

TRAFALGAR HOUSING ASSOCIATION

No ../.....

HOUSING APPLICATION FORM

IMPORTANT : Before completing this form, please read the attached Applicant Advice Leaflet.
Your application cannot be processed unless this form is completed fully.

1. APPLICANT DETAILS

Surname

Forename(s)

Title (Mr/Mrs/Miss/Ms/Other)

Date of Birth

National Insurance No

Address

.....

Postcode

Email

Phone No Home

Work

Mobile

Economic Status: Working/Unemployed

Relationship to joint applicant

2. JOINT APPLICANT DETAILS

Surname

Forename

Title (Mr/Mrs/Miss/Ms/Other)

Date of Birth

National Insurance No

Address

.....

Postcode

Email

Phone No Home

Work

Mobile

Economic Status: Working/Unemployed

Relationship to applicant

3. PERSONS TO BE REHOUSED (list all other persons included in application)

Name	Date of Birth	Sex	Address (if not as above)	Relationship to you
------	---------------	-----	---------------------------	---------------------

.....
-------	-------	-------	-------	-------

.....
-------	-------	-------	-------	-------

.....
-------	-------	-------	-------	-------

.....
-------	-------	-------	-------	-------

.....
-------	-------	-------	-------	-------

4. REGISTERED OFFENDERS

Are you or anyone who will be rehoused with you required to register with the police? Please write yes or no.

5. OTHER PERSONS STAYING AT YOUR ADDRESS (not to be rehoused with you)

Name	Date of Birth	Sex	Relationship to you
.....
.....
.....
.....
.....
.....

6. PRESENT ACCOMMODATION

What is your status at your current address? (please tick appropriate box)

Owner ☐ Tenant ☐ Sub-tenant ☐
Living with immediate family ☐ Living care of relatives/friends ☐
Lodger ☐ Tied accommodation ☐ HM Forces ☐
Temporary accommodation ☐ Hostel / B&B ☐ No fixed address ☐
Other ☐ (please give details)

Who owns your accommodation?

What type of property is it? (eg house, tenement flat, multi-storey)

How many bedrooms does it have? Double bedrooms Single bedrooms

Does the property have the following? (please tick appropriate box)

Separate kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Separate bathroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the bathroom have:		
A bath or shower	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An inside WC	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A fixed hot water supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>

When did you move to your present accommodation? Month Year

Is this your only address? (please write yes or no)

If no, please give details:

.....
.....
.....

Are you the tenant or owner of any other property? (please write yes or no)

If yes, please give details:

.....
.....
.....

7. SHARING AMENITIES

Do you share any of the following amenities in your accommodation?

Bathroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>
WC	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Livingroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. PROPERTY CONDITION

Does your accommodation have any serious defects? Yes ☐ No ☐

If yes, please give details:

.....
.....

CONFIRMATION OF DEFECTS WILL BE REQUIRED.

9. INSECURITY OF TENURE

Is your accommodation temporary?

Yes ☐

No ☐

If yes, is there a threat of you being asked to leave?

Yes ☐

No ☐

Please give details:

.....
.....

Are you about to be made homeless?

Yes ☐

No ☐

If yes, please give details:

.....
.....

10. LOCAL SUPPORT

Medical Support

Do you wish to move to the Clydebank area to be near relatives or friends who require care because of illness or disability?

Yes ☐

No ☐

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

Name	Age	Address	Relationship to you	Illness/ disability
.....
.....

How frequently do you provide care? (daily/weekly/other)

Do you or anyone included in your application require care because of illness or disability from relatives/friends living in Clydebank area?

Yes ☐

No ☐

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

Name of person(s) Providing care	Age	Address	Relationship to you	Name of person(s) receiving care
.....
.....

How frequently do you receive care? (daily/weekly/other)

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

Child Care Support

Do you wish to move to the Clydebank area for child care, nursery or schooling reasons?

Yes ☐ No ☐

Name of child

Date of Birth

Nursery/School attended

.....
.....
.....
.....

Do you receive child care from anybody in the Clydebank area? Yes ☐ No ☐

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

Name

Age

Address

Relationship
to you

Name(s) of child(ren)
receiving care

.....
.....

Travel to Work

Are you currently employed?

Yes ☐ No ☐

Name of Employer

Address

Do you wish to move to, or remain in, the Clydebank area to be near your place of work?

Yes ☐ No ☐

11. OTHER APPLICATIONS

Are you on any other housing waiting lists?

Yes ☐ No ☐

If yes, please give details:

.....
.....

Have you ever been disqualified from any housing waiting list? Yes ☐ No ☐

If yes, please give details:

.....

12. PREVIOUS ADDRESSES

Please list all addresses you have lived at since age 16, starting with the most recent.
(Continue on a separate sheet if necessary)

Address	From/To	Status (eg tenant, owner, living care of)	Reason for Moving
...../.....
...../.....
...../.....
...../.....
...../.....
...../.....

Have you previously had a tenancy of or been the owner of a property? Yes ☐ No ☐

Has any action ever been taken against you for non-payment of rent or mortgage, or for any other breach of tenancy (eg anti-social behaviour, non-occupation of property)? Yes ☐ No ☐

If yes, please give details:

.....

.....

13. TYPE OF ACCOMMODATION REQUESTED

Number of bedrooms: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐
(please tick one only)

Type: Terraced House ☐ Cottage Flat (4 in block) ☐ Tenement Flat ☐ Any Type ☐
(please tick all choices)

Floor Height: Ground ☐ 1st ☐ 2nd ☐ 3rd ☐ Any ☐
(please tick all choices)

Area: Trafalgar Area (Dalmuir) ☐ Terraces Area (Radnor Park) ☐ Either Area ☐
(please tick one only)

Do you or anyone included in your application have any special housing requirements? (eg wheelchair housing / no stairs etc) Yes ☐ No ☐

If yes, please give details:

.....

14. MEDICAL PRIORITY

Do you or anyone included in your application have any disability, special need or medical condition which would be helped by a move to another house?

Yes ☐

No ☐

If yes, please give details:

Name

Disability / Special Need / Medical Condition

.....
.....
.....
.....

If you have answered yes to the above question, you should now contact the Association's office to obtain a medical assessment form.

Medical points cannot be awarded unless a medical assessment form is fully completed.

Confirmation of any disability, special need or medical condition will be required.

15. SHARED OWNERSHIP / OWNER OCCUPATION

Would you be interested in shared ownership where you buy part and rent part of a property?

Yes ☐

No ☐

Would you be interested in any modernised or new build Properties for sale at market value?

Yes ☐

No ☐

16. 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?

Yes ☐

No ☐

If yes, please give details of the person(s) you are related to and the nature of the relationship:

Name

Address

Relationship

.....
.....

17. 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.

Signature of Applicant Date

Signature of Joint Applicant Date

18. CONSENT TO RELEASE OF INFORMATION

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

IMPORTANT NOTE: CHANGES TO HOUSING BENEFIT AND UNIVERSAL CREDIT HOUSING ELEMENT

From April 2018, entitlement to Housing Benefit or the housing element of Universal Credit will be restricted if you are aged under 35, single and do not have any dependent children living with you. Housing Benefit or the housing element of Universal Credit will be capped at the Local Housing Allowance (LHA) rate that currently applies to private sector tenants and may not be sufficient to cover full rent due. This change applies to tenancies starting on or after 1 April 2016. If you think you could be affected by this change, please contact the association for further information.

PLEASE CHECK THAT YOU HAVE FULLY COMPLETED ALL SECTIONS OF THIS FORM

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
CLYDEBANK G81 4DX**

TELEPHONE NO: 0141 952 4676

**IF YOU WISH TO RETURN THIS FORM BY EMAIL, PLEASE SEND TO
hm@trafalgarha.co.uk**

EQUAL OPPORTUNITIES MONITORING

Trafalgar Housing Association is committed to equal opportunities and we would like to monitor our performance in this area. We would be grateful if you could assist us by answering the following questions. You do not have to provide this information if you do not wish to. Your application for housing will not be affected by this form.

1. How would you describe your ethnic origin? (please tick ✓)	Applicant	Joint Applicant
(i) White		
Scottish		
Other British		
Irish		
Gypsy / Traveller		
Polish		
Any other white background		
(ii) Mixed or multiple ethnic background		
(iii) Asian, Asian Scottish or Asian British		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Any other Asian background		
(iv) Black, Black Scottish or Black British		
Caribbean		
African		
Any other black background		
(v) Other ethnic background		
Arab, Arab Scottish or Arab British		
Any other ethnic background		
(vi) Unknown		

2. Do you consider yourself to have a disability? (Please write yes or no)	Applicant	Joint Applicant
If you have answered yes, please specify the nature of your disability by ticking one or more of the following:	Applicant)	Joint Applicant
Hearing impairment		
Visual impairment		
Mental illness		
Physical disability		

3. What gender are you? (Please write male or female)	Applicant	Joint Applicant

4. Do you have internet access at home? (Please write yes or no)	Applicant	Joint Applicant

5. Do you have internet access on your mobile phone? (Please write yes or no)	Applicant	Joint Applicant