



Forth Housing Association Limited
2 Viewfield Place ~ Stirling ~ FK8 1NQ
Telephone ~01786 446066

HOUSING APPLICATION FORM

• Confidential •

For Office Use Only

NAME.....

POINTS GROUP.....

DATE OF FIRST CONTACT

DATE OF APPLICATION

DATE OF RECEIPT

DATE OF ACKNOWLEDGEMENT

Personal Details – Fill in ALL the questions

PD.1 If you want your tenancy to be in joint names with someone else, give us the details under joint applicant. Unless there are special circumstances, Forth insists that couples sign a joint tenancy agreement

	Applicant	Joint Applicant
First Name		
Surname	_____	_____
Present Home/Contact Address	_____	_____
	_____	_____
	_____	_____
Telephone Nos. Home/Mobile	_____	_____
	_____	_____
Work	_____	_____
Date of Birth	_____	_____

PD.2 Fill in the details of everyone you want to live with you in your new home.

Name	Male or Female	Date of Birth	Relationship to you	Living with you now?

PD.3 Are you, or anyone you want to live with you, expecting a baby? **YES/NO**

If **YES**, when is the baby due? _____

PD.4 Tick the boxes to tell us what kind of home you would like (May be more than one)

HOUSE TYPE	Yes or No	No. of Bedrooms
Any House		
Any Flat		
Ground Floor Flat		
House or Flat to suit wheelchair user		

Does this includes an extra bedroom for: Heath Reasons Support Child Access

If **YES**, please explain _____

AREA	Yes or No
Town Centre	
St. Ninians/Braehead	
Whins of Milton/Bannockburn	
Riverside	
Raploch	
Plean	
Fallin	
Cowie	
Cambusbarron	
Cornton	
Any Area	

PD.5 Do you want to keep a pet? YES/NO

If **YES**, give details _____

Please note that pets are **not** allowed in some developments.

PD.6 Do you have a car? YES/NO

PD.7 Forth aims to house those in need regardless of their race, colour, national origin or culture. Please answer the following questions to help Forth monitor this aim. Your reply will not affect your application in any way and you can decide not to reply.

Tick the box to describe the ethnic origin of your household.

- | | | | |
|-----------------|--------------------------|------------------------|--------------------------------|
| White | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Black Caribbean | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black Other | <input type="checkbox"/> | Other Asian | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Other (Please Specify) | <input type="checkbox"/> _____ |

Section A

A.1 Do you regularly stay at more than one address?

YES/NO

If **NO**, go to A.2

If **YES**, where do you stay and when _____

Go to A.2

A.2 Are you likely to become homeless within the next 3 months?

YES/NO

If **NO**, go to A.3

If **YES**, when will you be homeless and why _____

Go to A.3

A.3 Are you staying in hospital or other supported accommodation?

YES/NO

If **NO**, go to A.4

If **YES**, where are you staying and when do you want to leave?

Go to A.4

A.4 Do you stay in a caravan, mobile home or similar?

YES/NO

If **NO**, go to A.5

If **YES**, give details _____

Go to A.5

A.5 Are you the tenant of your present home? **YES/NO**

If **NO**, go to A.8

If **YES**, who is your landlord? _____

Also if **YES**, do you have a written tenancy agreement which you think is legal? **YES/NO**

If **YES**, go to A.6

If **NO**, why don't you think it is legal? _____

Go to A.6

A.6 Is there a time limit on your tenancy? **YES/NO**

If **NO**, go A.7

If **YES**, when does your tenancy end and why? _____

Go to A.7

Please supply a copy of your current tenancy agreement/lease

A.7 Do you have a tied tenancy which you would lose if you stopped working for your present employer? **YES/NO**

If **NO**, go to B.1

YES, who is your employer and what notice is required? _____

Go to B.1

A.8 Do you own your own house? **YES/NO**

If **NO**, go to B.1

If **YES**, go to A.9

Go to A.9

A.9 Are you selling or planning to sell your own house? **YES/NO**

If **NO**, go to B1

If **YES**, when do you hope to complete the sale? _____

Also if **YES**, why are you selling your house? _____

SECTION A TOTAL _____

SECTION B

B.1 Do you stay in a bed and breakfast accommodation?

YES/NO

If **NO**, go to B.2

If **YES**, go to B.5

B.2 Do you stay in a hostel or refuge?

YES/NO

If **NO**, go to B.3

If **YES**, give details _____

Go to B.5

B.3 Do you stay with relatives, family or friends?

YES/NO

If **NO**, go to B.5

If **YES**, who do you stay with? _____

Go to B.4

B.4 If your reply to B.3 is that you stay with your parent(s) have you always stayed with them since you were a child?

YES/NO

If **YES**, go to B.5

If **NO**, where else have you stayed? _____

Go to B.5

B.5 Do you sleep in a bedroom?

YES/NO

If **NO**, go to B.6

If **YES**, do you share your bedroom with anyone?

YES/NO

If **NO**, go to C1

YES, who do you share with? _____

Go to C.1

B.6 If you have replied you don't sleep in a bedroom, please tell us where you sleep _____

Go to C.1

SECTION B TOTAL _____

SECTION C

- C.1** Do you or anyone who will be living with you need to use a wheelchair, walking frame or walking stick or other mobility aid? **YES/NO**
- If **NO**, go to C.2
- If **YES**, give details _____

- Go to C.3
- C.2** Although you have replied you have no need for mobility aids, do you or anyone who will be living with you have any difficulty with walking? **YES/NO**
- If **NO**, go to C.4
- If **YES**, GIVE DETAILS _____

- Go to C.3
- C.3** Are you, or anyone who will be living with you, able to go into every room in your house without assistance? **YES/NO**
- If **YES**, go to C.4
- If **NO**, please give reasons why _____

- Go to C.4
- C.4** Do you have to go up steps or stairs to get to your front door? **YES/NO**
- If **NO**, go to C5
- If **YES**, how many steps or flights of stairs? _____
- Go to C.5
- C.5** Do you have to go up stairs to get to your bathroom, bedroom or other room you use at least daily? **YES/NO**
- If **NO**, go to C.6
- If **YES**, how many steps or flights of stairs and to which rooms?

- Go to C.6
- C.6** Is your house on a hill which you find difficult to go up? **YES/NO**
- If **NO**, go to C.7
- If **YES**, give details _____
- Go to C.7
- C.7** Do you have any children under 3 years of age? **YES/NO**

C.8 Do you have to leave your present home or were you recently forced to leave your last home because your marriage or other relationship broke down? **YES/NO**

If **NO**, go to C.9

If **YES**, give details _____

Go to C.9

C.9 Are you and/or anyone else in your household the victims of violence or other kinds of abuse in the home? **YES/NO**

If **NO**, go to C.10

If **YES**, give details _____

Go to C.10

C.10 Are you, and/or anyone else in your home being harassed by your neighbours or other persons? **YES/NO**

If **NO**, go to C.11

If **YES**, in what way are you being harassed? _____

Goto C.11

C.11 Do you and/or anyone else who will be living with you, need to move to be closer to a place of employment? **YES/NO**

If **NO**, go to C.12

If **YES**, where do you work? _____

Goto C.12

C.12 Do you and/or anyone else who will be living with you, need to move so that you can look after a relative or friend? **YES/NO**

If **NO**, go to C.13

If **YES**, who do you look after and where do they stay? _____

Go to D.1

C.13 Do you and/or anyone else who will be living with you, need to move so that you can be closer to someone who looks after you? **YES/NO**

If **NO**, go to D.1

If **YES**, who will be looking after you and where do they stay? _____

Go to D.1

SECTION C TOTAL _____

SECTION D

D.1 Fill in the details to tell us how many people are living in your present home and where they sleep, or, if you stay in hospital, hostel, caravan, bed and breakfast, refuge or other kind of home which does not fit in with the table, just describe the sleeping arrangements in your own words below.

Room	Double single	or	Who sleeps there?			
			Names	Ages	Male or Female	Relationship to you
Bedroom 1						
Bedroom 2						
Bedroom 3						
Livingroom						
Other						

Details of any other sleeping arrangement _____

Go to D.2
For office use

Overcrowding
Underoccupation

D.2 Answer **YES** or **NO** to tell us what facilities you have in your present home

Indoor toilet **YES/NO**

Safe drinkable cold water **YES/NO**

Hot water in kitchen and bathroom **YES/NO**

Bath or shower **YES/NO**

Kitchen and cooker fit for use **YES/NO**

Enough heating to warm the whole house **YES/NO**

If you have answered **NO** to any question or if you think any of the facilities are not fit for use, give details

_____ Go to D.3

D.3 Are any of your rooms damp or do you have condensation? **YES/NO**

If **NO**, go to D.4

If **YES**, give details _____

_____ Go to D.4

D.4 Is part of your home overrun with insects or pests? **YES/NO**

If **NO**, go to D.5

If **YES**, give details _____

_____ Go to D.5

D.5 Is any part of your home dangerous or in need of some serious repair work? **YES/NO**

If **NO** go to D.6

If **YES**, give details _____

_____ Go to D.6

D.6 How much rent do you pay to stay at your present home?

£_____ every week/month

SECTION D TOTAL _____

DECLARATION – FILL IN ALL QUESTIONS

Give details of your last two addresses. Do NOT give the details of your present address.

Last address _____

Dates you stayed there – From _____ to _____

Were you the tenant at the above address? **YES/NO**

If **NO**, give more details (including mortgage lender if relevant)

If **YES**, give landlord's name and address

Second to Last Address _____

Dates you stayed there – From _____ to _____

Were you the tenant at the above address? **YES/NO**

If **NO**, give more details (Including mortgage lender if relevant)

If **YES**, give landlord's name and address
