SAMARITAN HOUSE, 79 COPLAW STREET, GLASGOW, G42 7JG

TELEPHONE: 0141 636 3636 FAX: 0141 636 3685 [EMAIL:CHECKIN@GOVANHILLHA.ORG](mailto:CHECKIN@GOVANHILLHA.ORG)

MARCH 2016

**Date of Birth (DD/MM/YYYY)**

**Date of Birth (DD/MM/YYYY)**



Office Use:

Ref

Wait / Trans / Sect 5 / S West

Size

 **HOUSING APPLICATION FORM**

**Title (Mr, Mrs, Miss etc)**

**You**

**Title (Mr, Mrs, Miss etc)**

**Joint Applicant**

**First Name**

**First Name**



**Surname or Family Name**

**PHOTO I.D. REQUIRED**



**Surname or Family Name**

**PHOTO I.D. REQUIRED**

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**National Insurance Number**

**National Insurance Number**

**Phone Number**

**Phone Number**

**Mobile**

**Mobile**

**Email Address**

**Email Address**

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| **Current Address and Postcode** | | | **PROOF REQUIRED** |  |
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| **Current Address and Postcode** | | | **PROOF REQUIRED** |  |
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**Correspondence address (if different from above)**

**Date You Moved In**

**Correspondence address (if different from above)**

**Date You Moved In**

If yes, please give details Name of relative

Relationship to you Address

Phone number

Why do you need to be near a relative?

**Who is your doctor (your GP)?**

Their name

Address

Phone number

Office Use:

**Specific Housing**

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# Support

**Do you want or need any of the following types of accommodation?**

Amenity Sheltered Housing with access General housing housing for wheelchairs housing

No

**Would your new home need any adaptations to meet your needs?**

If yes, please provide

**If you require sheltered housing, please tell us how you would benefit?**

Yes

details below

If yes, please give details

Yes

No

**Do you need to move to give or receive support?**

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| Name of person you support or who supports you  Relationship to you Address  Phone number |  |
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| Please detail the support arrangements | |

**Do you want to move nearer a relative?** No Yes

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**Are you under immigration control?**

No

Yes

**IF YES PROOF REQUIRED**



**Are you under immigration control?**

No

Yes

**IF YES PROOF REQUIRED**

**Are there any conditions or limits to your permission to stay in the uk?**

No

Yes

Please provide details

**Are there any conditions or limits to your permission to stay in the uk?**

No

Yes

Please provide details

**Do you receive support from a social worker or health professional?**

No

Yes

**Do you need to move closer to work, further education, or receive training?**

No

Yes

If yes, please give details Their name

Occupation Organisation

Address

Phone number

What support do they provide?

If yes, please give details

**Joint Applicant**

**You**

Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, we must find out if a person qualifies for help provided from public funds, including housing.

**Asylum and Immigration**

Office Use:

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**Name 1**

**What is the medical condition?**

**Please explain - how is it affected by your current home?**

**What type of accommodation would improve the condition?**

**Name 2**

**What is the medical condition?**

**Please explain - how is it affected by your current home?**

**What type of accommodation would improve the condition?**

In this section, please tell us if you or anyone who will be living with you has a medical condition that is affected by your current home. We may have to contact your doctor to verify the information you provide or for advice regarding the medical condition and rehousing requirements . ***Please provide as much information as possible.***

Office Use:

**Medical Priority**

**Full name**

**Current address and postcode**

**Date of Birth (DD/MM/YYYY)**

**Relationship to you**

**Date they moved in**

**Male**

**Female**

**Full name**

**Current address and postcode**

**Date of Birth (DD/MM/YYYY)**

**Relationship to you**

**Date they moved in**

**Male**

**Female**

**Full name**

**Current address and postcode**

**Date of Birth (DD/MM/YYYY)**

**Relationship to you**

**Date they moved in**

**Male**

**Female**

**Full name**

**Current address and postcode**

**Date of Birth (DD/MM/YYYY)**

**Relationship to you**

**Date they moved in**

**Male**

**Female**

In the table below, give details of everyone who will move into your new home with you.

If you have shared access to children who live with you less than 50% of the time, you should not include them here. **We will need to see proof.** Please tell us about any particular arrangements in the extra information box on Page 16.

**People who will be moving with you**

**Your Housing Details**

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**Full name**

**Current address and postcode**

**Date of Birth (DD/MM/YYYY)**

**Relationship to you**

**Date they moved in**

**Male**

**Female**

**Full name**

**Current address and postcode**

**Date of Birth (DD/MM/YYYY)**

**Relationship to you**

**Date they moved in**

**Male**

**Female**

**Full name**

**Current address and postcode**

**Date of Birth (DD/MM/YYYY)**

**Relationship to you**

**Date they moved in**

**Male**

**Female**

**Full name**

**Current address and postcode**

**Date of Birth (DD/MM/YYYY)**

**Relationship to you**

**Date they moved in**

**Male**

**Female**

Office Use:

**People who will be moving with you (continued)**

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Please list your addresses over the last **five years**, starting with your most recent first. You **do not** need to list your current address.

**Previous Addresses — You**

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**Address**

**Address**

**Date moved in (DD/MM/YYYY)**

**Date moved out (DD/MM/YYYY)**

**Landlord’s name and address** (if applicable)

**Why did you move out?**

**Address**

**Date moved in (DD/MM/YYYY)**

**Date moved out (DD/MM/YYYY)**

**Landlord’s name and address** (if applicable)

**Why did you move out?**

**Address**

**Date moved in (DD/MM/YYYY)**

**Date moved out (DD/MM/YYYY)**

**Landlord’s name and address** (if applicable)

**Why did you move out?**

Office Use:

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| **Postcode** |  |

**Why did you move out?**

**Date moved in (DD/MM/YYYY)**

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**Date moved out (DD/MM/YYYY)**

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**Landlord’s name and address** (if applicable)

Please list your addresses over the last **five years**, starting with your most recent first. You **do not** need to list your current address.

**Previous Addresses — Joint Applicant**

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**Address**

**Address**

**Date moved in (DD/MM/YYYY)**

**Date moved out (DD/MM/YYYY)**

**Landlord’s name and address** (if applicable)

**Why did you move out?**

**Address**

**Date moved in (DD/MM/YYYY)**

**Date moved out (DD/MM/YYYY)**

**Landlord’s name and address** (if applicable)

**Why did you move out?**

**Address**

**Date moved in (DD/MM/YYYY)**

**Date moved out (DD/MM/YYYY)**

**Landlord’s name and address** (if applicable)

**Why did you move out?**

Office Use:

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**Why did you move out?**

**Date moved in (DD/MM/YYYY)**

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**Date moved out (DD/MM/YYYY)**

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**Landlord’s name and address** (if applicable)

**Full name**

**Date of birth (DD/MM/YYYY)**

**Relationship to you**

**Male**

**Female**

**Full name**

**Date of birth (DD/MM/YYYY)**

**Relationship to you**

**Male**

**Female**

**Full name**

**Date of birth (DD/MM/YYYY)**

**Relationship to you**

**Male**

**Female**

**Full name**

**Date of birth (DD/MM/YYYY)**

**Relationship to you**

**Male**

**Female**

**Full name**

**Date of birth (DD/MM/YYYY)**

**Relationship to you**

**Male**

**Female**

**Full name**

**Date of birth (DD/MM/YYYY)**

**Relationship to you**

**Male**

**Female**

**Full name**

**Date of birth (DD/MM/YYYY)**

**Relationship to you**

**Male**

**Female**

**Full name**

**Date of birth (DD/MM/YYYY)**

**Relationship to you**

**Male**

**Female**

In the table below, give details of everyone who you currently live with who will **not** be moving into your new home with you.

**People who currently live with you, but will not move with you**

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**Your Current Amenities**

Tick the boxes to show if you don’t have or share (with people who are not part of your household) any of these amenities in your current home:

Do not have Share Do not have Share

**Living room**

**Cold water supply**

**Hot water supply**

**Inside toilet**

**Bath or shower**

**Kitchen**

**Bathroom**

**If you share amenities with others, how many people do you share with?**

**What type of heating do you have? Please tick one box:**

Gas central heating Electric central heating

Other

(please give details)

Electric fire only

Gas fire only

Coal-fired central heating

Coal fire only

Please tick **one box** that best describes your present circumstances.



**Your Current Circumstances — Applicant**

**PROOF REQUIRED**

**Are you?:**

A Govanhill Housing Association tenant

A tenant with another housing association

A council tenant

Living with friends or relatives A lodger

Living in a hostel or bed and

breakfast

Serving in HM forces

Renting from a private landlord Living with parents

An owner occupier In hospital

Living in a caravan

In prison or another institution

Living in accommodation provided by your job

Date you will leave the forces



**If you are a tenant, please provide details of your current landlord**

Name

Address

Do you have a tenancy agreement?

**Current Tenure**

**PROOF REQUIRED**

Office Use:

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**How many bedrooms does your present home have?**

Single

Double

**Have you been given a date to leave your present accommodation?**

**No**

**Yes**

**If yes, on what date do you need to move out? (DD/MM/YYYY)**

**Please tell us why you need to move:**



**Is there a closing order over your present accommodation?**

**No**

**Yes**

**If there are any faults in your home that makes it not fit to live in, tell us about them in the box below. This could include structural faults, dampness, unsafe electrics, dry rot and so on. We may need to assess any problems.**

**IF YES, PROOF REQUIRED**

**What type of property are you living in? Please tick one box:**

Flat (ground floor)

Basement flat

Flat (upper floor)

Attic flat

Bungalow

House (mid terrace)

Sheltered housing

House (end terrace)

Amenity housing

House (three storey)

House

(semi-detached)

Multi-storey flat

Four in a block (ground floor)

Four in a block (upper flat)

Maisonette (ground floor)

Maisonette (upper floor)

Studio flat

Office Use:

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**Do you need to move because you or someone living with you is experiencing harassment or domestic abuse?**

**No**

**Yes**

Give further details below. We will keep the information confidential.

*You may need to provide extra documents to support this information.*

**Social factors**



**Do you have access to children who may come and stay with you?**

Please provide details

**No**

**Yes**

**IF YES, PROOF REQUIRED**

**Are you, or anyone who is living with you expecting a baby?**

**No**

**Yes**

**If yes, who is expecting the baby?**

**When is the baby due?**

**PROOF REQUIRED OF DUE DATE**

Office Use:

**Has action for anti-social behaviour ever been taken against you or anyone who will live with you?**

No

Yes

(If yes, please answer the questions below)

**Was court action taken?**

No

Yes

Date of case

Name of court

**Was other action taken?**

No

Yes

**Was an anti-social behaviour order (ASBO) made?**

No

Yes

**Do you or anyone on your application form have to register with the police as a relevant offender under the Sexual Offences Act 2003?**

No

Yes

If you or any member of your household must register under the Sexual Offenders Act 2003, you should send your form directly to

**Housing Services Manager, Govanhill Housing Association, 79 Coplaw Street, Glasgow G42 7JG.**

*This does not mean that your application will get any less favourable treatment than you would otherwise receive.*

Office Use:

**Anti-social Behaviour**

Office Use:

**Street Choices**

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| --- | --- | --- | --- |
| **Street** |  | **Street** |  |
| Aikenhead Road |  | Jamieson Court (sheltered housing complex), including Jamieson Path and Cathcart Road |  |
| Allison Street (west of Cathcart Road) |  |
| Allison Street (east of Cathcart Road) |  | Langside Road (north of Calder Street) |  |
| Annandale Street |  | Langside Road (south of Calder Street) |  |
| Annette Street |  | Preston Street |  |
| Ascog Street |  | Riccarton Street |  |
| Ardbeg Street |  | Seath Street |  |
| Bankhall Street |  | South Annandale Street |  |
| Batson Street (north of Govanhill Street) |  | Victoria Road |  |
| Batson Street (south of Govanhill Street) |  |  |  |
| Bennan Square |  |
| Boyd Street |  |
| Brereton Street |  |
| Butterbiggins Road |  |
| Calder Street (west of Cathcart Road) |  |
| Calder Street (east of Cathcart Road) |  |
| Carfin Street |  |
| Cathcart Road (north) |  |
| Cathcart Road (south) |  |
| Coplaw Court |  |
| Coplaw Street |  |
| Cuthbertson Street |  | Merrylee |  |
| Daisy Street |  | Ashmore Crescent |  |
| Dixon Avenue |  | Ashmore Road |  |
| Dixon Road |  | Burrelton Road |  |
| Garturk Street |  | Cherrybank Road |  |
| Govanhill Street (east of Cathcart Road) |  | Friarton Road |  |
| Govanhill Street (west of Cathcart Road) |  | Glasserton Street |  |
| Hickman Street (north of Calder Street) |  | Glasserton Road |  |
| Hickman Street (south of Calder Street) |  | Merrylee Road |  |
| Hickman Terrace |  | Muirskeith Crescent |  |
| Hollybrook Street (north of Govanhill Street) |  | Muirskeith Place |  |
| Muirskeith Road |  |
| Hollybrook Street (south of Govanhill Street) |  |
| Newlands Road |  |
| Inglefield Street |  |  |  |
| Jamieson Street |  |
| Kingarth Street |  |

**Would you consider a bedsit?**

**No**

**Yes**

**What kind of heating would you accept?**

Gas central heating

Electric central heating

**What cooking facilities do you prefer?**

Either

Gas cooking

Electric cooking

**What type of property do you want?**

Four in a block (ground floor)

Four in a block (upper floor)

Flat (ground floor)

Maisonette

Flat (upper floor)

House

**Which floor levels would you accept?**

Please tick:

Ground First Second

Third

Four or more with a lift

**Would you consider a combined living room/kitchen? No Yes**

**What size of property would you consider?**

The Association’s allocation policy will decide what property size you are eligible for.

**The Housing You Want**

Office Use:

Office Use:

**Other Information**

**Please detail any other information you feel may be relevant to your application**

|  |  |
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| **Equal Opportunities** | |
| Govanhill Housing Association is committed to open and equal access for everyone who is looking for housing from us. We monitor all applications for housing to make sure they reflect the needs of the population that we serve. You can help us to monitor equal opportunities by providing the following information. Please note, that your application will not be affected in any way if you choose not to answer any of these questions.  **How would you describe the ethnic origin of your household? Please tick the appropriate box.** | |
| **White** | **Asian** |
| Scottish Other British Irish  Gypsy / Traveller Polish  Any other white background  **Black, black Scottish, or black British**  Caribbean African  Any other black background | Indian Pakistani Bangladeshi Chinese  Any other Asian background |
| **Other ethnic background** |
| Arab, Arab Scottish or Arab British  Mixed or Multiple ethnic background  Any other background  I would prefer not to answer this question |

**What is your preferred language?**

**Please tell us your nationality**

**Please tell us the nationality of the joint applicant (if applicable)**

Yes

No

**Do you consider yourself disabled?**

**Disability**

Office Use:

**Declaration**

**Are you related to a committee member or an employee of Govanhill Housing Association?** (please tick)

No

Yes

**If yes, what is their relationship to you?**

Please provide their name and address Name

Address

**Privacy Notice**

Govanhill Housing Association Limited has registered under the Data Protection Act to enable us to process personal information about housing applicants and other service users. The Association must comply with the conditions set out in the Act.

You have the right to apply for a copy of the information we hold about you and to have any inaccuracies corrected. The Association may charge a fee for providing the information; the fee is limited by statute.

We use information from applicants and tenants for a range of purposes relating to our housing list and tenancy management. We will also use the information to provide statistical data to our Management Committee, the Scottish Housing Regulator, and other interested parties. We will always respect the confidentiality of the information you provide.

We may also use the information if you are successful in obtaining housing from Govanhill Housing Association. Your application details will be kept on file as “history notes”.

While you are on our housing list, and during any subsequent tenancy you have with the Association, we may add to or modify the information provided by you or others, for example, your landlord.

We may disclose your personal information to local authorities, police and other statutory bodies but only if they have a legal entitlement to the information. We may also share this information with local authorities in respect of matters relevant to a tenancy, or if you are claiming or receiving housing benefit.

**By returning this form to us you consent to processing personal data about you in accordance with the Data Protection Act 1988.**

**Please read this declaration carefully**

* I confirm that the details I have given on this application form are true and accurate.
* I understand that if my circumstances change, I must tell the Association.
* I understand that if I give any false or misleading information, my application will be cancelled.
* If I get a tenancy based on false or misleading information, I understand the Association may take court action to evict me.
* I understand that the Association can ask for a reference from any landlord or mortgage lender I have had. I authorise these landlords or mortgage lenders to provide any information required in connection with my application.
* I understand that this application will be cancelled when I accept a property offered through the register. If I want to move again, I know that I will have to make a new application.
* I understand that you will write to me every year, on the anniversary of my application, asking if I still want housing. I agree that if I do not respond to that letter, you will cancel my application.

Your signature

Date

Joint applicant’s signature

Date

Staff member

Date

**Signatures. If you are applying with someone else, you must both sign or we will not process the form.**

# Proof Required



**Please ensure all documentation is provided, otherwise we cannot fully assess your housing requirements and your application will be returned to you.**

**PROOF REQUIRED**

**Please see below types of proof we will accept:**

|  |  |
| --- | --- |
| **Applicant 1** | Photo identification  (e.g. passport, driving licence) |
| **Applicant 2** | Photo identification  (e.g. passport, driving licence) |
| **Applicant 1** | Proof of address  (e.g. bank statement, benefits award letter, utility bill) |
| **Applicant 2** | Proof of address  (e.g. bank statement, benefits award letter, utility bill) |
| **Applicant 1** | \* If required, proof of immigration status. All documentation from the UK Home Office |
| **Applicant 2** | \* If required, proof of immigration status. All documentation from the UK Home Office |
| **Applicants or members of household who are pregnant** | (e.g. Medical Letter) |
| **Other household members** | Proof of Address |
| **Other occupants of address who are not moving** | Proof of tenancy / ownership |

Office Use:

We will consider the following examples of types of documentary proof:

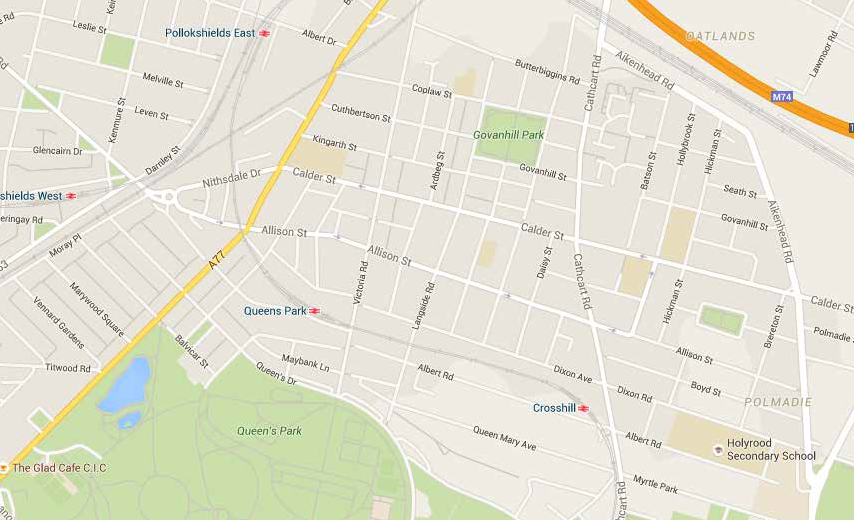
Utility Bill, Tax Credit letter, Child Benefit letter, Medical Card, Job Seekers Allowance letter, Council Tax letter, Bank Statement, Drivers Licence, NHS letters (Hospital Appointments), HM Revenue and Customers — Tax for year, Payslips, Invoice receipt, Housing Benefit letter.

All documents **must** be from the address you are applying for housing.

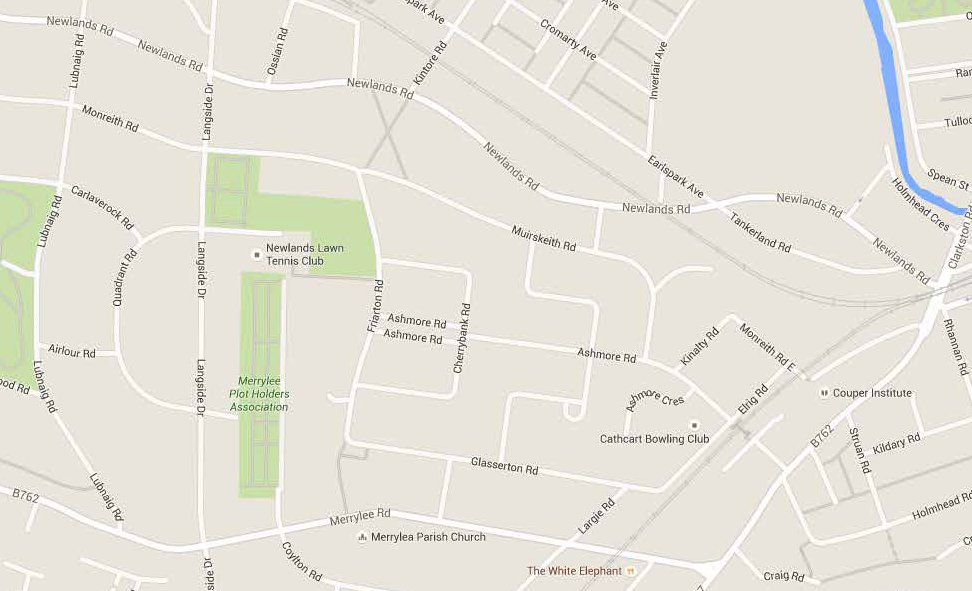


**You must fill in as much detail as possible to make sure we assess your housing need correctly. Where you see this symbol, it means you are required to provide two forms of documentation as evidence. We require photographic identification (eg passport or full driving licence). We also require proof of address. For example, full driving licence or bank statements.**

**PROOF REQUIRED**



**Govanhill lies to the south of the City Centre, to the east of Pollokshaws Road, close to Queens Park**



**Merrylee lies to the south of the City Centre, betweem Cathcart Road and Kilmarnock Road, close to Cathcart and Shawlands**





Govanhill Housing Association

Samaritan House 79 Coplaw Street

GLASGOW G42 7JG

General Enquiries - 0141 636 3636 Govanhill Housing Association is a Registered Charity No. SCO10307

