Apartment Size

House Type Required

Points Total

Housing Application Form

Ref No:

Date Received



|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 Addres

s if

different from

Applicant

Please tick

if children

access only

How many bedrooms in our current home?

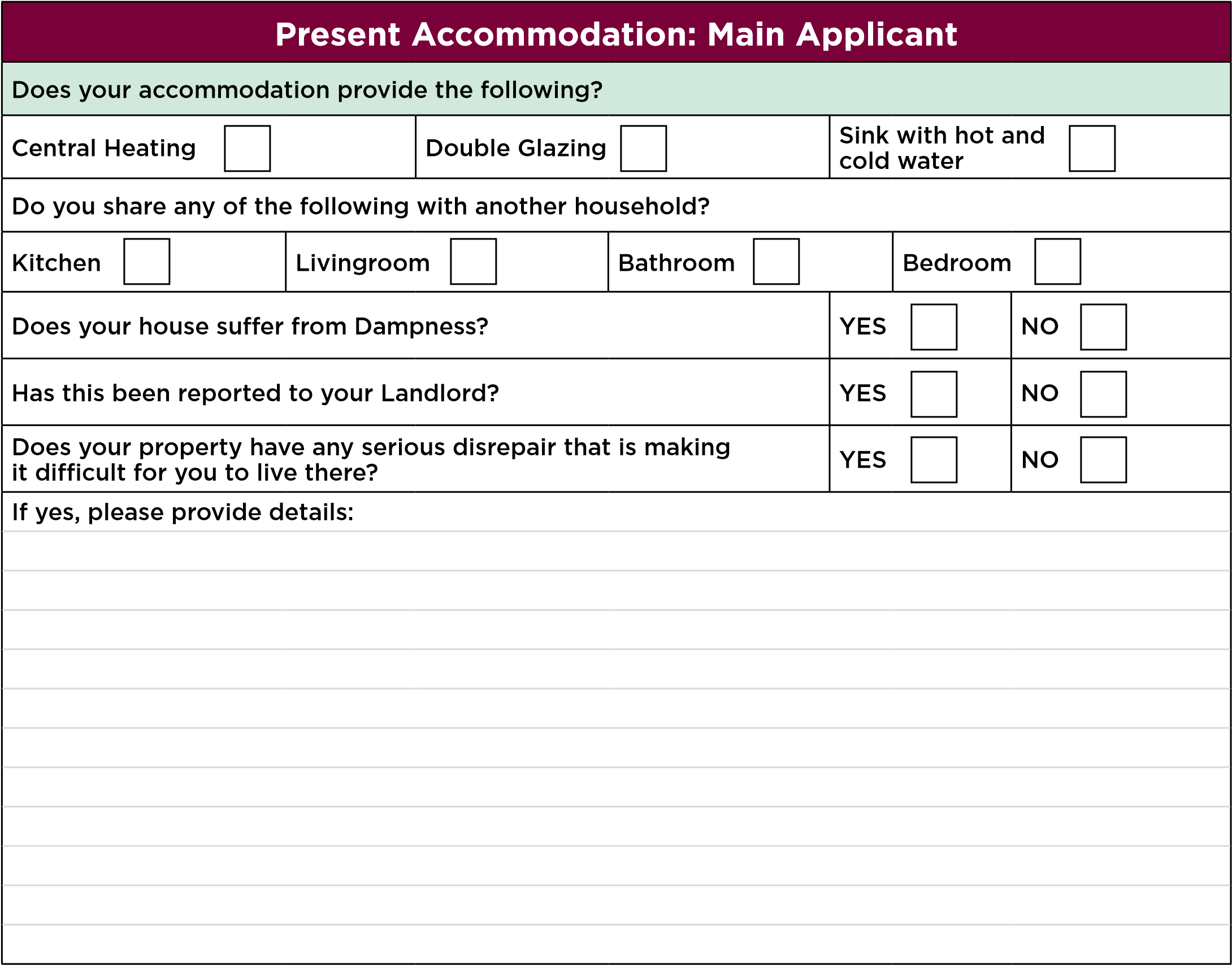
What Floor is it on?

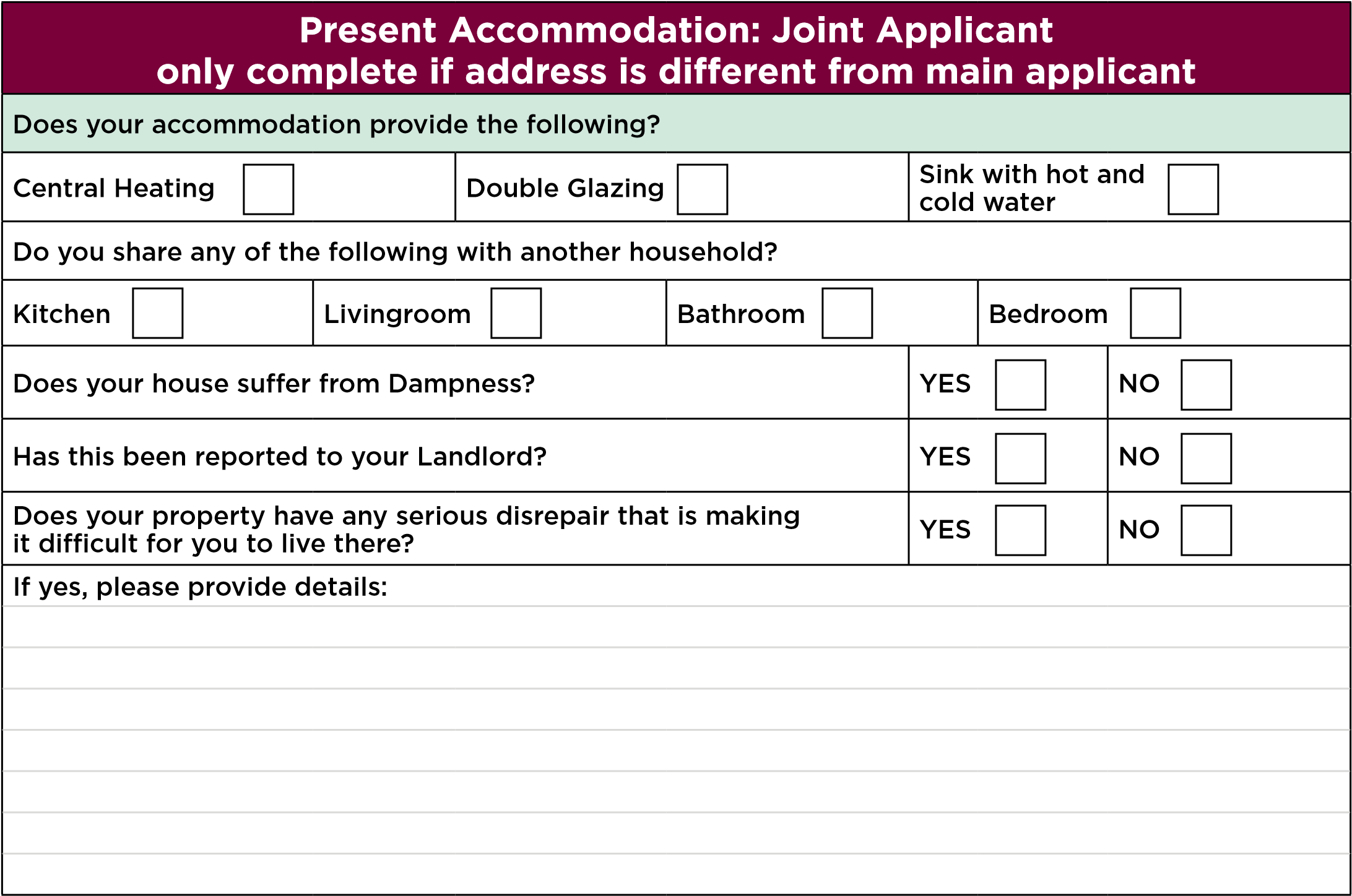
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| Is anyone in the household pregnant? | Yes |  |  | No |  |  |
| If yes when is the baby due |  |  | | Please provide  proof i.e. Pregnancy  Record | | |
| **Access to Children** | | | | | | |
| If you have access to children please give brief details below: | | | | | | |
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| **People in your current home who will not be rehoused with you** | | | | | | | | | | |
| Name | | | | | Date of Birth  dd/mm/yy | | | Relationship to Applicant | | |
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|  | | | **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 | | | NO | |
| 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 |
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| Have you ever been evicted? | | |  | | YES | | NO |
| If Yes, give details: | |  | | | | | |
| **JOINT APPLICANT: PREVIOUS ADDRESSES** | | | | | | | |
| Have you ever lived in a property owned by Ruchazie Housing Association: | | | | YES | | NO | |
| 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 |
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| Have you ever been evicted? | | | | | YES | | NO |
| If Yes, give details: | |  | | | | | |

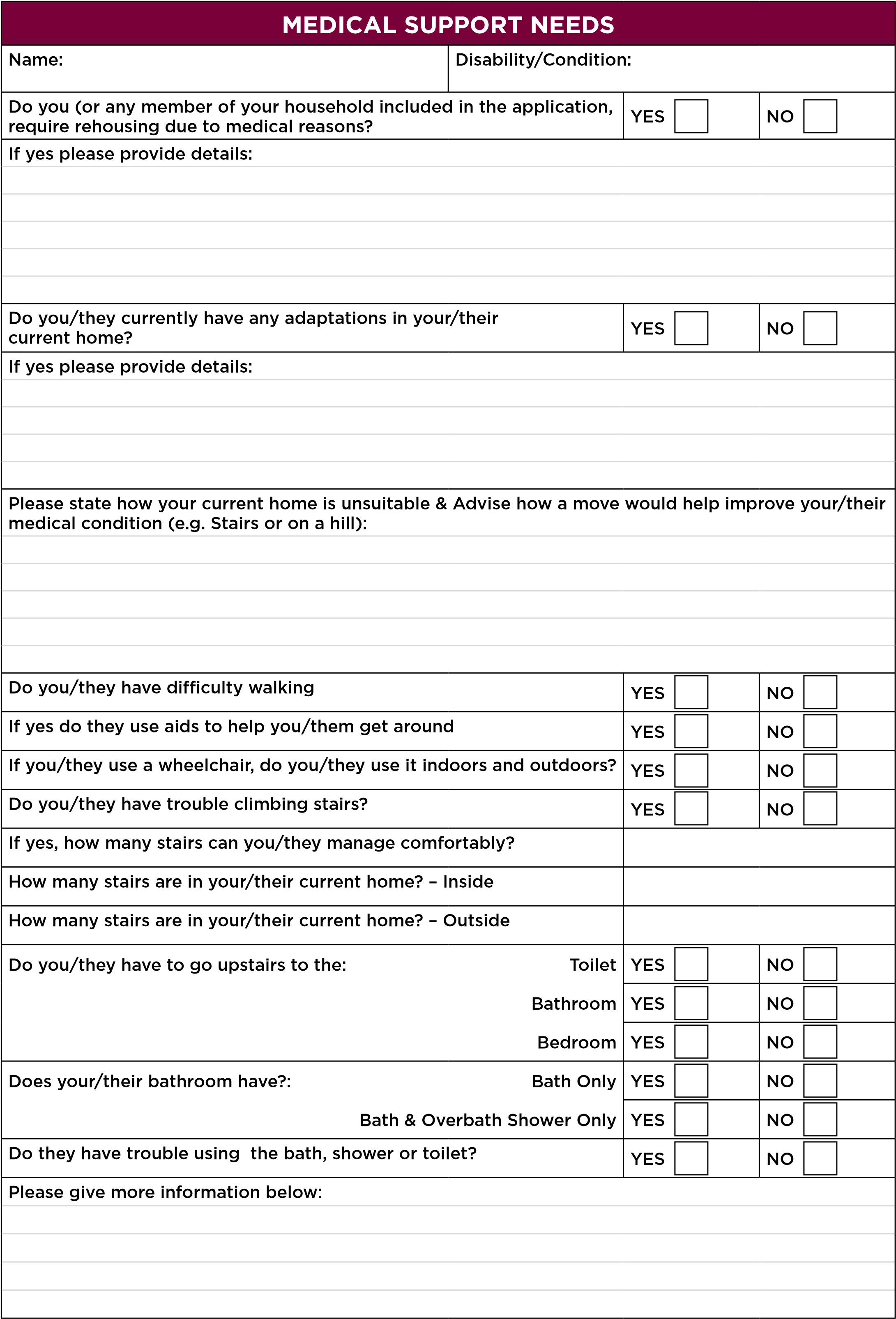
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| **HOMELESSNESS** | | |  | | | | |
| Do you consider yourself to be homeless? | | YES |  | |  | | |
|  |  | NO |  |  |
| Have you been assessed by your local authority? | | YES |  | |  | | |
|  |  | NO |  |  |
| If yes please provide a copy of the Assessment Letter. | | |  | | | | |
| If yes please provide the name of your caseworker and area offi | | | ce: | | | | |
| Name of Caseworker: | Address of Area | | Office: | | | | |
| Why have you become homeless? | | |  | | | | |
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| **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 | NO | |
| If Yes, please provide support information: | |  | | |
| Name: | |  | | |
| Address: | |  | | |
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| Details of support given or received: | |  | | |
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| **LOCATION NEEDS** |  | | | |
| Do you want to move to be closer to your place of employment, training, education or voluntary work? | YES | | | NO |
| If Yes, please provide details: |  | | | |
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| **GENERAL INFORMATION** | | |
| **Arrears -** Are you in arrears with your current landlord/ mortgage lender? | YES | NO |
| If Yes, please provide details of the repayment plan agreed to reduce and clear the arrears: | | |
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| **Anti-Social Behaviour -** In the past 6 months has any action been taken against you, or anyone who will be rehoused with you, for anti-social behaviour? | YES | NO |
| If Yes, please provide details: | | |
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| **Criminal Convictions –** Do you, or anyone who will be rehoused with you, have any criminal convictions which are not spent under the Rehabilitation of Offenders Act 1974? | YES | NO |
| **Sex Offenders –** Are you or anyone who will be rehoused with you, on the Sex Offenders Register? | YES | NO |
| **Harassment -** Are you currently being harassed at your present address, and feel you would have a better quality of life if you moved to the Ruchazie Area? | YES | NO |
| **Relationship Breakdown –** Are you applying for housing as a result of separating from your current partner? | YES | NO |
| Please provide information below. | | |
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| **Referrals –** Are you being referred to Ruchazie Housing Association by a specialist body? (e.g. Social Work or other support agencies.) | YES | NO |
| Please provide information below. | | |
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| Is an extra bedroom required due to you/their medical condition: | | | | | | YES | |  |  | | NO |  |  | | |
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| If yes, please explain why below: | | | | | | | | | | | | | | | |
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| What type of heating do you have in your current accommodation? | | |  | | |  | | | | |  | | | | |
| Gas |  |  | Electricity | | | |  | Other | | |  |  |
| Does this affect your/their medical condition? | | | | | |  | | | | |  | | | | |
| YES | |  |  | | NO |  |  | | |
| 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. | | | | | | | | | | | | | | | |
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| **Why are you applying for housing?** | | | | | | | | | | | | | | | |
| Please tick the following boxes which best describe your main reason for applying: | | | | | | | | | | | | | | | |
| Homeless | Unsatisfactory Housing | Health | | | | | Support | | | | | | | | |
| Financial | Harassment | Location | | | | | Other | | | | | | | | |
| Please give details for ticking the above boxes and any other information you wish to provide below: | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | |

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| Notes: | |
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| **DECLARATION** | |
| I/We certify that the information given in this application is a true record of my/our present circumstances. I consent to Ruchazie Housing Association making any enquiries , as may be necessary, to verify the information provided in this application.  I/We understand any false or misleading information, or relevant information being withheld, may result in:     1. The application being cancelled and removed from the Housing List 2. An offer of tenancy being immediately withdrawn 3. Legal proceedings being taken for repossession of the tenancy if a tenancy has already been granted.     I agree to notify the Association of any change in my/our circumstances described in this application. | |
| **Applicant Signature** | **Date** |
| **Joint Applicant Signature** | **Date** |

Ruchazie Housing Association Ltd is registered in Scotland with the Scottish Housing Regulator. Reg No: HVB 277

Financial Services Authority: Reg No. 2420, Scottish Charity No: SCO41911



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