

## Application for Housing

Ref.

Date Received

All information provided within this application will be treated in confidence and will comply with the Data Protection Act 1998. All the information you give us on this form will be placed in secure files and will be used for the purposes of assessing your housing need as defined in the River Clyde Homes Allocation Policy. You can see the application details held, on request.

We can produce information on request in large print, Braille, tape and on disk. It is also available in other languages. If you need information in any of these formats please call: (01475) 712610.

Once you have completed this form, please return it to: The Letting Team, River Clyde Homes, Wallace Place, Greenock, PA15 1LZ. Alternatively, you can hand it in to one of our offices, but please mark it for the attention of The Letting Team.

**1a**

Personal Details (If you are applying for a joint tenancy, the joint applicant must also provide all the information requested. If the joint applicant lives at a different address, they should make a separate application).

		Main Applicant		Joint Applicant	
Gender		Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Title					
First Name					
Last Name					
Previously know as					
Date of Birth					
Current Address					
Flat Number					
Postcode					
Marital Status					
Contact Tel	Daytime				
	Home				
	Mobile				
E-mail Address					
Relationship to main applicant					
National Insurance Number					
Are you pregnant		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If yes, baby can be included on family details when pregnancy reaches 28 weeks.  
Please provide documentation to show "estimated date of delivery", i.e. Mat B1 form.**

**Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, landlords are required to establish whether a person qualifies for public assistance, including housing.**

**1b**

		Main Applicant		Joint Applicant	
Are you subject to immigration control?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there conditions or limits to your leave to remain in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, please give details

**2a****Household Details**

Please give details of everyone else living at the Main Applicant's current address and any other potential members of the household.

First Name	Last Name	Date of Birth	Male/ Female	Relationship to Applicant	Does this person stay with you?	Will this person be moving in with you?

**2b**

Are you unable to have access to your children because your current accommodation is unsuitable?

Yes No **2c**

Do you have a formal access agreement?

Yes No **2d**

Please provide details of the arrangement e.g. how often do they stay with you?

Please note, in order to be considered for accommodation to suit the above care/control arrangements, legal documentary proof will be required. If documentary proof is not provided, your application will be assessed without taking any access arrangements into account. Your application will be assessed in line with the Housing Allocation Policy. You may wish to contact the housing office for more information on the Allocation Policy and the needs factors that we take into account.

**2e**

Please give details of any pets that you wish to take with you if you receive an offer of housing from River Clyde Homes. Please note only guide/hearing dogs are allowed in sheltered housing complexes and multi-storey flats.

<b>3a</b>	Current Housing Circumstances At your present address are you: (please tick)				
	A River Clyde Homes tenant	[CTEN]	<input type="checkbox"/>	Staying with family	[SUBT] <input type="checkbox"/>
	Housing Association tenant	[TENH]	<input type="checkbox"/>	Staying with friends	[SUBT] <input type="checkbox"/>
	Tenant of a private landlord	[TENP]	<input type="checkbox"/>	Lodger	[SUBT] <input type="checkbox"/>
	Owner occupier	[OWNR]	<input type="checkbox"/>	Tenant of a tied house	[TEN0] <input type="checkbox"/>
	Sharing Owner	[OWNR]	<input type="checkbox"/>	Other	[OTHR] <input type="checkbox"/>

<b>3b</b>	Please complete if you are a tenant	
	Please tell us who owns or who is the landlord of your present accommodation (name and address).	
	When did your present tenancy start:	
	Have you been given written notice to leave? If yes, please provide a copy of the notice to quit.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has a court order for possession been granted? If yes, please provide a copy of the order	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your local authority assessed you as homeless?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>3c</b>	Current Housing Circumstances At your present address are you living in a: (please tick)				
	Tenement/flat	[TENE]	<input type="checkbox"/>	Maisonette flat	[MAIS] <input type="checkbox"/>
	Multi-storey flat	[MULT]	<input type="checkbox"/>	Hostel	[HOST] <input type="checkbox"/>
	Own door (4 in a block) flat	[FLAT]	<input type="checkbox"/>	Caravan/Mobile home	[CARA] <input type="checkbox"/>
	End terraced house	[ENDT]	<input type="checkbox"/>	Bedsit/HMO	[HMO] <input type="checkbox"/>
	Mid terraced house	[MIDT]	<input type="checkbox"/>	Bungalow	[BUNG] <input type="checkbox"/>
	Semi detached house	[SEMI]	<input type="checkbox"/>	Other	[OTHR] <input type="checkbox"/>
	Detached house	[DETA]	<input type="checkbox"/>		

<b>3d</b>	If you live in a flat, which floor do you live on? [- 1, 0, 1, 2, 3 // note basement: -1; ground floor: 0]
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<b>3e</b>	How many bedrooms does your current accommodation have? [0, 1, 2, 3..... note bedsit is 0]
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<b>3f</b>	Does your accommodation have the following facilities?	
	Hot water in the kitchen	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Hot water in the bathroom	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Cooking facilities	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Bath/shower	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Separate living room	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>4a</b>	Do you share any of the facilities listed below, with anyone with whom you do not wish to be rehoused?		
	Sharing kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Sharing bathroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Sharing toilet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Sharing living room	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>4b</b>	Does your home have dampness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does your home have inadequate ventilation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does your home have structural defects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Does your accommodation have a "Closing Order" on it or is it due to be demolished?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is your home a caravan or mobile home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**4c** If you have answered yes to any of the above questions, please give details below e.g. rooms affected and severity and provide any relevant documentation to support this.

<b>5</b>	Medical and Community Care Needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you or anyone who wants to be rehoused with you have any medical reasons for wishing to be rehoused?		

If you wish to apply for medical priority points, you will require to either submit a report from your Doctor, Social Work Services Care Manager, Consultant, Occupational Therapist etc. or submit a 'medical self assessment' form or 'housing needs assessment' form. Once all information is available, it should be handed into the Letting Team at Wallace Place, Greenock.

**6a** Personal History  
Please list all your addresses in the last 5 years. Please begin with the most recent address first and continue on a separate sheet if necessary.

Main Applicant

Address	Date from	Date to	Name and address of landlord/owner	Reason for leaving

**6b** Joint Applicant




**8**

River Clyde Homes will calculate how many bedrooms you need, based on how many people will be living with you and any other issues that you have stated in your application.

You will receive confirmation of your points, areas of choice etc. If you want to amend these areas or add new choices, you will need to contact the Letting Team at that time.

You may also wish to apply to other housing associations that have houses in the Inverclyde area to increase your housing options.

**9**

Relationship to the Board or staff members of River Clyde Homes

Are you, or anyone you are wishing to be re-housed with a River Clyde Homes Board or Staff member, or are you related to an RCH Board or Staff member? Yes  No

Please note that this will not affect your application in any way, but this information is required in order to comply with the provisions of the Housing (Scotland) Act 2001. Common law relationships should be included.

Name of employee or Board Member	Relationship to you

**10**

River Clyde Homes is registered under the Data Protection Act 1998 and must comply with the conditions set out in the Act.

River Clyde Homes will process the information contained in this application form and any other relevant information they obtain in connection with the application in a number of ways. They will process the information for the purposes of your application for housing. They may also use this information to provide statistical data to River Clyde Homes Board, Communities Scotland, the Scottish Executive, Audit Scotland, and other interested parties. In addition if you are successful in obtaining accommodation from River Clyde Homes, your application details will be kept on file as "history notes".

By signing this application form I / we give consent to River Clyde Homes processing the information supplied in any of the above ways.

**11**

Sex Offenders Act 1997

Are you, or anyone on your application, required to register with the police under the Sex Offenders Act 1997? Yes  No

If Yes, please give details

If you complete the above section, your application will be processed in accordance with the local arrangements in place for the National Accommodation Strategy for Sex Offenders and the Multi Agency Public Protection Arrangements.

# 12

## Declaration

Please read carefully and only sign if you agree with all the aspects of the declaration.

I confirm that to the best of my knowledge the details I have given on this application form are true and accurate.

I understand that if my circumstances change I must notify River Clyde Homes immediately so that my points award can be re-calculated.

I understand that giving any false or misleading information or withholding relevant information, now and at any time, may result in my application being cancelled.

If I obtain a tenancy based on false or misleading information I understand that action may be taken against me to recover the tenancy.

I give permission to River Clyde Homes to make any necessary enquiries in connection with my application for housing, to verify the circumstances as stated on this form, or to obtain details relating to any former tenancies.

If I am applying for Sheltered Housing, or have indicated that I have community care needs, I authorise River Clyde Homes to liaise with NHS Greater Glasgow & Clyde and Inverclyde Council's Social Work Services and to share relevant information with both organisations.

I understand and agree to the conditions noted in the declaration.

### Signatures

If more than one applicant then both applicants must sign or the form will not be processed.

APPLICANT		Date	
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JOINT APPLICANT		Date	
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If this form has been filled in by someone other than the applicant please tell us your name and address and why you are filling in this form for the applicant. For example, the applicant is an older or disabled person and they are unable to complete the form personally so you have done so on their behalf. Please state any relationship to the applicant or how you know them. For example, next of kin, relative, carer, friend, neighbour, social worker, worker with an agency offering information and advice, etc.

# 13

## Equal Opportunities

River Clyde Homes is committed to equality of opportunity for all applicants regardless of their race, colour, ethnic origin, gender, religion, belief, sexual orientation or disability. River Clyde Homes is also committed to providing fair and equal access to all its services, including the allocation of its houses.

To help us monitor this, please complete the following questions. If you do not wish to answer any of the questions, please tick this "Refused" box

		Main Applicant	Joint Applicant		
<b>a</b>	Gender	Male	<input type="checkbox"/>	<input type="checkbox"/>	
		Female	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b>	Age	16-17	<input type="checkbox"/>	<input type="checkbox"/>	
		18-24	<input type="checkbox"/>	<input type="checkbox"/>	
		25-39	<input type="checkbox"/>	<input type="checkbox"/>	
		40-59	<input type="checkbox"/>	<input type="checkbox"/>	
		60+	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b>	Ethnic Origin - How would you describe your household's ethnic origin?				
	White	Scottish	<input type="checkbox"/>	<input type="checkbox"/>	
		Other British	<input type="checkbox"/>	<input type="checkbox"/>	
		Irish	<input type="checkbox"/>	<input type="checkbox"/>	
		Other	<input type="checkbox"/>	<input type="checkbox"/>	
		If other, please state	<input type="checkbox"/>	<input type="checkbox"/>	
	Asian, Asian Scottish or Asian British	Indian	<input type="checkbox"/>	<input type="checkbox"/>	
		Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	
		Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	
		Chinese	<input type="checkbox"/>	<input type="checkbox"/>	
		Other Asian background	<input type="checkbox"/>	<input type="checkbox"/>	
		If other, please state	<input type="checkbox"/>	<input type="checkbox"/>	
	Black, Black Scottish or Black British	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	
		African	<input type="checkbox"/>	<input type="checkbox"/>	
		Other Black background	<input type="checkbox"/>	<input type="checkbox"/>	
		If other, please state			
	Mixed	Any mixed background	<input type="checkbox"/>	<input type="checkbox"/>	
		Please state			
	Other	Other Ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	
		Please state			
Please provide details of others in the household whose ethnic origin differs from the main or joint applicant					
<b>d</b>	Disability				
	Do you consider anyone in your household to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes, please give details:				
<b>e</b>	Income				
	Would you describe your household's weekly net income (after deductions) as?				
Less than £50 <input type="checkbox"/>		£51 - £100 <input type="checkbox"/>	£101 - £200 <input type="checkbox"/>	Over £200 <input type="checkbox"/>	Refused <input type="checkbox"/>