

HOUSING APPLICATION FORM

IMPORTANT: Before completing this form, please read the attached Applicant Advice Leaflet.

If you require any assistance or if you wish to discuss your application, please contact the association's office. Please return the form to: Trafalgar Housing Association, 430a Dumbarton Road, Dalmuir, G81 4DX. If you wish to return this form by email, please send to hm@trafalgarha.co.uk

1. APPLICANT DETAILS

	APPLICANT	JOINT APPLICANT
Surname(s)		
Forename(s)		
Title(Mr, Ms, Mrs..)		
Date of Birth		
National Insurance No		
Address line 1		
Address line 2		
Address line 3		
Post Code		
Mobile Number		
Mailing Address(if different to above)		
Email Address		
Economic Status	Working/ unemployed	Working/ unemployed
Relation to Applicant		

2. REASON FOR APPLYING

Please select the main reason that you are applying for:

Medical Reasons		Overcrowding		Downsizing		Employment reasons	
Affordability		Leaving family home		End of lease		Relationship Breakdown(living with ex partner)	
Social/ Support		Harassment		Homeless		Property condition	
Other (please state):							

3. PEOPLE TO BE HOUSED WITH YOU (any household member who will be moving with you)

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Address (if different)</u>	<u>Relation to App</u>

If Pregnant ,please advise who and estimated due date:

4. PEOPLE CURRENTLY LIVING WITH MAIN APPLICANT (including those not moving out)

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Relation to App</u>

5. PEOPLE CURRENTLY LIVING WITH JOINT APPLICANT (including those not moving out)

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Relation to App</u>

6. Asylum & Immigration

Do you, or anyone applying for housing, have any conditions or restrictions on your permission to stay in the UK?	Yes		No	
If yes, please confirm your country of birth and your current immigration status:				

7. MANAGEMENT OF OFFENDERS

Are you or anyone to be housed with you, required to register with the Police under the Sex Offenders Act 1997 and Sexual Offences Act 2003?	Yes		No	
If yes, please provide details:				

8. CURRENT ACCOMODATION

When did the main applicant move into their current address:	
When did the Joint applicant move into their current address:	

What is your status at your current address? (Please select appropriate box)					
Owner		RSL or Local Authority Tenant		Private Tenant	
Lodger		Hostel/ B&B		Homeless	
Armed Forces		Tied Accommodation		Other	

If you are currently a tenant at another address please provide the following:	
Landlord name:	
Landlord Phone No:	
Landlord email address:	

What type of property do you currently live in: (i.e first floor flat, house, Multi Story)	
How many bedrooms are in the current property:	

Does your current property have the following:	<u>YES</u>	<u>NO</u>
Separate Kitchen		
Separate Bathroom		
Bath or Shower		
Hot Water Supply		

9. ARREARS MANAGEMENT

Have you, or anyone in your household ever been evicted from a tenancy for rent arrears or Anti Social Behaviour? YES/ NO

If yes, please provide details

--

10. ANTI-SOCIAL BEHAVIOUR

Are you or have you or anyone in your household been subject to an Anti-Social Behaviour Order (ASBO)? **YES/NO**

If yes, please provide details

--

11. PREVIOUS ADDRESS HISTORY

If you or the joint applicant have not resided in your current property please provide your last **3 years** address history here:

Applicant Name	
Address:	
Dates of Residency:	to
Tenure Type:	Tenancy/ Owner/ Lodger/ Homeless/ Tied / other
If Tenant, Landlord name, phone number and email	
Reason for Leaving	
Applicant Name:	
Address:	
Dates of Residency:	to
Tenure Type:	Tenancy/ Owner/ Lodger/ Homeless/ Tied / other
If Tenant, Landlord name, phone number and email	
Reason for Leaving	
Applicant Name:	
Address:	
Dates of Residency:	to
Tenure Type:	Tenancy/ Owner/ Lodger/ Homeless/ Tied / other
If Tenant, Landlord name, phone number and email	
Reason for Leaving	

Do you or anyone else on your application own or rent any other property:	
---	--

12. PROPERTY CONDITION

Does your accommodation have any serious defects?

YES

NO

If yes, please give details:

--

CONFIRMATION OF DEFECTS WILL BE REQUIRED.

13. INSECURITY OF TENURE

	YES	NO
Is your accommodation temporary?		
If yes, is there a threat of you being asked to leave?		
Are you about to be made homeless?		

Please give details:

--

14. SOCIAL / SUPPORT CRITERIA

Medical Support

Do you wish to move to, or remain in the Clydebank area to provide **care or support** to relatives because of illness or disability? **YES/ NO**

If yes, please give details of person(s) requiring care:

Name :		Age:		Relation:	
Medical condition(s)					
Level of care you provide:					
How frequently do you provide care :					
Further info (if required):					

CONFIRMATION OF ILLNESS/DISABILITY AND CARE PROVISION WILL BE REQUIRED.

15. TYPE OF ACCOMMODATION REQUESTED

No of Bedrooms:	1		2		3		4		5	
Property Type:	Terrace		Cottage (4 in a block)				Tenement			
Floor Height:	Ground		1st		2nd				3rd	
Area:		Trafalgar				Terraces (Radnor Park)				

16. MEDICAL PRIORITY

Do you or anyone included in your application have medical adaption requirements? (eg wheelchair access/ level access shower) **YES/ NO**

If yes, please give details:

--

17. PERSONAL CONNECTION

The law relating to housing associations places certain restrictions on the letting of houses to members of staff or committee members or to their close relatives. Are you, or is anyone included in your application, related to a member of staff or committee member of Trafalgar Housing Association? If yes, please give details of the person(s) you are related to and the nature of the relationship:

Name	Role in THA	Relationship

18. DECLARATION**Please read and sign**

I/We hereby certify that all the information supplied is correct and understand that any false or misleading statement or withholding of information (whether written or oral) now or at any subsequent date may result in legal action being taken. I/We agree to notify Trafalgar Housing Association of any changes to my/our circumstances.

I/We hereby give Trafalgar Housing Association permission to obtain information relevant to my/our application for housing.

Signature Of Applicant:		Date:	
Signature of Joint Applicant:		Date:	

