

Ref No:

(For office use only)

# Greater Easterhouse Common Housing Register Application Form



## PLEASE NOTE:

### INFORMATION/SUPPORTING DOCUMENTS

1. This application form can be used to apply to any of the above named housing organisations. Please return the form to any one of the offices (see section 9) and they will forward copies to all of those you wish to apply to. **All applicants must provide proof of current address when returning form.**
2. Before completing the form, please read the declaration (see section 8), you must sign the declaration. In the case of joint applicants, both must sign the declaration.
3. Personal information provided on this form will be treated as strictly private and confidential by the members of the Housing Register.
4. Please answer all questions and tick boxes as required, to help us process your application as quickly as possible.
5. Please refer to the guidance on page 6 of the Summary Common Allocations Policy regarding what information is needed to verify your circumstances.

## PERSONAL DETAILS

### 1 MAIN APPLICANT

### 1A JOINT APPLICANT

Title eg. Mr/Mrs/Ms	Title eg. Mr/Mrs/Ms
Full name:	Full name:
Address:	Address:
Flat Pos:	Flat Pos:
Postcode:	Postcode:
Home/Mobile Tel No:	Home/Mobile Tel No:
Other contact Tel No.:	Other contact Tel No.:
Email Address:	Email Address:
National Insurance No.	National Insurance No.

## 2 PERSONS TO BE REHOUSED

Full Name	Relationship to Applicant	Date of Birth	Current Address if different from Applicants
	Applicant		

Is anyone in the household pregnant?

Yes

No

**PLEASE PROVIDE PROOF (refer to guidance sheet)**

If yes, when is the baby due?

## 3 OTHER PERSONS RESIDENT IN HOUSEHOLD (I.E. WHO WILL NOT BE HOUSED WITH YOU)

### MAIN APPLICANT

Full Name	Relationship to Applicant	Date of Birth

### JOINT APPLICANT ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

Full Name	Relationship to Applicant	Date of Birth

Are any of the children in your household for access only?

Yes

No

**PLEASE PROVIDE PROOF (refer to guidance sheet)**

If yes, please fill in the details below:

Please detail the access arrangements.

Daily

Weekly

Monthly

Holidays

Other

Please give details of the times / overnight stays, etc.

  


If the access arrangement is informal, i.e. by mutual agreement between you and your ex-partner, please give the following information to allow us to confirm the above details.

Name of ex-Partner	Current Address	Telephone Number

## 4 PRESENT & PREVIOUS TENANCIES

### MAIN APPLICANT

Please give details of all your addresses in the last five years. Starting with current address.  
(Each applicant must supply this information - use a separate sheet if necessary).  
Please provide proof of current address.

Address	Landlords Name & Address	Tenure (eg Owner/Tenant/Lodger)	Date of Entry / Date of Leaving	Reason for Leaving

Have you previously been evicted?

Yes  No

If yes, give details .....

### JOINT APPLICANT ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

Please give details of all your addresses in the last five years. Starting with current address.  
(Each applicant must supply this information - use a separate sheet if necessary).  
Please provide proof of current address.

Address	Landlords Name & Address	Tenure (eg Owner/Tenant/Lodger)	Date of Entry / Date of Leaving	Reason for Leaving

Have you previously been evicted?

Yes  No

If yes, give details .....

## 5 HOMELESSNESS

Do you consider yourself to be homeless?  Yes  No (If no, go to Q6)

Have you been assessed by your local authority?  Yes  No

If yes, please detail name of caseworker and area office address

Name of Caseworker

Area Office Address

### PLEASE PROVIDE COPIES OF ASSESSMENT LETTER

Why have you become homeless?


## 6 PRESENT ACCOMMODATION

### MAIN APPLICANT

The house you live in: What floor is it on?  How many bedrooms are there?

Does your accommodation provide the following?

Central Heating  Double Glazing  Sink with hot & cold water

Do you share any of the following with another household?

Kitchen  Living Room  Toilet  Bathroom  Bedroom

Does your property have any serious disrepair/dampness that is making it difficult for you to live there?  Yes  No

**PLEASE PROVIDE PROOF (refer to guidance sheet)**

If yes, please give details:


### JOINT APPLICANT

ONLY COMPLETE IF ADDRESS IS DIFFERENT FROM MAIN APPLICANT

The house you live in: What floor is it on?  How many bedrooms are there?

Does your accommodation provide the following?

Central Heating  Double Glazing  Sink with hot & cold water

Do you share any of the following with another household?

Kitchen  Living Room  Toilet  Bathroom  Bedroom

Does your property have any serious disrepair/dampness that is making it difficult for you to live there?  Yes  No

**PLEASE PROVIDE PROOF (refer to guidance sheet)**

If yes, please give details:


## 7 SUPPORTING INFORMATION (ALL OF THE QUESTIONS BELOW MUST BE ANSWERED)

**Do you or anyone detailed on this application form own or rent any property other than the one you are living in at present?** If yes, please provide details. Yes  No

**Have you any previous convictions?**

If yes, please refer to the guidance on page 5 of the Summary Common Allocations Policy regarding what convictions must be declared under the Rehabilitation of Offenders Act 1974. Yes  No

**Has anyone taken action against you or anyone in your household for Anti-Social Behaviour in the last three years?** If yes, please give details Yes  No

**Are you or anyone in your household, required to register with the Police under the Sex Offenders Act 1997?** Yes  No

If yes, please provide details on a separate piece of paper and place in a sealed envelope along with your application form and proofs Mark the envelope “For The Attention of the Housing Manager”

### Nationality

**Under the Housing (Scotland) Act 2010 and the Asylum and Immigration Act 1999, are you, or is any member of your household, an asylum seeker or subject to immigration controls?**

If yes, please give details Yes  No

### Visa

**Are you, your partner or the joint applicant staying in the UK on a Spouse Visa?** Yes  No

**Are you, your partner or the joint applicant staying in the UK on any other type of Visa?** Yes  No

## 8 REASON FOR APPLICATION / ADDITIONAL INFORMATION

Please state why you wish to be rehoused and provide details of any special circumstances and provide further information that may assist us in assessing your housing need. (Continue on a separate sheet if required).


## 9 ACCOMMODATION REQUESTED

In this section we require that you indicate areas and types of property you would be willing to consider. Please tick all that apply. Please remember that much of the stock is in high demand and that it is better to keep your options open to ensure the possibility of a suitable offer of accommodation.

What property type would you accept - tick all that apply

House  Maindoor Flat  Ground  1st floor  2nd floor  3rd floor

Calvay Housing Association   
16 Calvay Road, Barlanark  
G33 4RE  
Tel: 0141 771 7722  
Email: enquiries@calvay.org.uk

Easthall Park Housing Co-operative   
Glenburn Centre, 6 Glenburnie Place,  
Easthall G34 9AN  
Tel: 0141 781 2277  
Email: housing@easthallpark.org.uk

Calvay Housing Association   
Retirement Homes - Burnmouth  
Court Only (2 Apts)  
(Age 60 years or over)

Lochfield Park Housing Association   
37 Drumlanrig Avenue  
G34 0JF  
Tel: 0141 771 2228  
Email: info@lochfield.co.uk

Gardeen Housing Association   
32 Garlieston Road, Barlanark  
G33 4UD  
Tel: 0141 771 9590  
Email: info@gardeen.org.uk

Wellhouse Housing Association   
49 Wellhouse Crescent  
G33 4LA  
Tel: 0141 781 1884  
Email: info@wellhouseha.org.uk

Is there any area / street within either of the 5 organisations that you would not consider?

If so please specify .....

.....

.....

## 10 MEDICAL SUPPORT NEEDS

IF MORE THAN ONE PERSON HAS A MEDICAL CONDITION,  
PLEASE REQUEST A SEPARATE FORM

### MEDICAL

Do you (or any member of your household wishing to be rehoused with you) have any medical reasons for wishing to be rehoused?  Yes  No

If No, please go to Question 11

PLEASE PROVIDE PROOF (refer to guidance sheet)

Name of person:

Disability / Condition:

Do you / they currently have any adaptations in your / their current home?

(e.g. handrails / ramp / other special fittings)

Yes  No

If yes, please give details below

Please state how your / their current home is unsuitable. Please advise how a move would help improve your/their medical condition.

(e.g. stairs or on a hill)

**Do you / they have difficulty walking?**

Yes  No  Some difficulty

If yes, do you / they use any aids to help you / them to get around?

If you / they use a wheelchair, do you / they use it indoors and outdoors?

Both  Outdoors only  Indoors only

**Do you / they have trouble climbing stairs?**

Yes  No

If yes, how many stairs can you/they manage comfortably? \_\_\_\_\_

How many stairs are in your/their current home? - Inside \_\_\_\_\_

How many stairs are in your/their current home? - Outside \_\_\_\_\_

Do you / they have to go upstairs to the?

Toilet  Yes  No

Bathroom  Yes  No

Bedroom  Yes  No

**Does your / their bathroom have?**

A bath only  Yes  No

A bath and overbath shower  Yes  No

A shower only  Yes  No

Do you / they have trouble using the bath, shower or toilet?  Yes  No

If yes, please give details below

  

**Is an extra bedroom required due to you/their medical condition?**  Yes  No

If yes, please explain why below

  

**What type of heating do you have in your current accommodation?**

Gas  Electricity  Other, please specify

**Does this affect your / their medical condition?**  Yes  No

If yes, please state why:

  

**If you / they get regular support from anyone else. e.g. Relatives, District Nurse or Community Psychiatric Nurse (CPN), please supply their name, address and contact number and the type of support provided.**

## APPLICANT SATISFACTION SURVEY

### Question

### Answer

Did the layout of the form make it clear and easy to complete?

Yes  No

Was the wording of the questions easy to understand?

Yes  No

Did you get your application from:

Easthall  Lochfield   
Gardeen  Calvay   
Web  Other   
WHA

How did you get a copy of the application form?

Telephone  Email  Office  Other

Was there anything about the application you did not like?

Yes  No

If Yes Please Specify: \_\_\_\_\_

Overall how satisfied were you with the advice, information and assistance you received?

Very Satisfied  Satisfied  Not Satisfied

How easy was it to provide the information we requested on the form? (proof of residency, birth certificates etc)

Very Easy  Easy  Neither  Difficult  Very Difficult

How easy or difficult did you find it to apply for housing?

Very Easy  Easy  Neither  Difficult  Very Difficult

Did you find the Summary Allocation Policy useful?

Yes  No

From the Summary Allocation Policy did you understand how points for rehousing are awarded?

Yes  No

Did you know that information is available in other formats (large print, other languages etc.)?

Yes  No

Overall how would you rate your experience of applying for housing?

Very Good  Good  Satisfactory  Poor  Very Poor



## EQUAL OPPORTUNITIES MONITORING FORM

Please examine these categories and indicate which would best describe your ethnic origin.

Ethnic Group	Please Tick
<b>WHITE (Total)</b>	
Scottish	
Other British	
Irish	
Gypsy/traveller	
Polish	
Any other white background	
<b>MIXED OR MULTIPLE ETHNIC BACKGROUND</b>	
<b>ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH (Total)</b>	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian background	
<b>BLACK, BLACK SCOTTISH, BLACK BRITISH (Total)</b>	
Caribbean	
African	
Any other black background	
<b>OTHER ETHNIC BACKGROUND</b>	
Arab, Arab Scottish or Arab British	
Any other group	
<b>UNKNOWN</b>	

Does anyone in your household consider themselves to have a disability? Yes  No

Is anyone in your household registered disabled? Yes  No

## PLEASE ENSURE YOU SIGN AND DATE SECTION 13 (OVERLEAF)

How did you find out about applying for housing?

Facebook  Newspaper  Radio   
Family/Friend  Website  Other

If Other, please specify \_\_\_\_\_

## 11 CARE AND SUPPORT

Do you have a close relative within the area you have specified whom you need to live near in order to receive or provide daily support?  No  Receive  Provide

If yes, please give the name and address of the relative and specify your relationship to them / you.

Name:	Specify Relationship:
Address:	

Describe the reason support is needed and the type of support provided?


## 12 REGULATORY STANDARDS OF GOVERNANCE

Are you or any member of your household related to or otherwise connected with a member of the Management Committee or Staff of any of the Co-operative / Association you wish to apply to? (Current or within last 12 months).

Persons Name:  Relationship to you:

What organisation are they a member of?

Please specify

*Please note that an allocation made to a relative of a Committee member or Employee must be Recorded. This information will have no bearing on your application.*

## 13 DECLARATION

I/We certify that the information given is a true record of my / our present circumstances, if not the application may be invalidated OR withdrawn OR cancelled.

The Association / Co-operative has the right to apply in court for repossession of any dwelling / accommodation, where the tenancy was found to have been granted on the basis of false or misleading information.

I / We agree to inform the Association / Co-operative of any change in my / our circumstances.

I / We authorise the Association / Co-operative to make any necessary enquiries or investigations to confirm the details of this application.

### DATA PROTECTION

All the information provided within this application will be treated in confidence and comply with the relevant data protection legislation. The information within this form will need to be verified by any relevant party and in signing this form you confirm that you understand that the Association/Co-operative will share the information and data disclosed within the application form with other third parties from time to time in order that your application can be assessed. Further details can be found in the Association's/Co-operative's Fair Processing Notice. The purpose of obtaining this information is to verify your current and previous housing circumstances and the information will only be used for the purpose of assessing your rehousing need and requirements. The information you give on this form will be held securely in our files and will be used for the purpose of assessing your housing need as defined in the Association/Co-operative's Allocation policy. Should you be successful in obtaining accommodation with the Association/Co-operative, this form and any subsequent additions/updates will be held securely in your house file. After the granting of any tenancy, should any of the information you provided on this application be found to be false or misleading, this will be grounds for the landlord to raise action against you to end the tenancy.

Signature of Applicant  Date  /  /

Signature of Joint Applicant  Date  /  /