



# Forth Housing Association Ltd

## HOUSING APPLICATION FORM

**Do you require any of the following options to help you with your application?**

Large print text

Braille text

A signer or lip speaker

Language interpreting service

**Please state the first language of:**

Main Applicant

Joint Applicant

Office Use Only			
Main Applicant:		Joint Applicant:	
First Name:		First Name:	
Surname:		Surname:	
Application No.:		Date of Receipt:	

**Registered Office:** 2 Viewfield Place, Stirling, FK8 1NQ

**Telephone:** 01786 446066 **Fax:** 01786 445846

**Website:** [www.forthha.org.uk](http://www.forthha.org.uk) **Email:** [Info@forthha.org.uk](mailto:Info@forthha.org.uk)

Forth Housing Association Ltd is a Registered Scottish Charity, No. SC003550



HAPPY TO TRANSLATE



**Registered Sex Offenders**

**1.4 Are you, or anyone on your application, required to register with the police under the Sex Offenders Act 1997 and Sex Offences Act 2003.** YES  NO

If YES, you are obliged to provide us with this information. If you fail to do so, this could lead to you losing any tenancy offered to, or, accepted by you.

Names of Person Registered: \_\_\_\_\_

Current Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2 - HOUSEHOLD DETAILS**

**2.1 Please give details of everyone living at your current address with you:**

Full name	Date of birth	Sex M / F	Relationship to you	Will this person move with you Yes / No
			applicant	-

**2.2 Are you, or, is anyone needing to be rehoused with you, pregnant?** YES  NO

If YES, please state who is pregnant \_\_\_\_\_

Date the baby is due: \_\_\_\_\_

**2.3 Please give details of anyone else to be rehoused who does not live with you at present.** (If you have a child/children who stays with you regularly overnight, please refer to Section 4.3)

Full name	Date of birth	Sex M / F	Relationship to you	Address

**SECTION 3 - CURRENT HOUSING SITUATION**

**3.1 Please tick one of the boxes that best describes your housing situation:**

	Main	Joint		Main	Joint
I own my own home.....	<input type="checkbox"/>	<input type="checkbox"/>	Friends or Relatives.....	<input type="checkbox"/>	<input type="checkbox"/>
Homeless Accommodation.....	<input type="checkbox"/>	<input type="checkbox"/>	Caravan/mobile home.....	<input type="checkbox"/>	<input type="checkbox"/>
Shared Ownership/Homestake.....	<input type="checkbox"/>	<input type="checkbox"/>	Hospital/ residential care.....	<input type="checkbox"/>	<input type="checkbox"/>
Housing Association.....	<input type="checkbox"/>	<input type="checkbox"/>	HM Forces.....	<input type="checkbox"/>	<input type="checkbox"/>
Council Tenant.....	<input type="checkbox"/>	<input type="checkbox"/>	Prison.....	<input type="checkbox"/>	<input type="checkbox"/>
Private Landlord.....	<input type="checkbox"/>	<input type="checkbox"/>	Hostel, B&B or refuge.....	<input type="checkbox"/>	<input type="checkbox"/>
Rent from my employer.....	<input type="checkbox"/>	<input type="checkbox"/>	No fixed address.....	<input type="checkbox"/>	<input type="checkbox"/>
Sub-tenant/lodger.....	<input type="checkbox"/>	<input type="checkbox"/>	Parents.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe).....	<input type="checkbox"/>	<input type="checkbox"/>			

**3.2 Please tick one of the boxes below that best describes your current accommodation:**

	Main	Joint		Main	Joint
Bedsit.....	<input type="checkbox"/>	<input type="checkbox"/>	Flat.....	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette.....	<input type="checkbox"/>	<input type="checkbox"/>	House.....	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow.....	<input type="checkbox"/>	<input type="checkbox"/>	Other.....	<input type="checkbox"/>	<input type="checkbox"/>

**3.3 If you live in a flat, what floor is your accommodation on:**

	Main	Joint		Main	Joint
Ground.....	<input type="checkbox"/>	<input type="checkbox"/>	First.....	<input type="checkbox"/>	<input type="checkbox"/>
Second.....	<input type="checkbox"/>	<input type="checkbox"/>	Above second.....	<input type="checkbox"/>	<input type="checkbox"/>

**3.4 Do you live in a close?**

	Main			Joint	
	YES	NO		YES	NO
Do you live in a close?.....	<input type="checkbox"/>	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>
If YES, is there a lift within your close?.....	<input type="checkbox"/>	<input type="checkbox"/>	.....	<input type="checkbox"/>	<input type="checkbox"/>

**3.5 If you rent the home that you currently live in, please give your landlords name, address and contact details:**

Main Applicant	
How much rent do you pay?	£

Joint Applicant	
How much rent do you pay?	£

**3.6 Are you homeless or likely to become homeless within the next 2 months?**

YES  NO

If YES, by which date do you have to leave: \_\_\_\_\_  
 \_\_\_\_\_

**3.7 Please tick the one main reason why you need to be rehoused:**

	Main	Joint		Main	Joint
I have received a 'Notice to Quit'.....	<input type="checkbox"/>	<input type="checkbox"/>	Leaving the Armed Forces .....	<input type="checkbox"/>	<input type="checkbox"/>
Living in temporary accommodation...	<input type="checkbox"/>	<input type="checkbox"/>	Need a smaller property .....	<input type="checkbox"/>	<input type="checkbox"/>
Need a larger property .....	<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence .....	<input type="checkbox"/>	<input type="checkbox"/>
Relationship breakdown .....	<input type="checkbox"/>	<input type="checkbox"/>	Asked to leave my family home.....	<input type="checkbox"/>	<input type="checkbox"/>
Cannot afford to buy or private rent.....	<input type="checkbox"/>	<input type="checkbox"/>	Ready to leave supported accommodation.....	<input type="checkbox"/>	<input type="checkbox"/>
House to be repossessed or demolished .....	<input type="checkbox"/>	<input type="checkbox"/>	Have to leave house that I rent from employer .....	<input type="checkbox"/>	<input type="checkbox"/>
Medical/Health circumstances* .....	<input type="checkbox"/>	<input type="checkbox"/>			

\*(if you tick this box, please see section 4.6)

**3.8 How many rooms of each type do you have in your current home? (Please circle)**

	Main					Joint				
Double bedrooms	1	2	3	4	5	1	2	3	4	5
Single bedrooms	1	2	3	4	5	1	2	3	4	5
Living rooms	1	2	3	4	5	1	2	3	4	5
Separate dining rooms	1	2	3	4	5	1	2	3	4	5

**3.9 Facilities**

**a. Please tick the facilities at your current home:**

	Main	Joint
Bath or shower .....	<input type="checkbox"/>	<input type="checkbox"/>
Sink.....	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet.....	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen/cooking facilities.....	<input type="checkbox"/>	<input type="checkbox"/>
Piped water.....	<input type="checkbox"/>	<input type="checkbox"/>
Mains electricity.....	<input type="checkbox"/>	<input type="checkbox"/>
Hot & cold water supply.....	<input type="checkbox"/>	<input type="checkbox"/>
Heating in all rooms.....	<input type="checkbox"/>	<input type="checkbox"/>

**b. Please tick if you share these facilities with people not moving with you:**

	Main	Joint
Bath or shower .....	<input type="checkbox"/>	<input type="checkbox"/>
Sink.....	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet.....	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen/cooking facilities.....	<input type="checkbox"/>	<input type="checkbox"/>

**3.10 Does your current home suffer from rising or penetrating damp?**

YES  NO

**3.11 Does your current home have any structural defects?**

YES  NO

**3.12 Does your current home suffer from disrepair?**

YES  NO

If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

**Harrassment**

**3.13 Are you, or anyone who will be moving with you, experiencing any form of harassment or abuse, including domestic abuse, racial abuse, anti-social behaviour etc, at your current address?**

YES  NO

If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

**3.14 Have you contacted your landlord regarding this harassment?**

YES  NO  N/A

If YES, we will contact your landlord for further information.

**3.15 Have you been getting any support, or have needed assistance from any organisation, with regard to this harassment?**

YES  NO  N/A

If YES, please provide the name, address and contact details of the person providing the support: \_\_\_\_\_  
 \_\_\_\_\_

## SECTION 4 - YOUR CHOICES

### Choice of Property Size

**Please Note:** The number of bedrooms we can offer will be based on need and the number of persons in your household.

#### 4.1 How many bedrooms do you require?

1 Bedroom       2 Bedroom       3 Bedroom       4 Bedroom       5+ Bedroom

#### 4.2 Do you, or anyone who will move with you, need an extra bedroom?

YES       NO

If YES, please provide details: \_\_\_\_\_

**If this is because of a health or disability problem we will forward a Medical Questionnaire to you.**

#### 4.3 If you have a child/children who stays with you regularly overnight, please give details. (P)

Full name	Date of birth	Relationship to you	How often do they or will they stay overnight with you each week?

(P) We require proof of access/joint custody e.g. documentation from Child Support Agency, confirmation of court order, letter from solicitor.

### Choice of Property Type

#### 4.4 Please tick the type of property you would consider:

(Please tick all of the boxes that apply)

Any Flat                       Ground Floor Flat                       Housing with Support  
 Any House                       Level Access                       Wheelchair

**Choice of Area**

**4.5 Please tick the areas you wish to consider:**

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Bannockburn*  | <input type="checkbox"/> Fallin*    | <input type="checkbox"/> St Ninians*          |
| <input type="checkbox"/> Braehead      | <input type="checkbox"/> Plean*     | <input type="checkbox"/> Stirling City Centre |
| <input type="checkbox"/> Cambusbarron* | <input type="checkbox"/> Raploch*   | <input type="checkbox"/> Whins of Milton*     |
| <input type="checkbox"/> Cornton*      | <input type="checkbox"/> Riverside* | <input type="checkbox"/> Dunblane*            |
| <input type="checkbox"/> Cowie*        |                                     |   |

Property types marked with a \* have wheelchair properties within the development.

**Health and Housing**

**4.6 Do you, or any of the other people who will be moving with you, have a medical or mobility condition, that is affected by your current housing circumstances?** YES  NO

**4.7 Do you, or anyone who will move with you, need any assistance or support, in living in your home?** YES  NO

*If YES to any of the above, we will forward a Medical Questionnaire to you.*

**4.8 Do you have a professional person (social worker, nurse) that we can get confidential information regarding your application?** YES  NO

If YES, please give the name, address, contact details and state their professional relationship to you: \_\_\_\_\_

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**Social Inclusion and Community Reasons for moving**

**4.9 Are you applying for housing for any of the following reasons?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| I need to move to take up employment                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I need to move to be closer to a relative or carer                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I need to move to allow a pupil/student to be closer to education | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I need to move for fostering reasons                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If YES to any of the above, please provide details: \_\_\_\_\_

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**SECTION 5 - PREVIOUS ADDRESSES**

**5.1 Please provide previous addresses for the past 5 years, (continue on a separate sheet if necessary).**

Main Applicant (Main)	
Address: _____	
Postcode: _____	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Joint Applicant (Joint)	
Address: _____	
Postcode: _____	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Main Applicant (Main)	
Address: _____	
Postcode: _____	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Joint Applicant (Joint)	
Address: _____	
Postcode: _____	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

**SECTION 5 - PREVIOUS ADDRESSES CONTINUED**

Main Applicant (Main)	
Address: _____	
Postcode: _____	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Joint Applicant (Joint)	
Address: _____	
Postcode: _____	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Main Applicant (Main)	
Address: _____	
Postcode: _____	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

Joint Applicant (Joint)	
Address: _____	
Postcode: _____	
Date from:	Date to:
Name and address of landlord/owner: _____	
Type of Tenancy, Please tick (✓)	
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/> Lodger <input type="checkbox"/>
Tied tenancy <input type="checkbox"/>	Care of <input type="checkbox"/> HM Forces <input type="checkbox"/>
Living with Parents <input type="checkbox"/> Other: _____	
Reason for leaving:	

**SECTION 6 - GENERAL INFORMATION**

**Other Housing Options**

**6.1 Would you be interested in low cost home ownership schemes, known as Shared Equity?** YES  NO

**6.2 Would you be interested in exchanging homes with someone else, known as Mutual Exchange?** YES  NO

**Anti Social Behaviour/Rent Arrears**

**6.3 Has any person on this application ever been served with an Anti-Social Behaviour Order (ASBO) or been evicted from a previous Housing Association or Local Authority property?** YES  NO

If YES, please provide brief details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6.4 Do you have an outstanding debt that you owe to your current landlord or any previous landlords?** YES  NO

If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

**6.5 Do you have any Pets?** YES  NO

If YES, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

**Further Information** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHECKLIST AND RELATIONSHIPS**

To prevent any delay in your form being processed, please use the checklist below to ensure that you have completed all relevant parts of the application form.

**HAVE YOU:**

- Understood and signed the declaration? .....
- Supplied all of the information that we have asked for? .....
- Told us all about your present accommodation and supplied all the proof requested? .....
- Completed the housing choices section to ensure that you can be offered accommodation?.....

Page No.	Confirmation of:	Examples
2	Immigration	Passport and any other documents
7	Joint Custody / Overnight Access	Documentation from Child Support Agency/ confirmation of court order/letter from lawyer

**Relationship to staff or committee members of Forth Housing Association.**

**Are you, or anyone who wants to be housed with you, related to any member of the management committee or staff?** YES  NO

If YES, please provide brief details:

Name of Committee member, employee or elected member:

Special permission may be needed for us to offer accommodation to employees, committee members or close relatives.

Relationship to Main Applicant

Relationship to Joint Applicant

## DATA PROTECTION AND DECLARATION

### Data Protection Act 1998

The information you provide us with in this application is covered by the Data Protection Act 1998.

### Declaration

Before returning this form to us, please read through the following statements and sign and put the date in the boxes below, to show that you understand and agree with them. We will not process your application without it.

- I/we are 16 years of age or over.
- I/we understand that Forth Housing must protect public money and may use this information to prevent and detect fraud. I/we understand that the information may also be shared for the same purposes with other organisations handling public funds.
- I/we agree that you or your authorised representative may process, use and disclose any information which I have given on this form for social rented housing and the compiling of statistical information on housing needs.
- I/we agree that Forth Housing may share information with other third parties from whom you may seek information about me/us.
- I/we agree that my current or previous landlord(s) can be contacted for a reference.
- I/we agree that all the information given by me/us on this form is true. If I/we supply any false information or keep back any relevant information my/our application will not be progressed.
- I/we agree that if I/we are given a tenancy because I/we have supplied false information or I/we have kept back information, the tenancy may be ended.
- I/we agree that if I/we do not respond to written communication, then Forth Housing will remove my/our application from the housing list.

Main Applicant
Signature
Date

Joint Applicant
Signature
Date

CONTINUED →

## VOLUNTARY MONITORING INFORMATION

We are committed to providing quality services by ensuring that everyone has equal, fair access to housing. The information you provide on this part of the form will be used for statistical purposes to ensure that we are complying with our Equal Opportunities Policy.

### What is your ethnic group?

Please tick (✓) one box only from the following table that best describes your cultural background.

- |              |  |  |  |                                      |
|--------------|--|--|--|--------------------------------------|
| <b>WHITE</b> | <input type="checkbox"/> British         | <input type="checkbox"/> Scottish          | <input type="checkbox"/> Irish         | <input type="checkbox"/> Other White |
| <b>BLACK</b> | <input type="checkbox"/> African         | <input type="checkbox"/> Caribbean         | <input type="checkbox"/> Black British | <input type="checkbox"/> Other Black |
| <b>ASIAN</b> | <input type="checkbox"/> Indian          | <input type="checkbox"/> Bangladeshi       | <input type="checkbox"/> Pakistani     | <input type="checkbox"/> Other Asian |
| <b>MIXED</b> | <input type="checkbox"/> White & African | <input type="checkbox"/> White & Caribbean | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Other Mixed |
|              | <input type="checkbox"/> Chinese         |  |  |                                      |

Any other background

Nationality - please specify:

### Sexual Orientation - Please indicate your sexual orientation:

- |  |   |
|--|---|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Gay man                |
| <input type="checkbox"/> Bisexual              | <input type="checkbox"/> Gay woman/lesbian      |
| <input type="checkbox"/> Prefer not to say     | <input type="checkbox"/> Other - please specify |

### We also wish to obtain better information regarding the numbers of A8 and A2 nationals wishing to apply for housing.

Please tick the appropriate box if you are from one of the following countries:

- |   |                                   |
|---|-----------------------------------|
| <input type="checkbox"/> Czech Republic | <input type="checkbox"/> Estonia  |
| <input type="checkbox"/> Poland         | <input type="checkbox"/> Slovakia |
| <input type="checkbox"/> Latvia         | <input type="checkbox"/> Slovenia |
| <input type="checkbox"/> Lithuania      | <input type="checkbox"/> Bulgaria |
| <input type="checkbox"/> Hungary        | <input type="checkbox"/> Romania  |

**VOLUNTARY MONITORING INFORMATION CONTINUED****Disabilities****Do you consider yourself disabled?**YES  NO 

If YES, is your disability any of the following?

 Physical / Mental illness Hearing Impairment Learning Disability Visual Impairment

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**Employment and Income**

The questions in this section are to help us plan for the future. You don't need to give the information. If you do provide information we will keep all information confidential.

**Employment details**

Are you?

 In full time employment In part time employment Unemployed Retired Student**Income details****What is your total net income per week?**

(Include all wages, benefits and pensions paid to your household).

 £95 or less £96 to £195 £196 to £289 £290 to £384 £385 to £479 £480 or more**What does your income consist of?**

Please tick (✓) all of the boxes that apply to your household:

 Wages/Salary Retirement Pension Tax Credits Works/Occupational Pension Child Benefit Interest from Savings Income Support Other (please describe) Maintenance Payments Unemployment Benefit

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Office Use Only			
Pointed by:		Date:	
Logged by:		Date:	
Points Amended by:		Date:	
Points Logged by:		Date:	

POINTS	CATEGORY
Homeless..... <input type="checkbox"/>	Please tick (✓) one box only
Threatened homeless ..... <input type="checkbox"/>	Homeless..... <input type="checkbox"/>
Below Tolerable Standard ..... <input type="checkbox"/>	Threatened homeless ..... <input type="checkbox"/>
Overcrowding..... <input type="checkbox"/>	Below Tolerable Standard ..... <input type="checkbox"/>
Accessibility ..... <input type="checkbox"/>	Overcrowding..... <input type="checkbox"/>
Disrepair ..... <input type="checkbox"/>	Large families..... <input type="checkbox"/>
Harassment..... <input type="checkbox"/>	Unsatisfactory Housing Conditions..... <input type="checkbox"/>
Under occupation (transfers only) ..... <input type="checkbox"/>	Transfer..... <input type="checkbox"/>
Facilities..... <input type="checkbox"/>	General Aspirational ..... <input type="checkbox"/>
Support..... <input type="checkbox"/>	Nomination..... <input type="checkbox"/>
Preference..... <input type="checkbox"/>	Section 5..... <input type="checkbox"/>
Affordability..... <input type="checkbox"/>	
Family - no lift ..... <input type="checkbox"/>	
Sharing ..... <input type="checkbox"/>	
Other..... <input type="checkbox"/>	
<b>TOTAL</b> <input style="width: 80px; height: 20px;" type="text"/>	

