



Dear Applicant

APPLICATION PACK

Please find attached an application pack as requested.

You should complete the form and supply all the supporting documents as set out on the grey form on the next page.

If we do not receive the supporting evidence, your application will not be processed and will be returned to you.

Once the application is received fully completed we will process and notify you of your points award and what category you have been placed in

Points are allocated in line with the Group Plus Points System. This means we put people who apply into one of five groups depending on their housing needs. In order of priority these groups are:

1. Group 1 Homeless (only if Section 5 received)
2. Group 2 Urgent Housing
3. Group 3 Under Occupation
4. Group 4 General Needs
5. Group 5 Aspirational

Applicants are placed in the highest priority group reflecting their housing need and will be considered for housing first when a suitable property becomes available. The Association currently owns 225 properties and turnover of our stock is low which can result in lengthy waiting times for rehousing.

Rents for association properties are due monthly in advance. If you accept a property from Ruchazie Housing Association, you are liable for the rent on the day that you sign your tenancy, regardless of whether you are eligible for Housing Benefit.

HOMESLESSNESS OR THREATENED WITH HOMELESSNESS

If you consider yourself to be homeless or threatened with homelessness you should contact Glasgow City Council for housing advice.

To access this service you can contact this service direct. They deliver a homelessness service to anyone who is homeless, threatened with homelessness, or is in need of advice about homelessness issues, through their Community Homeless Services. If you think you are homeless, or at risk of becoming homeless, they will make sure that you are offered an interview at your local Community Homeless Team, or outwith normal office hours at the Hamish Allan Centre. If you have nowhere to stay, or are not able to stay in your home and are eligible for homelessness assistance, they may offer you temporary accommodation. There are different types of temporary accommodation throughout Glasgow including assessment centres, projects, temporary furnished flats, supported accommodation and at times Bed and Breakfast type accommodation.

| | |
|---------------------------------------|---------------|
| South Community Homeless Service | 0141 276 8201 |
| North East Community Homeless Service | 0141 276 6153 |
| North West Community Homeless Service | 0141 276 6168 |
| Refugee Support Service | 0141 276 8245 |

Stock Profile

Our Housing Stock is located in the low end of Ruchazie.

To help you make an informed choice about where you wish to be considered for re housing, the table below details the number of properties broken down by area, street and size.

| Street | No | Type | Size |
|-------------------|----|--------------------|-----------------|
| Avenue End Drive | 1 | House | 4 Appt |
| | | | |
| | | | |
| Avondale Street | 3 | House | 3 & 4 Apts |
| | 27 | Flat | 3 & 4 Apts |
| | | | |
| Balcomie Street | 11 | House | 3,4 & 5 Apts |
| | 15 | Flat | 3 Apts |
| | | | |
| Bankend Street | 2 | Adapted Wheelchair | 3 Apts |
| | 4 | House | 3 Apts |
| | 4 | Flat | 2 Apts |
| | | | |
| Caprington Place | 8 | House | 3,4 & 5 Apts |
| | 8 | Flat | 2 Apts |
| | | | |
| Claypotts Road | 16 | House | 3, 4 & 5 Apts |
| | 25 | Flat | 2 & 3 Apts |
| | | | |
| Craighouse Street | 11 | House | 2 & 3 Apts |
| | 10 | Flat | 3, 4 & 5 Apts |
| | 1 | Adapted wheelchair | 4 Apt |
| | | | |
| Drumlochy Road | 7 | House | 3, 4 & 5 Apts |
| | 4 | Flat | 3 Apts |
| | | | |
| Elibank Street | 22 | House | 3, 4,5 & 6 Apts |
| | 16 | Flat | 3 & 4 Apts |
| | | | |
| Gartcraig Road | 6 | Flats | 2 & 3 Apts |
| | 1 | Flat | 3 Apt |
| | | | |
| Milncroft Place | 13 | House | 3 & 4 Apts |
| | | | |
| | | | |
| Milncroft Road | 8 | House | 3, 4 & 5 Apts |
| | 3 | Flat | 3 Apts |
| | 2 | Adapted Wheelchair | 3 Apts |

2Apt Max 2 People, 3Apt Max 4 People, 4Apt Max 6 People, 5Apt Max 7 People, 6Apt Max 6 People



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



Received :

Apartment size :

Property type required :

Total Points :

- Please note that you must provide evidence in support of your application
- Details can be found under each section & attached supporting evidence sheet
- We can refuse or withdraw offers if you provide inaccurate information
- Failing to provide the correct evidence may cause delays in processing your application, these delays may lead to you missing out on offers of housing.

Verifying an applicant's circumstances

To enable the correct housing need assessment to be made, we generally require applicants to provide information to verify their circumstances. Examples of the verification required include the following, however this list is not exhaustive.

| | |
|--|--|
| All applicants | Proof of identity <ul style="list-style-type: none">- Proof of current address (2 items)- Photographic ID |
| All household members | Proof of current address Proof of ID (passport, driving licence, birth certificate) |
| Asked to leave current accommodation | Notice to quit |
| In need of housing for health reasons affected by current housing circumstance | Completed medical form Up to date relevant medical information Other supporting information (if available) |
| Residency | Bank statement Driving licence Tenancy agreement |
| Access to children where additional bedrooms are required for overnight residence. | Letter from parent Legal confirmation |
| Experiencing harassment | Corroborating evidence from <ul style="list-style-type: none">- Police- Landlord- Other agency |
| Pregnancy | MAT B1 form or similar confirming due date |
| Owners | Proof of intent to sell Confirmation that applicant cannot return to the property |
| People from Abroad | Immigration Status |

It is the responsibility of the applicant to supply the relevant documents to support their application and update their details if there is a change in circumstance.

Personal Details

| Main applicant | | Joint Applicant(if applicable) | |
|------------------------|-----------|--------------------------------|-----------|
| 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: | |

Please provide the following for the main and joint applicant:
 Proof of identity (birth certificate, passport, driving licence)
 Proof of current address (2 forms dated within the last 3 months)

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 are access only |
|------|---------------------------|---------------------------|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | |
|--|----------------------------------|
| Is anyone in the household pregnant: Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes provide due date of baby: |
|--|----------------------------------|

Please provide the following for all people to be rehoused with you:
 Proof of identity (birth certificate, passport, driving licence)
 Proof of current address (2 forms dated within the last 3 months)
 Proof of pregnancy (MAT B1 form or similar confirming due date)

Access to Children

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

For access to children where additional bedrooms are required for overnight residence provide the following:

Letter from other parent or
Legal confirmation

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: | |

How many bedrooms are in your current accommodation?

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: | |
| Please provide your reason for leaving: | | |

Previous addresses:

Please provide details of your addresses for the last 5 years

| Address | Landlords name and address | Tenant/lodger/owner | Date of entry and leaving | Reason for leaving |
|---------|----------------------------|---------------------|---------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever been evicted: Yes ☐

No ☐

If yes, give details:

Joint applicant: previous addresses (if applicable)

| | |
|--|--|
| 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: |
| Please provide your reason for leaving: | |

Joint Applicant previous addresses:

Please provide details of your addresses for the last 5 years

| Address | Landlords name and address | Tenant/lodger/owner | Date of entry and leaving | Reason for leaving |
|---------|----------------------------|---------------------|---------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Have you ever been evicted: Yes ☐ No ☐

If yes, give details:

Homelessness

| | |
|--|--------------------------|
| Do you consider yourself to be homeless? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | |
| Have you been assessed by your local authority? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes please provide a copy of the assessment letter | |
| If yes please provide the name of your caseworker and area office: | |
| Name of caseworker: | Address of area officer: |
| | |
| Why have you become homeless? | |
| | |

HOMELESS OR THREATENED WITH HOMELESSNESS

If you consider yourself to be homeless or threatened with homelessness you should contact Glasgow City Council for housing advice.

To access this service you can contact this service direct. They deliver a homelessness service to anyone who is homeless, threatened with homelessness, or is in need of advice about homelessness issues, through their Community Homeless Services. If you think you are homeless, or at risk of becoming homeless, they will make sure that you are offered an interview at your local Community Homeless Team, or out with normal office hours at the Hamish Allan Centre. If you have nowhere to stay, or are not able to stay in your home and are eligible for homelessness assistance, they may offer you temporary accommodation. There are different types of temporary accommodation throughout Glasgow including assessment centers, projects, temporary furnished flats, supported accommodation and at times Bed and Breakfast type accommodation.

| | |
|---------------------------------------|---------------|
| South Community Homeless Service | 0141 276 8201 |
| North East Community Homeless Service | 0141 276 6153 |
| North West Community Homeless Service | 0141 276 6168 |
| Refugee Support Service | 0141 276 8245 |

Present Accommodation: Main Applicant

Does your property the following?

Central heating ☐

Double glazing ☐

Sink with hot and cold water ☐

Do you share any of the following with another household?

kitchen ☐

living room ☐

bathroom ☐

bedroom ☐

Does your house suffer from dampness yes ☐ no ☐

Has this been reported to your landlord? yes ☐ no ☐

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

If yes, please provide details:

Present Accommodation: Joint Applicant

(Only complete if address is different from main applicant)

Does your property the following?

Central heating ☐

Double glazing ☐

Sink with hot and cold water ☐

Do you share any of the following with another household?

kitchen ☐

living room ☐

bathroom ☐

bedroom ☐

Does your house suffer from dampness yes ☐ no ☐

Has this been reported to your landlord? yes ☐ no ☐

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

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 ☐ No ☐

If yes please provide support information:

Name:

Address:

Detail of support given or received:

Please provide the following for this section;

- Medical evidence
- Letter to support this information

Location needs

Do you want to move closer to your place of employment, training, education or voluntary work? Yes ☐ No ☐

If yes, please provide details:

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

Anti-social behavior – in the past 6 months has any action been taken against you, or anyone who will be rehoused with you, for anti-social behavior?

Yes ☐ No ☐

If yes, please provide details

| | | |
|---|------------------------------|-----------------------------|
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Sex offenders – are you or anyone who will be rehoused with you, on the sex offenders register? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| Relationship breakdown – are you applying for housing as a result of separating from your current partner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please provide information here: | | |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | | |
| Referrals – are you being referred to Ruchazie Housing Association by a specialist body (e.g. social work or other support agencies) Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Please provide information here: | | |
| <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | | |

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/they 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 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Toilet | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Bathroom | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> |

| | | | |
|---|--|--|--|
| | Bedroom | Yes | No |
| Does your/they current bathroom have: <div style="text-align: right;">Bath only</div> <div style="text-align: right;">Bath and over bath shower only</div> | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do your/they have trouble using the bath, shower or toilet? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please give more information here: | | | |
| Is an extra bedroom required due to your/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: | | | |

If you have a medical disability/condition please provide the following

- Up to date medical information
- Other supporting documentation from any health care professional

Why are you applying for housing?

Homeless

Unsatisfactory ☐

Health ☐

| | |
|----------------|--|
| Support | |
|----------------|--|

Financial ☐

Harassment ☐

Location

| | |
|-------|--|
| Other | |
|-------|--|

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

See information to be provided on next page

| | |
|---|--|
| All applicants | Proof of identity <ul style="list-style-type: none"> - Proof of current address (2 items) - Photographic ID |
| All household members | Proof of current address Proof of ID (passport, driving licence, birth certificate) |
| Asked to leave current accommodation | Notice to quit |
| In need of housing for health reasons affected by current housing circumstance | Completed medical form Up to date relevant medical information Other supporting information (if available) |
| Residency | Bank statement Driving licence Tenancy agreement |
| Access to children where additional bedrooms are required for overnight residence. | Letter from parent Legal confirmation |
| Experiencing harassment | Corroborating evidence from <ul style="list-style-type: none"> - Police - Landlord - Other agency |
| Pregnancy | MAT B1 form or similar confirming due date |
| Owners | Proof of intent to sell Confirmation that applicant cannot return to the property |
| People from Abroad | Immigration Status |

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.

Notes:

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:

- A) The application being cancelled and removed from the housing list**
- B) An offer of tenancy being immediately withdrawn**
- C) Legal proceeding 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

Supporting Evidence – Please make sure you read this page carefully

Please ensure that all supporting evidence, if applicable, is attached with your application form. If we do not receive the supporting evidence, your application will not be processed and will be returned to you.

ADULTS

Identity

Please provide 1 form of identity for each adult (over 18)

Photo Identification

Passport, Driving Licence

☐

Birth Certificate – Either British or non British (non-British must be accompanied by a copy of settlement/immigration document), or

☐

Work Registration documents/If self employed you must provide Inland Revenue tax return details

☐

Residence Permit

Current Passport and Immigration Documents

Non-EU passports must show immigration visa stamp

Residence

Please provide 2 different proofs from the following list of your current address for each adult (over 18).

Full driving licence

☐

Pension Details

☐

Confirmation of benefits from DWP

☐

Confirmation from employer

☐

Rent Book/Card

☐

Tenancy Agreement

☐

Recent Bank Statement

☐

Recent bill for telephone/mobile

☐

Recent bill for Council Tax

☐

Recent bill for Gas/Electricity/Water Supply

☐

Electoral Register Entry

☐

Payslip showing name and current address

☐

College/University details showing name and current address

☐

CHILDREN

Identity

For each child under 18 years, please provide either

British full birth certificate

☐

British Short birth certificate – you must also provide child benefit details giving child/childrens name(s)

☐

Non British birth certificate must be accompanied by a copy of settlement/immigration document and Child Benefit details – giving child/children name(s), Child Tax Credit – details giving child/children name(s)

☐

PREGNANCY

Please provide one of the following showing Expected Due Date (EDD)

Anti-Natal card/book/scan report

Certificate of Confinement/MATB1

GP Confirmation

Hospital Book

☐
☐
☐
☐

PLEASE TURN OVER

Verifying an applicant's circumstances

To enable the correct housing need assessment to be made, we generally require applicants to provide information to verify their circumstances. Examples of the verification required include the following, however this list is not exhaustive.

| | |
|--|--|
| All applicants | Proof of identity <ul style="list-style-type: none">- Proof of current address (2 items)- Photographic ID |
| All household members | Proof of current address (if over 16) Proof of ID (passport, driving licence, birth certificate) |
| Asked to leave current accommodation | Notice to quit |
| In need of housing for health reasons affected by current housing circumstance | Completed medical form Up to date relevant medical information Other supporting information (if available) |
| Residency | Bank statement Driving licence Tenancy agreement |
| Access to children where additional bedrooms are required for overnight residence. | Letter from parent Legal confirmation |
| Experiencing harassment | Corroborating evidence from <ul style="list-style-type: none">- Police- Landlord- Other agency |
| Pregnancy | MAT B1 form or similar confirming due date |
| Owners | Proof of intent to sell Confirmation that applicant cannot return to the property |
| People from Abroad | Immigration Status |

It is the responsibility of the applicant to supply the relevant documents to support their application and update their details if there is a change in circumstance.

Anonymised Equality Data Collection Form

| | |
|--------------------------|------------------------------|
| Name of social landlord: | Ruchazie Housing Association |
|--------------------------|------------------------------|

Information for those completing the form

Why are we asking for equality information?

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations.

What do we do with equality information?

We use equality information for a range of purposes, including to help us to:

- protect and promote your rights and interests;
- promote equality objectives across our services;
- identify and address our customers' needs, and improve our services; and
- identify and eliminate any form of discrimination.

Do you need to answer every question?

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us. You can complete some questions and not others or you can complete parts of questions. The form has space for you to tell us more about your needs if you want.

We may ask for some information in other forms where this is required by law. For example, where we need to know your age if you are applying for a home as only those over 16 years old can be registered on our housing list.

How do we process your equality information?

We process equality information strictly in line with data protection law, including by:

- processing your equality data confidentially;
- restricting access only to relevant staff members;
- retaining equality information only as long as necessary;
- sharing data only as lawfully permitted; and
- destroying data securely.

Who do we gather equality information about?

We gather equality information from:

- people who apply for a home;
- tenants;
- people who apply for a job with us;
- our employees;
- board and committee members; and
- elected members (in case of local authorities)

Other formats: We can provide this document in other formats such as large print, or in another language. More information to help you to complete the form is available on our website at www.ruchazieha.co.uk.

Age

Note: We may request a specific date of birth in certain forms when this is required in law. For example, we need to know the age of housing applicants as a person can only be registered on our housing list/register if the person is 16 years of age.

| | |
|--|--|
| What is your date of birth? (DD/MM/YYYY) | |
| Prefer not to say | |

| | | | | |
|------------------------------------|-------|--|-------|--|
| Please tick the band for your age: | 16–24 | | 25–34 | |
| | 35–44 | | 45–54 | |
| | 55–65 | | 65+ | |
| Prefer not to say | | | | |

Belief or religion

Please tick the box which best describes your belief or religion from the list below?

| | |
|---|-------------|
| Buddhism: | |
| Christianity | |
| Catholic: | Protestant: |
| Hinduism: | |
| Islam: | |
| Judaism: | |
| Sikhism: | |
| Other religion (please state what this is): | |
| No specific belief in religion (for example, atheism or agnosticism): | |
| Other belief (for example, humanism): | |
| Prefer not to say | |

Please use the space below to tell us about any particular requirements relating to your beliefs or religion:

| |
|--|
| |
|--|

Disability

| | | | | |
|----------------------------|-----|--|----|--|
| Are you a disabled person? | Yes | | No | |
|----------------------------|-----|--|----|--|

If yes, please tick the box which category you would use from the following list:

| | |
|--|--|
| Autoimmune: (for example, multiple sclerosis, HIV, Crohn's/ulcerative colitis) | |
| Learning difficulties: (for example, Down's Syndrome) | |
| Mental health issue: (for example, depression, bi-polar) | |
| Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia) | |
| Physical impairment: (for example, wheelchair-user, cerebral palsy) | |
| Sensory impairment – hearing impairment | |

| | |
|--|--|
| Sensory impairment – visual impairment | |
| Other: If none of the categories above apply to you, please specify the nature of your impairment. | |
| Prefer not to say | |

Please use the space below to advise us if you have any particular requirements:

Ethnicity

Please tick the box that best describes your particular ethnic group:

African

| | |
|---|--|
| African, African Scottish or African British: | |
| Other African background (please specify): | |

Asian, Scottish Asian or British

| | |
|---|--|
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British: | |
| Indian, Indian Scottish or Indian British: | |
| Pakistani, Pakistani Scottish or Pakistani British: | |
| Chinese, Chinese Scottish or Chinese British: | |
| Other Asian background (please specify): | |

Black or Caribbean

| | |
|--|--|
| Caribbean, Caribbean Scottish or Caribbean British | |
| Black, Black Scottish or Black British | |
| Other Caribbean or Black background (please specify) | |

Mixed groups

| | |
|---|--|
| Mixed or multiple ethnic group (please specify) | |
|---|--|

White

| | |
|--|--|
| English | |
| Gypsy Traveller | |
| Irish | |
| Polish | |
| Roma | |
| Scottish | |
| Welsh | |
| Other British | |
| Other group (please specify your ethnic group) | |
| Prefer not to say | |

Please use the space below to advise us if you have any particular requirements:

| |
|--|
| |
|--|

Marriage and civil partnership

| | | | | |
|---|-----|--|----|--|
| Are you presently in a civil partnership? | Yes | | No | |
| Are you presently married? | Yes | | No | |
| Prefer not to say | | | | |

Please use the space below to advise us if you have any particular requirements:

| |
|--|
| |
|--|

Pregnancy and maternity

| | | | | |
|---|-----|--|----|--|
| Are you pregnant? | Yes | | No | |
| Have you taken maternity or paternity leave in the past year? | Yes | | No | |
| Prefer not to say | | | | |

Please use the space below to advise us if you have any particular requirements:

| |
|--|
| |
|--|

Sex

| | | | | | | |
|-------------------|--------|--|------|--|----------|--|
| What is your sex? | Female | | Male | | Intersex | |
| Prefer not to say | | | | | | |

Please use the space below to advise us if you have any particular requirements:

| |
|--|
| |
|--|

Gender re-assignment (trans/transgender)

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Do you consider yourself to be a trans person? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Prefer not to say | | <input type="checkbox"/> | | |

Please use the space below to advise us if you have any particular requirements:

| |
|----------------------|
| |
|----------------------|

Sexual orientation

What is your sexual orientation?

| | |
|-----------------------|--------------------------|
| Bisexual | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> |
| Heterosexual/straight | <input type="checkbox"/> |
| Lesbian/ gay woman | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |

Please use the space below to advise us if you have any particular requirements:

| |
|----------------------|
| |
|----------------------|

What to do now

Please post or return this form to:

Ruchazie Housing Association
24 Avondale Street
Ruchazie
Glasgow G33 3QS

This form is anonymous and so we do not know who has completed it.

If you have any issues that you would like assistance with and / or if you wish to discuss anything with us in confidence, please do get in touch. Our contact details are:

Ruchazie Housing Association
24 Avondale Street
Ruchazie
Glasgow G33 3QS

Telephone: 0141 774 4433

Email: admin@ruchazieha.co.uk



Ruchazie Housing Association GDPR Fair Processing Notice (How we use your personal information)

This notice explains what information we collect, when we collect it and how we use this. During the course of our activities we will process personal data (which may be held on paper, electronically, or otherwise) about you and we recognise the need to treat it in an appropriate and lawful manner. The purpose of this notice is to make you aware of how we will handle your information.

Who are we?

Ruchazie Housing Association a Scottish Charity (Scottish Charity Number SCO41911), and having their Registered Office at 24 Avondale Street, Glasgow G33 3QS we take the issue of security and data protection very seriously and strictly adhere to guidelines published in the [Data Protection Act of 2018] and the General Data Protection Regulation (EU) 2016/679 which is applicable from the 25th May 2018, together with any domestic laws subsequently enacted.

We are notified as a Data Controller with the Office of the Information Commissioner under registration number Z7471848 and we are the data controller of any personal data that you provide to us.

Ruchazie Housing Association Ltd, ICO registration number: Z7471848, Has voluntarily appointed RGDP LLP to be their DPO:

RGDP LLP
One Edinburgh Quay
133 Fountainbridge
Edinburgh
EH3 9QG

info@rgdp.co.uk
0131 222 3239

Any questions relating to this notice and our privacy practices should be sent to

How we collect information from you and what information we collect

We collect information about you:

- when you apply for housing with us, become a tenant, request services/ repairs, enter in to a factoring agreement with ourselves or otherwise provide us with your personal details;
- when you apply to become a member;

- from your use of our online services, whether to report any tenancy/ factor related issues, make a complaint or otherwise;
- from your arrangements to make payment to us (such as bank details, payment card numbers, employment details, benefit entitlement and any other income and expenditure related information);

We collect the following information about you and your household

- | | |
|---------------------|------------------------------|
| • name; | • any details of disability |
| • address; | • national insurance number; |
| • telephone number; | • next of kin; |
| • e-mail address; | • bank details |
| • gender | • employer |
| • ethnicity | • income details |

We receive the following information from third parties:

- | | |
|--|---|
| <input type="checkbox"/> Benefits information, including awards of Housing Benefit/ Universal Credit | <input type="checkbox"/> Complaints or other communications regarding behaviour or other alleged breaches of the terms of your contract with us, including information obtained from Police Scotland; |
| <input type="checkbox"/> Payments made by you to us, via allpay, bank transfer or any other method | |
| <input type="checkbox"/> Reports as to the conduct or condition of your tenancy, including references from previous tenancies, and complaints of anti-social behaviour | <input type="checkbox"/> Information supplied by the relevant local council with regards to a homeless application. |

Why we need this information about you and how it will be used

- | | |
|--|---|
| • to undertake and perform our obligations and duties to you in accordance with the terms of our contract with you | <input type="checkbox"/> to analyse the information we collect so that we can administer, support and improve and develop our business and the services we offer; |
| • to enable us to supply you with the services and information which you have requested; | <input type="checkbox"/> to contact you in order to send you details of any changes to our or supplies which may affect you; |
| • to enable us to respond to your repair request, housing application and complaints made | <input type="checkbox"/> for all other purposes consistent with the proper performance of our operations and business; and |
- to contact you for your views on our products and services.

Sharing of Your Information

The information you provide to us will be treated by us as confidential /and will be processed only by our employees within the UK/EEA)* We may disclose your information to other third parties who act for us for the purposes set out in this notice or for purposes approved by you, including the following:

- If we enter into a joint venture with or merged with another business entity, your information may be disclosed to our new business partners or owners;
- If we instruct repair or maintenance works, your information may be disclosed to any contractor;

- If we are investigating a complaint, information may be disclosed to Police Scotland, Local Authority departments, Scottish Fire & Rescue Service and others involved in any complaint, whether investigating the complaint or otherwise;
- If we are updating tenancy details, your information may be disclosed to third parties (such as utility companies and Local Authority);
- If we are investigating payments made or otherwise, your information may be disclosed to payment processors, Local Authority and the Department of Work & Pensions;
- If we are conducting a survey of our products and/ or service, your information may be disclosed to third parties assisting in the compilation and analysis of the survey results

Unless required to do so by law, we will not otherwise share, sell or distribute any of the information you provide to us without your consent.

Transfers outside the UK and Europe

Your information will only be stored within the UK and EEA.

- You can obtain a copy of our Privacy Policy from our website or by contacting our office.

Security

- When you give us information we take steps to make sure that your personal information is kept secure and safe.
- All information is stored in a secure file or scanned onto our system where a password is required to access that information.

How long we will keep your information?

- We review our data retention periods regularly and will only hold your personal data for as long as is necessary for the relevant activity, required by law , or as set out in any relevant contract we have with you.

Your Rights

You have the right at any time to:

- ask for a copy of the information about you held by us in our records;
- require us to correct any inaccuracies in your information;
- make a request to us to delete what personal data of your we hold; and
- object to receiving any marketing communications from us.

If you would like to exercise any of your rights above please contact us at gdpr@ruchazieha.co.uk

You also have the right to complain to the Information Commissioner's Office in relation to our use of your information. The Information Commissioner's contact details are noted below:

The Information Commissioner's Office – Head Office Wycliffe House

Water Lane
Wilmslow
Cheshire
SK9 5AF

Telephone: 0303 123 1113 **Fax:**
01625 524510

The accuracy of your information is important to us - please help us keep our records updated by informing us of any changes to your email address and other contact details.

**Ruchazie Housing Association, 24 Avondale Street , Ruchazie,
Glasgow, G33 3QS**

Tel: 0141 774 4433 Email: gdpr@ruchazieha.co.uk

www.ruchazieha.co.uk

Calvary Housing Association
The Calvary Centre
16 Calvary Road
Barlanark
G33 4RE
enquiries@calvary.org.uk
0141 771 7722

Lochfield Park Housing Association
37 Drumlanrig Avenue
Easterhouse
G34 0JF
0141 771 2228

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

Easthall Park Housing Co-operative
The Glenburn Centre
6 Glenburnie Place
Easthall Place
Easterhouse
G34 9AN
0141 781 2277

Provanhall Housing Association
34 Conisborough Road
Easterhouse
G34 9QG
info@provanhallha.org.uk
0141 771 4941

Wheatley Homes
<https://www.wheatleyhomes-glasgow.com/>
0800 479 7979

Wellhouse Housing Association
The Hub
49 Wellhouse Crescent
Easterhouse
G33 4LA
info@wellhouseha.org.uk
0141 781 1884

Blairtummock Housing Association
Easterhouse
G34 9JL
enquires@blairtummock.org.uk
0141 773 0202

