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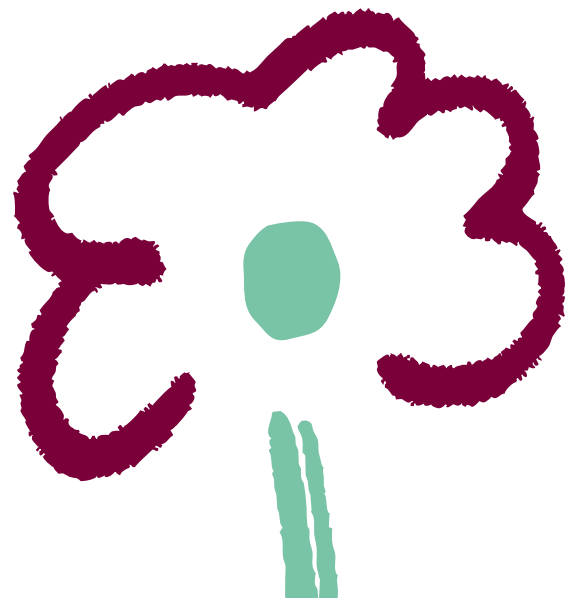
Ruchazie

HOUSING ASSOCIATION



Housing Application Form

Date Received	<input type="text"/>
Apartment Size	<input type="text"/>
House Type Required	<input type="text"/>
Points Total	<input type="text"/>



PERSONAL DETAILS

Applicant		Joint Applicant	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Address:		Address:	
Flat Position:	Postcode:	Flat Position:	Postcode:
Tel Home:		Tel Home:	
Tel Mobile:		Tel Mobile:	
Email:		Email:	
National Insurance No:		National Insurance No:	

People to be rehoused with you

Name	Date of Birth dd/mm/yy	Relationship to Applicant	Current Address if different from Applicant	Please tick if children access only

How many bedrooms in our current home? <input style="width: 30px;" type="text"/>	What Floor is it on? <input style="width: 30px;" type="text"/>
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Is anyone in the household pregnant?	Yes <input style="width: 30px;" type="checkbox"/>	No <input style="width: 30px;" type="checkbox"/>
If yes when is the baby due		Please provide proof i.e. Pregnancy Record

Access to Children

If you have access to children please give brief details below:

People in your current home who will not be rehoused with you

Name	Date of Birth dd/mm/yy	Relationship to Applicant

CURRENT ADDRESS

What is your current tenure (e.g. Tenant, Owner, lodger)	
Who is your current landlord:	
Landlord Address:	
Date of Entry:	

MAIN APPLICANT: PREVIOUS ADDRESSES

Have you ever lived in a property owned by Ruchazie Housing Association:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address:		Date of Entry & Date of Leaving
Reason for Leaving:		

PREVIOUS ADDRESSES: Please provide details of your addresses for the last five years

Address	Landlord's Name & Address	Tenant/Lodger/Owner	Date of Entry & Date of Leaving	Reason for Leaving

Have you ever been evicted?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, give details:				

JOINT APPLICANT: PREVIOUS ADDRESSES

Have you ever lived in a property owned by Ruchazie Housing Association:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Address:		Date of Entry & Date of Leaving	
Reason for Leaving:			

**PREVIOUS ADDRESSES:
Please provide details of your addresses for the last five years**

Address	Landlord's Name & Address	Tenant/Lodger/Owner	Date of Entry & Date of Leaving	Reason for Leaving
Have you ever been evicted?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, give details:				

Present Accommodation: Joint Applicant only complete if address is different from main applicant

Does your accommodation provide the following?

Central Heating <input type="checkbox"/>	Double Glazing <input type="checkbox"/>	Sink with hot and cold water <input type="checkbox"/>
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Do you share any of the following with another household?

Kitchen <input type="checkbox"/>	Livingroom <input type="checkbox"/>	Bathroom <input type="checkbox"/>	Bedroom <input type="checkbox"/>
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Does your house suffer from Dampness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Has this been reported to your Landlord?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Does your property have any serious disrepair that is making it difficult for you to live there?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details:

SOCIAL SUPPORT

Do you want to move to the area to give support to, or receive support from, someone who lives within the Ruchazie area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If Yes, please provide support information:

Name:

Address:

Details of support given or received:

LOCATION NEEDS

Do you want to move to be closer to your place of employment, training, education or voluntary work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If Yes, please provide details:

MEDICAL SUPPORT NEEDS

Name:	Disability/Condition:	
Do you (or any member of your household included in the application, require rehousing due to medical reasons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please provide details:		
Do you/they currently have any adaptations in your/their current home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please provide details:		
Please state how your current home is unsuitable & 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 <input type="checkbox"/>	NO <input type="checkbox"/>
If yes do they use aids to help you/them get around	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you/they use a wheelchair, do you/they use it indoors and outdoors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you/they have trouble climbing stairs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>
	Bathroom	YES <input type="checkbox"/>
	Bedroom	YES <input type="checkbox"/>
Does your/their bathroom have?:	Bath Only	YES <input type="checkbox"/>
	Bath & Overbath Shower Only	YES <input type="checkbox"/>
Do they have trouble using the bath, shower or toilet?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please give more information below:		

Is an extra bedroom required due to you/their medical condition:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please explain why below:			
What type of heating do you have in your current accommodation?	Gas <input type="checkbox"/>	Electricity <input type="checkbox"/>	Other <input type="checkbox"/>
Does this affect your/their medical condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If you /they get regular support from anyone else e.g. Relatives, District Nurse or Community Psychiatric Nurse, please supply their name, address and contact number and the type of support provided.			

Why are you applying for housing?

Please tick the following boxes which best describe your main reason for applying:

Homeless <input type="checkbox"/>	Unsatisfactory Housing <input type="checkbox"/>	Health <input type="checkbox"/>	Support <input type="checkbox"/>
Financial <input type="checkbox"/>	Harassment <input type="checkbox"/>	Location <input type="checkbox"/>	Other <input type="checkbox"/>

Please give details for ticking the above boxes and any other information you wish to provide below:

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 Ruchazie Housing Association?

Persons Name:	Relationship to you:

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.



H O U S I N G A S S O C I A T I O N

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