

HM/JW

Date at Postmark

Dear Applicant

### **Application for Housing**

Thank you for your enquiry regarding housing in the Cadder area.

I would be grateful if you would complete the enclosed application form and area of interest form. I would also ask that you provide a photocopy of two forms of residency that confirms who you are and that you and those who will be moving with you currently reside at the address on the application form. This identification should include one from each of the following groups.

#### **GROUP A**

**National Insurance No.  
Child Benefit Award Letter  
Benefit Award Letter  
Pension Award Letter**

#### **GROUP B**

**Birth Certificate  
Marriage/Divorce Certificate  
Doctor/Dentist Registration Card  
Driving Licence/Employer Letter  
Utility Bill (Gas/Electricity)  
Bank or Building Society Statement**

**Please note that where children are included on the housing application form, the child benefit award letter must be provided.**

On receipt of the information your application will be assessed and consideration will be given for the award of housing need points that reflect your current housing circumstances. Our commitment is to provide you with detailed information on your application for housing within 15 working days. We will confirm your points total, queue position and prospects of securing an offer of housing in the Cadder area.

I trust this information full updates you on the process for assessment of your completed application for housing. However, if you have any further enquiries regarding the completion of this application form please do not hesitate to contact me.

Yours sincerely

**Housing Services Assistant**



# APPLICATION FORM

**FOR OFFICE USE ONLY**

Customer Type	Homeless		Transfer		Waiting	
Registration Date			Applicant Number			
Input by			Input date			
Medical Form Sent			Medical Form Received			

All information requested to be provided in this application form will be treated in confidence and in accordance with the provisions of Data Protection Act 1998. All the information you complete on this form will be kept secure and recorded on the Housing Register to be used for the purpose of assessing your housing needs.

When you have completed this application form for housing in Cadder its contents shall be entered on the Association's Housing List

If you need any more information or help filling in this form, please contact the Association's Office, 66 Skirsa Street, Cadder and a duty office will assist you to complete the application form for housing

**If you live within the North or North-west areas and are homeless or threatened with homelessness you should contact the local Homeless Community Casework Team**

**North Team - ☎ 276 6169, 30 Mansion Street, Possilpark  
Monday to Thursday 9:30am to 4:00pm or 3:55 pm on Friday**

**Out with these times or on weekends and public holidays please contact Hamish Allan Centre, 180 Centre Street, Glasgow, G5 8EE (free phone 0800 838502) who will assess your housing situation and advise you of your housing options.**

**If you live outwith this area, please contact you local homeless team.**

This form can be made available in Braille, large print or translated into other languages.

**SECTION 12 PERSONAL DETAILS**

**ABOUT YOU (Please complete in BLOCK CAPITALS)**

Do you wish to apply for a joint tenancy? YES  NO

	Main Applicant	Joint Applicant
Mr/Mrs/Ms/Miss	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Sex (M/F)	<input type="text"/>	<input type="text"/>
Present Address	<input type="text"/>	<input type="text"/>
Post Code	<input type="text"/>	<input type="text"/>
Home Telephone	<input type="text"/>	<input type="text"/>
Work Telephone	<input type="text"/>	<input type="text"/>
Mobile Telephone	<input type="text"/>	<input type="text"/>
Other Contact Telephone Number	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Correspondence or Contact Address (if different from present address)	<input type="text"/>	<input type="text"/>
What is the relationship of the joint applicant to you? (i.e. partner, brother, sister etc)	<input type="text"/>	
National Insurance Number	<input type="text"/>	<input type="text"/>

(National Insurance Number is used as a means of safeguarding against a fraudulent application. If you do not give your National Insurance Number it will not affect your application)

**ABOUT YOU AND YOUR FAMILY**

**Do you share your home with anyone else. (Do not include yourself or joint applicants).**

YES  NO .

**If yes, Please give details of everyone who lives with you in your current home and who will be moving with you. Please include any pregnancies as “unborn” and the expected delivery date as the date of birth.**

First Name	Last Name	Date of Birth	Male/ Female	Relationship to you	Will this person be moving in with you? (Y / N)

**We will need to see proof of pregnancy**

**Is there anyone who wishes to be housed with you currently living at another address**  
YES  NO

**If yes, Please give their details below**

**If you regularly have any children staying with you who do not stay with you permanently, please give details of their age, sex and what the access/custody arrangements are. Please include any pregnancies as “unborn” and the expected delivery date as the date of birth.**

First Name	Last Name	Date of Birth	Male/ Female	Relation- ship to you	Reason not living with you now. and present address	Custody or Access Arrangements if a child

**Do you have any pets/animals ?**

YES  NO

If YES please state the type and number of pets you have

---

**Please note that the Association limits the number and types of  
pets that they allow in a property**

### SECTION 3 HOUSING DETAILS

#### ABOUT THE HOME YOU LIVE IN

**At your present address are you:**

- |                                |                          |                                     |                          |
|--------------------------------|--------------------------|-------------------------------------|--------------------------|
| Staying with family            | <input type="checkbox"/> | In hospital/prison/residential care | <input type="checkbox"/> |
| Staying with friends           | <input type="checkbox"/> | Tenant (outside Glasgow)            | <input type="checkbox"/> |
| Tenant of a private landlord   | <input type="checkbox"/> | Lodger                              | <input type="checkbox"/> |
| Housing Association/GHA Tenant | <input type="checkbox"/> | In supported accommodation          | <input type="checkbox"/> |
| Joint owner                    | <input type="checkbox"/> | In housing tied to employment       | <input type="checkbox"/> |
| Owner                          | <input type="checkbox"/> | HM Forces                           | <input type="checkbox"/> |
| Homeless accommodation         | <input type="checkbox"/> | Other                               | <input type="checkbox"/> |

If other, please state \_\_\_\_\_

Please tell us who owns or is the landlord of your present accommodation (name and address)

\_\_\_\_\_

**What type of accommodation do you live in at present?**

- |                              |                          |                                  |                          |
|------------------------------|--------------------------|----------------------------------|--------------------------|
| Tenement/flat                | <input type="checkbox"/> | Maisonette flat                  | <input type="checkbox"/> |
| Multi-storey                 | <input type="checkbox"/> | Caravan/mobile home/houseboat    | <input type="checkbox"/> |
| Own door (4 in a block) flat | <input type="checkbox"/> | Room in a house/hostel           | <input type="checkbox"/> |
| House/cottage                | <input type="checkbox"/> | No fixed address                 | <input type="checkbox"/> |
| Bed-sit                      | <input type="checkbox"/> | Hospital/prison/residential care | <input type="checkbox"/> |

If other, please give details \_\_\_\_\_

**How many rooms does your current accommodation have?**

Number of  
Rooms

Living room	_____
Double bedrooms	_____
Single bedrooms	_____
Bed-sit	_____
Kitchen	_____
Toilet/bathroom	_____

**How many rooms does your household have exclusive use of –ie not shared with any other household ? Enter Number: \_\_\_\_\_**

**Do you have access to the following facilities/amenities in your accommodation? Please tick (✓). If you are sharing any of the facilities listed below with anyone who is not part of your household, please tick (✓).**

<b>Facilities</b>	<b>Yes</b>	<b>No</b>	<b>Share</b>		<b>Yes</b>	<b>No</b>	<b>Share</b>
Cold water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen (bed-sit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen (recessed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Does your accommodation have any of the following problems?**

	<b>Yes</b>	<b>No</b>
Extensive dampness/water penetration	<input type="checkbox"/>	<input type="checkbox"/>
Structural problems	<input type="checkbox"/>	<input type="checkbox"/>
Closing Order served on property	<input type="checkbox"/>	<input type="checkbox"/>
Declared below Tolerable Standard*	<input type="checkbox"/>	<input type="checkbox"/>

\* A house meets the Tolerable Standard if it:

- is structurally stable
- is substantially free from rising or penetrating damp
- has satisfactory provision for natural or artificial light, ventilation, heating
- has adequate piped supply of water
- has a sink with a supply of both hot and cold water
- has a WC available for sole use of the occupants
- has an effective system for drainage
- has satisfactory facilities for cooking
- has satisfactory thermal insulation
- has satisfactory access to all external doors and outbuildings

It should be noted that a house which passes the Standard may not be in a good state of repair: To fail the Standard a house must be lacking in basic amenities or be in an extremely poor condition.



**What type of accommodation do you wish to be considered for? (Tick as many as you wish)**

- |                                      |                          |
|--------------------------------------|--------------------------|
| Tenement (Main door flat)            | <input type="checkbox"/> |
| Tenement flat (ground floor)         | <input type="checkbox"/> |
| Tenement flat (first floor)          | <input type="checkbox"/> |
| Tenement flat (second floor & above) | <input type="checkbox"/> |
| Semi Detached                        | <input type="checkbox"/> |
| Terraced house                       | <input type="checkbox"/> |

**Which areas of Cadder do you wish to be considered for? (Tick as many as you wish)**

- |               |                          |              |                          |
|---------------|--------------------------|--------------|--------------------------|
| Skirsa Street | <input type="checkbox"/> | Cadder Road  | <input type="checkbox"/> |
| Skirsa Place  | <input type="checkbox"/> | Fara Street  | <input type="checkbox"/> |
| Skirsa Square | <input type="checkbox"/> | Langa Street | <input type="checkbox"/> |
| Vaila Place   | <input type="checkbox"/> | Inga Street  | <input type="checkbox"/> |
| Vaila Street  | <input type="checkbox"/> | Scapa Street | <input type="checkbox"/> |
| Tresta Road   | <input type="checkbox"/> | Herma Street | <input type="checkbox"/> |

**SECTION 4 HOUSING HISTORY**

**WHERE HAVE YOU LIVED BEFORE**

**Please list your addresses for the last 5 years. Please begin with the most recent 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

**Joint Applicant (if different from Main Applicant)**

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

Has an Anti-social Behaviour Order been granted against you or anyone on your application? Yes  No

If yes, please give full name of person(s): \_\_\_\_\_

Has anyone ever taken action against you or anyone on your application, for anti-social behaviour Yes  No

If yes, was court action taken? Yes  No

Was less formal action taken such as a written warning? Yes  No

Are you, or anyone applying to be housed with you, on the Sex Offender Register? Yes  No

**Why do you wish to be rehoused? Please tick all that apply.**

- |                     |                          |                              |                          |
|---------------------|--------------------------|------------------------------|--------------------------|
| Overcrowding        | <input type="checkbox"/> | Relationship breakdown       | <input type="checkbox"/> |
| Under occupied      | <input type="checkbox"/> | Health/Disability            | <input type="checkbox"/> |
| Harassment          | <input type="checkbox"/> | To live independently        | <input type="checkbox"/> |
| For employment      | <input type="checkbox"/> | Homeless/threatened homeless | <input type="checkbox"/> |
| Crime/Fear of crime | <input type="checkbox"/> | To give/receive support      | <input type="checkbox"/> |
| Domestic abuse      | <input type="checkbox"/> | Other                        | <input type="checkbox"/> |

Please explain briefly \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Have you been asked to leave your present accommodation?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been given written notice to leave? If yes, please provide a copy of the notice  | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a court order for possession been granted? If yes, please provide a copy of the order | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or the joint applicant have current or former rent/repairs arrears?              | <input type="checkbox"/> | <input type="checkbox"/> |
- If yes, please give the name of the landlord:

\_\_\_\_\_

Do you have an arrangement with the landlord to reduce/clear your arrears?

If your reason for application is due to mortgage arrears would you like to receive information on the Mortgage to Rent Scheme

## SECTION 5 CARE AND SUPPORT

### YOU AND YOUR HEALTH

**Do you or any member of your household or anybody wishing to be re-housed with you have any health/disability reasons for wishing to be re-housed?**

**Yes**      **No**  
     

If No, please go to page 16

**If Yes**, Please list the number of people  
on the application seeking medical assessment. \_\_\_\_\_

Please ensure that you fill in the health/disability **SECTION 5 on pages 12-15** if you wish to be considered for medical assessment (if more than one person has a medical condition, please request a separate form).

You may also be asked to provide additional written evidence from your GP, Consultant and Social Worker etc.

SECTION 5(continued)

**HOUSING APPLICATION – MEDICAL/PARTICULAR NEEDS  
SELF-ASSESSMENT FORM**

**CONFIDENTIAL**

• **Main Applicant's Details:**

**Name:** .....

**Address:** .....

.....

• **Please give details of person for whom medical assessment is being sought.**

**Name:** .....

**Address:** .....

.....

• **Describe what health problem or disability they have:**

.....

.....

.....

.....

• **Please answer the following questions to help us assess your needs**

Do you have any difficulty walking?      Yes            No     

Do you use a wheelchair?      Yes            No     

Is your current home wheelchair adapted?      Yes            No     

Do you have difficulty with stairs  
inside or outside your home?      Yes            No

Do you have internal stairs?      Yes       No       If yes, how many .....

Have there been any adaptations made to your house? Yes       No

Please describe: .....

.....

.....

Do you need further adaptations?      Yes       No

Please give details: .....

.....

.....

Does your home have dampness?      Yes       No

If this affects your health, please tell us about it: .....

.....

.....

What type of heating do you have? .....

What type of heating would you prefer? .....

If your present heating system causes you health problems, please give brief details .

.....

.....

Does your illness or disability mean you need an extra bedroom? Yes       No

If yes, please tell us why you need this: .....

.....

.....

Do you have difficulty with any of the following?

	No Difficulty	Some Difficulty	Great Difficulty	Assistance Required
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting on/off the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting dressed and undressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have your own garden? Yes  No

If yes, how do you manage this? No problem   
With difficulty   
Impossible to manage   
Currently get help   
Need help, none available

**If your health problem is not covered by any of the questions above, please tell us how your housing affects your illness or disability, and how you feel a move would help:**

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

**Please give the name and address of your GP and that of any other health care professional with whom you have had recent contact. We may need to contact them.**

**GP's Name and Address and their Telephone Number:**

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

**Other Health Care Professional, Name, Address and their Telephone Number:**

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

**Do we have the permission of those claiming a medical condition or disability to contact any of the above Health Care Professionals if we need more information about the applicant.**

Yes  No

**I hereby authorise the landlord to whom I am applying to seek any further information regarding my medical condition / disability they may require from the above named health professional(s) to fully assess my housing application.**

**I understand that this information will be used solely for the purpose of assessing my housing application.**

**Signature:**  
**(Of person seeking medical assessment or guardian).....**

**Date: .....**

**For a child under 16 years of age we require the signature of parent /guardian or other authorised person.**



## SECTION 6 OTHER INFORMATION

Are you or anyone you are wishing to be re-housed with related to anyone who is, or has been in the last 12 months, a member of the management committee, staff or elected members of Cadder Housing Association on this form. This will not affect your application in any way, but is required to comply with the provisions of the Housing (Scotland) Act 2001. Common law relationships should also be included.

Yes  No

If yes, give details below

Name of Committee member, employee or elected member	
--	--

Name of Organisation	
----------------------	--

Relationship to you	
---------------------	--

### WHAT TO DO NEXT

Please check that you have answered all the questions which apply to you and have attached **COPIES** of all the papers we need to see. On receipt of your application we aim to provide you with detailed information on your points total and prospects of securing accommodation with 15 working days.

Please do not send originals.

Please remember to enclose the following documents, if appropriate for example proof of pregnancy

**Thank you for completing this application.**

**Now please read and sign the declaration on the following page.**

## **DATA PROTECTION**

Cadder Housing Association are registered under the Data Protection Act 1998 and are duty bound to comply with the conditions set out in this Act.

Cadder Housing Association 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. We will process the information for the purposes of your application for housing. We may also use this information to provide statistical data to our Management Committee, the Scottish Government and other interested parties.

By signing this application form I give consent to Cadder Housing Association to process the information in the above mentioned way

## **DECLARATION BY APPLICANT**

**Please read the following statement and sign below**

I/We understand that to the best of my knowledge the details I have given on this application form are true and correct and that I will tell you about any changes in my circumstances .as soon as possible.

I understand that any false or misleading information or withholding information, that is material to the application now and at any time, may result in my application being cancelled, any offers of tenancy being withdrawn or I may lose any tenancy I am granted.

I give permission for my information to be included in the Association's Housing List and accepts that Cadder Housing Association will make any necessary enquiries in connection with my application for housing and to verify the circumstances stated on the form or to obtain details relating to former tenancies.

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: .....

Joint Applicant: ..... Date: .....

**SECTION 7 MONITORING FORM**

**Cadder Housing Association is committed to equality of opportunity for the whole community and we would like to monitor our performance in this area. We would therefore 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 and information provided will in no way affect your application. Please Tick ✓**

**Question refused**

		Main Applicant	Joint Applicant
<b>1 Gender – are you?</b>	Male	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 Age – are you?</b>	16-24	<input type="checkbox"/>	<input type="checkbox"/>
	25-39	<input type="checkbox"/>	<input type="checkbox"/>
	40-49	<input type="checkbox"/>	<input type="checkbox"/>
	50-59	<input type="checkbox"/>	<input type="checkbox"/>
	60+	<input type="checkbox"/>	<input type="checkbox"/>

**3 Ethnic Origin – How would you describe your household’s ethnic origin?**

<b>White</b>	Scottish	<input type="checkbox"/>	<input type="checkbox"/>
	Other British	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>
	Other, please write in box		

<b>Asian, Asian Scottish or Asian British</b>	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, please write in box		

<b>Black, Black Scottish or Black British</b>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>
	Other Black background, please write in box		

<b>Mixed</b>	Any mixed background, please write in box

Other

Gypsy/Traveller

Other ethnic background, please write in box

**Please provide details of others in the household whose ethnic origin differs from the main or joint applicant**

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#### 4 Disability

Do you consider anyone in your household to have a disability? By this we mean a condition which you believe has a long term and substantial effect on your ability to carry out normal day to day activities.

Yes  No

If yes, is it:

Physical

Learning disability

Hearing impairment

Mental ill health

Visual impairment

Other

Please specify \_\_\_\_\_

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#### 5. Household Which one of the following categories best describes your household?

Couple

Single Parent (Male)

Single Male

Couple (Same Gender)

Single Parent (Female)

Single Female

**6. Religious Belief** Forthcoming equality legislation means that religion and faith also have to be monitored by organisations such as Housing Associations to ensure that everybody is treated equally.

Church of Scotland

Roman Catholic

Buddhist

Hindu

Sikh

Other Christian

Jewish

Muslim

Other

Non