



HOUSING ASSOCIATION



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:
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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:		
<p>Referrals – are you being referred to Ruchazie Housing Association by a specialist body (e.g. social work or other support agencies)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
Please provide information here:		

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
Housing ☐

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

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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.

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