

Housing Application Form



BELLSMYRE

housing association



HAPPY TO TRANSLATE



Name:

16 Merkins Avenue
Bellsmyre
G82 3EB

Address:

Tele: 01389 765179

enquiries@bellsmyre-ha.org

www.bellsmyrehousing.org.uk

This is a housing application form for Bellsmyre Housing Association. Please read the guidance notes on page 1 of this form carefully before completing this application.

Verification Documents

Please supply the following:

Proof of identity – birth certificates, passports or driving licences for everyone who is moving with you.	<input type="checkbox"/>
Proof that you live at your stated current address – copy of a utility bill or council tax notice	<input type="checkbox"/>
Proof that your children live with you permanently – proof that you are in receipt of child benefit or child tax credits.	<input type="checkbox"/>

Office Use Only

Date Received:	
Reference Number:	

**Bellsmyre Housing Association
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Guidance Notes:

We cannot process your application without all supporting information. Supporting information required includes photographic identity and proof of residency. (We can copy your original documents for you at this office and return them to you immediately).

- Please complete this form in ink using capital letters.
- Where a yes/no answer is required, please put a tick (✓) in the appropriate box.
- Please read the questions carefully and answer all the questions that apply to you. If you do not fill in the form properly or give us all the information we need, we will need to return it to you and this will delay your application.
- Once you are on the housing list, we will write to or email you to give you a reference number, a note of your points and your current position on the housing list.
- Please keep us informed of any changes in your circumstances (such as a change of address, or additions to your household), as this may affect the amount of points you will be awarded.

If you would like assistance to complete this form or you would like to request this information in another language, large print or in audio format just get in touch. We are here to help. Contact us:

In writing or at the office:	16 Merkins Avenue, Bellsmyre, G82 3EB
By telephone:	01389 765179
By email:	enquiries@bellsmyre-ha.org

Declaration:

Please read the declaration at the end of this form carefully and then sign it. If it is a joint application, both applicants need to sign. This form should then be sent to our office at the address above. Please ensure that you have included all copies of the relevant supporting information we have asked for.

Data Protection Act 1998:

All the information you provide on this form will be placed on Bellsmyre Housing Association's allocations system. You have a right to see information kept on file about your application and ask for any inaccurate information to be removed.

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Section 1: Your Details

Do you wish to apply for a Joint Tenancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	Applicant	Joint Applicant
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First Name:		
Surname:		
Date of Birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
National Insurance No:		
Relationship to Applicant:	SELF	
Address:		
Postcode:		
Date moved to address:		
Telephone Number:		
Mobile Number:		
Email Address:		
Contact Address:		
(if different from above)		
Postcode:		
Preferred Method of Contact:	<input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Text Message	

If you have never held a tenancy before or had a home of your own, you will be interviewed by one of our staff members to advise what is involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, one of our staff members will be in touch with you to arrange a suitable appointment

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Section 2: Other people to be re-housed with you

Please give details of everyone who lives in your current house:

Full Name:				
Date of Birth:				
National Insurance No:				
Relationship to you:				
To be re-housed with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name:				
Date of Birth:				
National Insurance No:				
Relationship to you:				
To be re-housed with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Full Name:				
Date of Birth:				
National Insurance No:				
Relationship to you:				
To be re-housed with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please provide details of anyone who does not currently reside with you but has to be re-housed with you. Please also let us know why they are not living with you and their current address:

Full Name:	
Date of Birth:	
National Insurance No:	
Relationship to you:	
Current Address:	
Reason for not residing:	

Full Name:	
Date of Birth:	
National Insurance No:	
Relationship to you:	
Current Address:	
Reason for not residing:	

If anyone on your application is pregnant, what is their name and when is their baby due?

Name	Due Date

Please provide proof of pregnancy and expected delivery date

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**Please state the reasons why you are applying for a house:
(The more details you provide the better we can assess your needs)**

Have you applied to West Dunbartonshire Council for housing or any other local landlords?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have not applied for housing with the Council, please note that Bellsmyre Housing Association has a 50% nomination agreement with the Council, this offers the Council an opportunity to put forward applications from their housing list to us.

Bellsmyre Housing Association may not have a suitable property for you therefore it would be advisable to increase your chances of being housed by applying to other landlords as well as Bellsmyre Housing Association.

Section 3: Present Accommodation

Please tick the appropriate box below to show your current housing situation:

Bellsmyre Housing Tenant	<input type="checkbox"/>	Tenant of private landlord	<input type="checkbox"/>
Other housing association tenant	<input type="checkbox"/>	Council tenant	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	In HM Forces	<input type="checkbox"/>
Staying with family/friends	<input type="checkbox"/>	In supported accommodation	<input type="checkbox"/>
Lodger/Sub-let	<input type="checkbox"/>	Owner	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	No fixed address	<input type="checkbox"/>
Prison	<input type="checkbox"/>	In tied accommodation	<input type="checkbox"/>
Residential care	<input type="checkbox"/>	Other:	<input type="checkbox"/>

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Please provide your landlords details:

	Applicant	Joint Applicant
Landlord Name:		
Address:		
Postcode:		
Telephone Number:		
Email Address:		

If you are homeless, have you been interviewed by West Dunbartonshire Council?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please note that if you are stating you are homeless, you will be required to attend an interview with the West Dunbartonshire Council, Homeless Persons Team.

We can arrange this for you or you can visit the local West Dunbartonshire Council office or Telephone to arrange an appointment 01389 737000

What type of property would you consider?

Please note that should you limit your choices it may take longer to receive an offer of housing from Bellsmyre Housing Association.

Any house type (recommended choice)	<input type="checkbox"/>	House only	<input type="checkbox"/>
Ground Floor property	<input type="checkbox"/>	Quarter Villa	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Sheltered Accommodation	<input type="checkbox"/>
Amenity Housing	<input type="checkbox"/>		

By choosing ANY house type you will widen your chances of being housed by us. Most of our properties are flatted tenement dwellings.

Are you interested in Mutual Exchange?
We operate a Mutual Exchange Scheme, if you are a Housing Association or Council Tenant and are interested in swapping homes with another tenant visit: www.homeswapper.co.uk or request a copy of our mutual exchange policy. You can find details on-line.

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	Applicant	Joint Applicant
When did you move to your current address?		
What type of property is your present home? (flat, house)		
What floor is it on?		
Total number of bedrooms		

Does your house have the following amenities?

Cooking facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inside toilet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bath/shower	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixed hot water supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the kitchen, living room, bathroom or toilet shared with another household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is your home in a state of disrepair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please tick one or more of the following and provide more details below:

Leaking roof	<input type="checkbox"/>	Dampness	<input type="checkbox"/>
Rotting woodwork	<input type="checkbox"/>	Structural problems	<input type="checkbox"/>
Dangerous floor	<input type="checkbox"/>	Faulty wiring	<input type="checkbox"/>
Pest infestation	<input type="checkbox"/>	Communal areas in poor condition	<input type="checkbox"/>
Other, please state below	<input type="checkbox"/>		

Details:

Does your landlord know about these problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you informed the Council's Environmental Health Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have ticked no. Please contact the Council's Environmental Health Department and they will visit you to assess the degree of disrepair. You should be aware that the Environmental Health Department will contact your landlord about the disrepair in severe cases.

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Section 4: Further Information

Has anyone ever taken action against you, anyone else in your household or anyone on your application for anti-social behaviour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please give details below:

Was there court action taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anti-Social Behaviour Order (ASBO)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Less formal action taken (e.g. verbal or written warning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you or anyone who will be re-housed with you required to register with the Police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Is there anyone in your household or who has to be house with you on the Sex Offenders Register?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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.

Section 5: Receiving and Giving Support

Do you wish to move to or remain within Bellsmyre to give or receive support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please provide the name and address and their relationship to you:

Please provide details of the support:

If you require to support or receive support, please provide written confirmation of this from the person providing the support.

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Do you need to move for threat of violence or harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often does this happen?		

If yes, please provide details below: (continue on a separate sheet if necessary)

Section 6: Address History

Please list all addresses you have lived at for the last 3 years – we may carry out checks and ask for references.

Applicant									
Address	Date From			Date To			Name and address of landlord or note if owner occupier and reason for leaving address		
	DD	MM	YY	DD	MM	YY			
	DD	MM	YY	DD	MM	YY			
	DD	MM	YY	DD	MM	YY			
	DD	MM	YY	DD	MM	YY			

Joint Applicant									
Address	Date From			Date To			Name and address of landlord or note if owner occupier and reason for leaving address		
	DD	MM	YY	DD	MM	YY			
	DD	MM	YY	DD	MM	YY			

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	DD	MM	YY	DD	MM	YY	
	DD	MM	YY	DD	MM	YY	

Do you or the joint applicant have rent or mortgage arrears for your current or any previous addresses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please provide the landlord's name and address:

How much do you owe?	£	
Have you made arrangements to clear your debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you maintaining the arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you or your partner receive any benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please tick from the selection below:

Applicant		Joint Applicant/Partner	
Universal Credits	<input type="checkbox"/>	Universal Credits	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	Income Support	<input type="checkbox"/>
State Pension/ Occupational Pension	<input type="checkbox"/>	State Pension/ Occupational Pension	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	Child Benefit	<input type="checkbox"/>
Child Tax/Working Tax		Child Tax/Working Tax	
Employment Support Allowance (ESA)	<input type="checkbox"/>	Employment Support Allowance (ESA)	<input type="checkbox"/>
Personal Independent Payment (PIP) or Attendance Allowance (AA)	<input type="checkbox"/>	Personal Independent Payment (PIP) or Attendance Allowance (AA)	<input type="checkbox"/>
Carer's Allowance	<input type="checkbox"/>	Carer's Allowance	<input type="checkbox"/>

Please note a welfare benefits/Income check can be arranged if you require this service.

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Section 7: Medical Needs

<p>Do you or any other member of your household have a medical condition which is made worse by your current housing circumstance?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If **yes**, please continue to complete Section 7. If **no**, please go to Section 8 of this application.

Which member(s) of your household is affected?

What is the health/medical condition?

How is your present home unsuitable?

Please provide a letter from your GP, Consultant, or social worker to support the information you have provided above.

Mobility		Stairs Internal/External	
Have no problems	<input type="checkbox"/>	Have no problems	<input type="checkbox"/>
Confined to bed	<input type="checkbox"/>	Unable to climb stairs	<input type="checkbox"/>
Totally wheelchair dependent	<input type="checkbox"/>	Require assistance of carer	<input type="checkbox"/>
Can walk indoors with the assistance of carer	<input type="checkbox"/>	Will require assistance of stair lift	<input type="checkbox"/>
Can walk indoors/outdoors using a walking aid	<input type="checkbox"/>	Will require assistance of handrails	<input type="checkbox"/>

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Have you had any equipment supplied or had any adaptations made to your home due to medical/health reasons?

Yes

No

If yes, please detail below:

Are you currently awaiting aids or adaptations to be made your home?

Yes

No

If yes, please detail below:

Does your illness/disability mean you need an extra bedroom?

Yes

No

If yes, please detail below why an extra room is required:

Please provide a letter from either your GP, Social Worker or Occupational Therapist to support your request for an additional bedroom.

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Section 8: Other Information

Are you related to any person who is a Member of the Management Committee or is employed by Bellsmyre Housing Association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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A person is a close relative if they are:-

- The spouse or co-habitee of a governing body member or employee
- The parent, grandparent, child, stepchild, grandchild, brother or sister of a governing body member or employee

If **yes**, please provide details below:

If you have someone who helps you or acts on your behalf and you would prefer us to contact them please give their details and sign the declaration box below:

Full Name:	
Address:	
Relationship to you:	
Telephone Number:	
Declaration	

Where did you hear about Bellsmyre Housing Association?

Already live in Bellsmyre	<input type="checkbox"/>	Already a Bellsmyre tenant	<input type="checkbox"/>
Friend/relative	<input type="checkbox"/>	Previously lived in Bellsmyre and wish to return	<input type="checkbox"/>
Poster	<input type="checkbox"/>	Local press	<input type="checkbox"/>
West Dunbartonshire Council	<input type="checkbox"/>	Associations' website	<input type="checkbox"/>
Other website	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

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Section 9: Declaration

I consent to appropriate enquires being made to verify the information contained in this application, including Bellsmyre Housing Association requesting information from my present Landlord, support agency or any other relevant body concerning my details and conduct of tenancy.

I also agree to advise Bellsmyre Housing Association of any change in circumstances, which may affect this application.

I understand that any false or misleading information deliberately withheld may result in one of the following:

- (a) My application being cancelled,
- (b) The offer of tenancy being withdrawn,
- (c) Where a tenancy has been granted, the Association will seek repossession.

All information contained in this application will be treated confidentially.

Signature of Applicant:	
Signature of Joint Applicant:	
Date:	

Privacy Statement

I understand that Bellsmyre Housing Association Limited will collect and retain personal information from me, including my name, address and contact details to be used for the purposes of processing and/or dealing with any matter relating to my tenancy. I understand that the Association may pass this information to a third party engaged to provide services on its behalf and will take all reasonable steps to ensure that the third party providing the services uses adequate measures to protect my data. I hereby consent to Bellsmyre Housing Association processing my personal data for the aforementioned purposes.

I hereby consent to the disclosure of my personal data including my house file to the Scottish Housing Regulator and any auditor or legal representative instructed by the Association.

Signature of Applicant:	
Signature of Joint Applicant:	
Date:	

Section 10: Equal Opportunities Questionnaire

In order to ensure that the Association is complying with guidelines regarding equal opportunities, please could you tick the description, which most closely matches you? This information is **confidential** and for statistical record keeping purposes only.

Ethnic Group of Household

How would you describe the ethnic origin of your household?

White – Scottish	<input type="checkbox"/>
White – other British	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>
Any mixed background	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>
Any other background	<input type="checkbox"/>

Disability

Do you have a disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Gender

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>