When did you move in?	
Which floor do you live on?		How many bedrooms are in this property?	
How many bedrooms do you have exclusive use of?		How many people, including you, live at this address?	

Current Circumstances

Which of the following are you currently?	Private tenant	RSL Tenant i.e. GHA, Sanctuary	Lodger	Owner / occupier	Homeless
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Current Landlord details

If you are not the tenant/owner, please give the tenant/owner's full name:

If you are the tenant, please state the landlords name and address:

If you are a tenant in a private let and have been asked to leave then we will require a copy of a valid tenancy termination notice.

Lack of amenities & Tolerable standard

Does your present house lack any of the following amenities?		Does the house you current live in suffer from:	
Adequate cooking facilities	Yes / No	Structural defects	Yes / No
Inside Toilet	Yes / No	Serious penetrating or rising dampness	Yes / No
Bath or shower	Yes / No		
Piped water supply	Yes / No		
Hot water to kitchen	Yes / No		
Hot water to bathroom	Yes / No		
If Yes, Please provide some brief details			

Previous Addresses

Please list all of you and your partner’s previous addresses in the last five years: (Continue on a separate sheet if necessary)

	Address	Tenant, Lodger, Tied or Owner	Date and Reason for Leaving	Name of Landlord
Applicant				
Partner				

Application for Housing

Previous History

Has anyone living at the current address had an order for the recovery of possession granted against them for reasons of anti-social behaviour in the last three years?	Yes/No
If yes, please give details of the Landlord who obtained the order	
Is anyone living at the current address subject to an anti-social behaviour order?	Yes/No
If yes, please give details of the order (Court granted, date granted, name of person)	
Have you or the joint applicant ever had rent arrears?	Yes/No
If yes, please provide some information on whether the arrears have been cleared or, if you have an arrangement in place to clear the arrears.	
Have you or the joint applicant ever been evicted from a tenancy?	Yes/No
If yes, please provide some information on date/s and reason/s for which the eviction took place.	

Employment/Benefit/Income

Full time employed >30hrs	<input type="checkbox"/>	Part-time employed <30hrs	<input type="checkbox"/>	Student	<input type="checkbox"/>
Looking after family/home	<input type="checkbox"/>	Permanently retired	<input type="checkbox"/>	Volunteer worker	<input type="checkbox"/>
Unemployed - seeking work	<input type="checkbox"/>	Government work/training scheme	<input type="checkbox"/>	Other	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>	Unable to work - disability/health	<input type="checkbox"/>	Sanctioned by DWP	<input type="checkbox"/>
Employer name and address					
Location of volunteer work					
Do you have a bank account?	Yes/No	Are you in receipt of Universal Credit?	Yes/No		
Are you or have you ever been sequestrated/bankrupt?	Yes/No				

Personal Budget

We ask for this information as it allows us to assess whether our rents remain affordable to applicants regardless of their personal circumstances.				
Household Income	Monthly	Household Expenditure	Monthly	
Customer Net Salary/Wages	£	Priority Expenditure	Rent/Mortgage/Digs (Including Bedroom Tax deductions, Factor fees)	£
Partner Net Salary/Wages	£		Council Tax	£
Jobseeker's Allowance (detail of income/contribution based)	£		Gas/Electricity (if interested in reduced costs refer)	£
Universal Credit (revert to organisational policy for UC)	£		Court Fines	£
Income Support	£		Food	£
Employment and Support Allowance/Statutory Sick Pay	£	School/Work Meals		£
Incapacity Benefit	£	Loans/Credit & Store Cards/ Hire Purchase/Door step lenders		£
Working Tax Credit	£	TV Licence		£
Child Tax Credit	£	TV Subscription		£
Child Benefit	£	House Insurance (Building & Contents)		£
Attendance Allowance	£	Internet/Home Telephone		£
Disability Living Allowance	£	Mobile Telephone		£
Personal Independence Payment	£	Clothing		£
State Pension	£	Pet Costs (Vets, food, insurance)		£
Occupational Pension	£	Alcohol/tobacco/betting		£
Pension Credit	£	Maintenance Paid		£
Widow's Pension	£	Child Care/after school clubs/pocket money		£
Maintenance/Child Support Received	£	Vehicle Costs (repayments, fuel, road tax, insurance)		£
Any Other Income	£	Travel expenses		£
Any Non-dependent income/Contributions	£	Any Other Expenses		£
Carer's Allowance	£			
Total Income	£	Total Expenditure		£

		Disposable Income	£
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Your Needs

Tick where applicable							
Do you or anyone who is going to be housed with you have any medical needs that would be helped by a move to another home? Please give a brief description							
Do you or a family member need to move to be near family or relatives to provide or receive support? Please provide letter from individual detailing the support you give		Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Declared Interests

Are you an employee of this organisation?		Yes/No
Are you related to an employee of this organisation?		Yes/No
If yes, please state	1. Name	
	2. Position	
	3. Relationship	
Are you a Management Committee Member?		Yes/No
Are you related to a Management Committee Member?		Yes/No
If yes, please state	1 Name	
	2 Position	
	3 Relationship	

Other Information

[illegible]

Consent to Share

What we will do with your information

This form explains how your personal information will be used as part of your assessment for housing. We are committed to protecting your privacy. We try to meet the highest standards when collecting and using personal information. We adhere to the General Data Protection Regulation 2016/679 a law on data protection and privacy for all individuals within the European Union and the European Economic Area. We are also registered on the public register of data controllers, with the Information Commissioner's Office.

Agreement to share your information

The Housing Options partners will collect and share your information with Glasgow City Council, other public organisations and relevant agencies so we can understand your needs better, improve services and avoid asking you for the same information more than once. This might include workers involved in your care, for example your nurse, social worker, support worker, future housing providers or other relevant agency as discussed with you.

The Housing Options partners, as landlords, will also collect and share your information for the purposes of assessing your needs for housing and to develop a Common Housing Register (CHR). This will make it easier for you to be considered for housing by a number of landlords and avoid you filling in separate registration forms for each. This means when you fill in a housing registration form you agree to your information being shared with other landlords, with other public organisations, organisations that handle public funds, social work services, your support worker, your nurse and other relevant agency as discussed with you.

There may be occasions when there is sufficient concern about your or others safety or wellbeing, or for the detection and prevention of crime that your information will be shared before your consent is given or even if you do not agree to your information being shared.

I understand that information is held about me and agree that my personal information may be shared with other relevant agencies and professionals where you consider it appropriate. I have had an opportunity to discuss what this means.

I understand that the information I have given in this registration form is true. I also undertake to tell you about people aged 16 years or over who live in my home.

I agree with this statement:	Yes/No
Name of Customer (print)	
Signature of Customer	
Date	

Declaration - To be signed by the applicant after completion of the form

I/We hereby declare that the information given on this form is, to the best of my/our knowledge and belief, accurate and truthful.

I/We understand that if it is found that I/we have provided false information or misleading information to the housing association; my/our application may be suspended. Furthermore, I/we understand that the housing association reserves the right to take legal action for the repossession of any tenancy granted on the basis of deliberately providing the false information.

In addition I/we understand that in circumstances of threatening behaviour or verbal or physical abuse aimed towards staff or committee members, the association reserves the right to withdraw an offer of housing or suspend my/our application.

I/We authorise my/our landlord to obtain information on any tenancy I/we have held and to take up references considered necessary and relevant to this application.

I/We understand that any information provided will be held in strictest confidence. I also understand that any information held will not be passed on to a third party without my prior written consent.

Signed applicant		Date	
Signed joint applicant		Date	
Note: the completion of this form does not bind us to make an offer of housing accommodation available to the applicant(s).			
Form Loaded By:			
Date		Ref No.	
Completed By (Advisor's Name)		Signed	

For office use only

Tenure	<input type="text"/>	Under Occupation	<input type="text"/>
Sharing Amenities	<input type="text"/>	Medical	<input type="text"/>
Lacking Amenities	<input type="text"/>	Social	<input type="text"/>
Disrepair	<input type="text"/>	Harassment	<input type="text"/>
Overcrowding	<input type="text"/>	Homelessness	<input type="text"/>

Assessed _____ Verified _____ Date _____

Comments:

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Areas Required

All	1	2	3	5	7	8	15	16	18	19	20	22	23	25	26
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Accommodation Required

2 Apt All house types 1,2,3,16,23,24 & 26		3 Apt All house types 4,5,6,17,20,25,27,28,31 & 35		4 Apt All house types 7,8,9,10,11,18,21,33 & 36		5 Apt All house types 12,13,14,19 & 34	
Code	House Type	Code	House Type	Code	House Type	Code	House Type
1	S/B	4	S/D	7	U/F	12	E/T
2	M/T	5	M/T	8	L/F	13	S/D
3	E/T	6	E/T	9	M/T	14	Bun
16	Ten	17	Ten	10	E/T	19	Maisonette
23	L/F	20	Det	11	S/D	34	S/D DB+S
24	U/F	25	Ten M/D	18	Ten		
26	D/B	27	S/B	21	Det		
		28	Bun	33	S/D DB+S		
		31	U/F				
		35	L/F				

Tenement floor level

Floor	Ground	First	Second	No Preference
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Points

	Yes	No	Points	
Medical				
Minor Overcrowding				
Statutory Overcrowding				
Under Occupation				
Disrepair				
Social				
Management Transfer				
Homeless / unmet housing needs / harassment / Domestic Abuse				

Homeless

Prior Homeless	1	2	3
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Wheelchair

Yes / No

Date of Birth

Notes