

# Wellhouse Housing Association

## Housing Application Form

<p><b>Wellhouse Housing Association</b> 49 Wellhouse Crescent Glasgow G33 4LA</p> <p><b>Tel: 0141 781 1884</b> <b>Email: <a href="mailto:info@wellhouseha.org.uk">mailto:info@wellhouseha.org.uk</a></b> <a href="mailto:info@wellhouseha.org.uk">info@wellhouseha.org.uk</a></p>	<p><i>Wellhouse: the Place to Be</i></p>  <p><b>Registered Scottish Charity No: SCSC036552</b></p>
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### ABOUT YOU (THE MAIN APPLICANT)

1. Please tell us your personal details. Include some contact details in case we need to speak to you about your application or about offers of housing. Formal ID (photographic is preferred) and proof of National Insurance Number is required for all applicants. Proof of address for all people to be rehoused is also required, please submit this ID along with this form. If possible, please complete in BLOCK CAPITALS.

Title		First Name		Surname	
Date of Birth				NI Number	
Current Address				Postcode	
Date Moved In				Current Landlord	
Contact Details	Home			Mobile	
	Work			Email	
Ethnic Origin					

2. If you wish correspondence to be sent to a different address than the one you reside at, complete this box.

(Please also complete this box if you have No Fixed Abode so that we can write to you at an address where you can receive mail)

Correspondence Address	
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**JOINT APPLICANT**

3. Please complete this section if someone is applying with you as a main joint applicant. We assume at this point that you would intend to have a joint tenancy with this person.

Title		First Name		Surname	
Date of Birth				NI Number	
Current Address				Postcode	
Date Moved In				Current Landlord	
Contact Details	Home			Mobile	
	Work			Email	
Ethnic Origin					

4. If you wish correspondence to be sent to a different address than the one you reside at, complete this box.  
 (Please also complete this box if you have No Fixed Abode so that we can write to you at an address where you can receive mail)

Correspondence Address	
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5. Which of the following describes your current housing situation? Please tick:

Current Wellhouse HA tenant	<input type="checkbox"/>	Tenant of Housing Association or Co-op	<input type="checkbox"/>
Tenant of Local Authority	<input type="checkbox"/>	Lodging with Friends/Relatives	<input type="checkbox"/>
Tenant of Private Landlord	<input type="checkbox"/>	Lodging in homeless hostel or hotel	<input type="checkbox"/>
Tenant/owner of Shared ownership Property	<input type="checkbox"/>	Lodging in a Refuge	<input type="checkbox"/>
Owner Occupier	<input type="checkbox"/>	In supported accommodation	<input type="checkbox"/>
Tenant of Tied Accommodation (housing with job)	<input type="checkbox"/>	No Fixed Abode	<input type="checkbox"/>
Resident of Student Halls of Residence	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>
Temporary Furnished Flat	<input type="checkbox"/>	In hospital	<input type="checkbox"/>
NASS Accommodation	<input type="checkbox"/>	HM Prison	<input type="checkbox"/>
Other (give details)	<input type="checkbox"/>	Lodging with Parents	<input type="checkbox"/>

**YOUR PREVIOUS ADDRESSES**

6. Please give details of where you (the main applicant) have been residing for the past 5 years (please complete on a separate sheet if necessary)

Address	Was this property in your name	Landlord's name (if applicable)	Date of entry	Date of leaving	Reason for Leaving

7. Please give details of where the joint applicant has been residing for the past 5 years (please complete on a separate sheet if necessary)

Address	Was this property in your name	Landlord's name (if applicable)	Date of entry	Date of leaving	Reason for Leaving

**OTHER PEOPLE INVOLVED IN YOUR APPLICATION**

8. Please provide details of EVERYONE who lives at your current accommodation and indicate whether they will be moving with you or not.

First Name	Surname	Relationship to you	Date of Birth	Male/ Female	Moving with you?

9. Is there anyone else moving with you that does not currently live with you? This also relates to applicants who have regular overnight access to children and require an additional bedroom. Please provide their details:

Name	Address	Date of Birth	Relationship to you	Will this person be residing on a permanent or an access basis?

10. Is anyone to be housed with you pregnant? (You will need to provide official confirmation) Please give details:

Name	Expected date of delivery

11. Do you owe rent arrears or other debt for a current or for a previous tenancy? If yes, please give details: Yes No

Address involved	
Debt amount owed	
Details of arrangement to repay	

12. Have you (or anyone to be rehoused with you) been investigated for anti social behaviour? Yes No

Name of person	
Address involved	
Details	

**YOUR CURRENT HOME**

What floor level is your home on? (Grd, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> etc)	
What type of property do you reside in? (eg Tenement, House etc)	
Do you have access to a lift?	
What date did you move into your home	
Do you have a written tenancy agreement? Yes or No	
Have you been asked to leave your current accommodation?	
What date are you expected to leave?	
Are you in temporary homeless accommodation?	
How many bedrooms are in your current accommodation?	
How many bedrooms do you have use of?	
How many bedrooms are unused?	
How many people live in your current accommodation?	

13. Has your current accommodation been specially adapted to suit the medical needs of anyone living in the house? If yes, please give details: Yes No

**CURRENT LANDLORD DETAILS**

14. Please provide details of your current landlord:

Name of Landlord	
Address	
Telephone No	

**SHARING AMENITIES**

15. Do you currently share amenities with another family who also live at this address? Please tick the appropriate boxes.

Living room  Kitchen Bathroom

**PROPERTY CONDITION**

16. Are there any property issues that affect your use of the house? If so, please give details in the box below Yes No

**WHY DO YOU REQUIRE TO BE REHOUSED?**

**LACKING AMENITIES**

17. Does your current home lack the following?

Piped water supply		Cooking facilities		Full central heating	
Bathroom/shower room		Bath		Hot water supply	
Inside Toilet		Mains electricity		Separate Living room	
Double Glazing					

18. What size of house (how many bedrooms) do you need?

bedrooms
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- Please note that the Allocation Policies may be determine the size of house you are entitled to.

19. What floor level would you like to be rehoused on? (please tick)

Please be aware that medical conditions may determine what type of housing you are offered.

Ground		First	
Second		No Preference	
Main Door		House	

20. Are you leaving your house because of a relationship breakdown?      Yes      No

21. Has your relationship broken down, but you are still residing in the same home as your estranged partner/husband/wife?      Yes      No

22. Please tell us why you are applying for housing. Tick the relevant boxes and write some details so that your personal situation can be accurately assessed.

Poor condition of property		
Overcrowding		
House is too big		
Medical or health reasons		
To provide support to friend or relative		
To receive support from friend or relative		
Required to leave tied accommodation		
Landlord has served Notice to Quit		
Leaving Institutional Care		
Bereavement		
Relationship breakdown		
Domestic abuse		
Harassment		
To be near employment		
Financial Difficulties		
Mortgage repossession		
To live independently		
Homeless/threatened homeless		
Temporary Accommodation		
Other (please explain in box opposite)		

Do you need to move house to be near a close relative or friend to either receive or provide care and support?  
If yes, please provide details of that person:

Name of person		Address of person	
What type of support is given/received:			

How often is support given/received:	
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**SUPPORT SERVICES**

Does anyone to be rehoused with you receive support from a support agency? (eg Social Work, Occupational Therapist, SAMH etc)      Yes    No         

Name of Support Provider	
Address	
What type of support is provided	

**TRAVEL TO WORK OR STUDY**

Do you need to move house to make it easier to get to your place of work or study?

Yes        No   

Name of Employer/Place of Study	
Address	

**PETS**

Do you have any pets? (if yes, please provide details)      Yes/No         

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**DECLARED INTERESTS**

Are you, or anyone to be rehoused with you, related to or otherwise connected with a Member of the Management Committee of Wellhouse Housing Association. Common law relationships should be included. (if you please give details of the person you are connected with)

Name of person	
Relationship to you	



LANGUAGE

We will normally correspond to you in English. Is it necessary for you to receive correspondence relating to this application in a different language? (if yes, please advise)

Yes  No

Language required: \_\_\_\_\_

ADDITIONAL INFORMATION:

Is there anything else (not already covered) that you feel is relevant to your housing application. If so please give details:

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 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 of any change in my / our circumstances. I / We authorise the Association 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 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 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 Allocation policy. Should you be successful in obtaining accommodation with the Association, 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	