**Kingsridge Cleddans Housing Association Application Form**

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| **1. Personal Details** | | |
|  | **Applicant** | **Joint Applicant** |
| **Title** |  |  |
| **First Name** |  |  |
| **Surname** |  |  |
| **Date of Birth** |  |  |
| **National Insurance Number.** |  |  |
| **Contact telephone number** |  |  |
| **E-mail address** |  |  |

**Please note that we will look to contact you primarily by e-mail**

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| **2. Present Address** | | |
| **Address of applicant** | **Address of joint applicant** (If different) | |
|  |  | |
| Post Code: | Post Code: | |
| **Correspondence Address** (If different) | | |
|  | | Post Code: |
| **Date moved into present address**  **(Please state if you are happy for us to contact you at this address)** | | DD / MM / YYYY |

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| **3. Household – to be rehoused** | | | |
| Please list all who are to be rehoused with you – include the expected date of birth of any children & National Insurance number of any adult 16+ years of age. | | | |
| **Name** | **Relationship to you** | **Date of birth** | **National Insurance number** | |
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| **4. Household – NOT to be rehoused with you** | |
| Please list all those who currently live with you | |
| **Name** | **Relationship to you** |
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| **5. Current accommodation** | | | | | |
| How many bedrooms are there at your current address | | | | | |
| Single Bedrooms |  | Double Bedrooms | |  | |
| Do you own your own home? | | | **Yes** | | **No** |
| Do you rent your home from a housing association, co-operative or local authority?  (If yes, please give the contact details) | | | **Yes** | | **No** |
|  | | | | | |
| Do you live with friends or relatives?  (If Yes, please state what relationship they are to you) | | | **Yes** | | **No** |
|  | | | | | |
| Do you privately rent your home? | | | **Yes** | | **No** |
| Have you been served with a Notice to Quit in the last two months? | | | **Yes** | | **No** |
| Have you contacted the Local Homelessness Casework Team? | | | **Yes** | | **No** |

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| **6. Reasons for rehousing** | **Please Tick ✓** |
| Medical Condition impacted by your current home (please also complete the medical application) |  |
| Overcrowding |  |
| Underoccupation |  |
| Incoming worker |  |
| Living with family/friends |  |
| Homelessness |  |
| Harassment / domestic abuse |  |
| Relationship breakdown |  |
| Leaving the Armed Forces or institutional care |  |
| Other (please state) | |
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| **7. Are there any property types you would NOT consider? Leave blank if you are happy with all types.** | | | | | | | | |
| Flat – Ground Floor | | |  | Flat – 1st Floor | |  | Flat – 2nd Floor Or Above |  |
| Cottage Flat – Lower | | |  | Cottage Flat - Upper | |  | Flat - Main Door |  |
| House – End Terrace | | |  | House – Mid Terrace | |  | House – Semi Detached |  |
| **8. Please list all addresses you have lived in over the last 5 years** | | | | | | | | |
| **Address 1:** | | | | | | | | |
| From |  | | To |  | Reason for leaving | |  | |
| Name & address of landlord | | | |  | | | | |
| **Address 2:** | | | | | | | | |
| From | |  | To |  | Reason for leaving | |  | |
| Name & address of landlord | | | |  | | | | |
| **Address 3:** | | | | | | | | |
| From | |  | To |  | Reason for leaving | |  | |
| Name & address of landlord | | | |  | | | | |

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| **9. Additional information: Support** | | | |
| If you are providing care or support or wish to provide care and/or support to or from a relative within the Drumchapel area, please state:  Name of relative: | | | |
| Address of relative: | | | |
| I give care and/or support to a  relative |  | I receive care and/or support from a relative |  |

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| **10. Further information – please tick all that apply** | | |
|  | Yes | No |
| Have you been convicted of a criminal offence which cannot be regarded as spent as defined within the Rehabilitation of Offenders Act 1974? |  |  |
| Are you or any person to be rehoused with you, subject to the notification requirements set out in the Sexual Offences Act 2003 (commonly known as “being on the sex offenders register” or “registered as a sex offender”? |  |  |
| Have you or any person to be rehoused with you been evicted from any property in the last 5 years on the grounds of anti-social behaviour? |  |  |
| Are you or any person to be rehoused with you, subject to an anti-social behaviour order granted by any court? |  |  |
| Are you or any person to be rehoused with you, subject to any immigration controls? |  |  |

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| **11. Declaration** |
| Are you or any person to be rehoused with you related to a member of staff or management committee member of Kingsridge Cleddans Housing Association? **YES NO**  If Yes;  Name of staff/management committee member: |
| Relationship to staff or management committee member: |

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| **12. Applicant declaration** |
| I/we understand and confirm that completion of this application is not binding on any party and does not bind Kingsridge Cleddans Housing Association to provide accommodation to me/us.  I/we consent to and give permission to Kingsridge Cleddans Housing Association to obtain and or share any information from any relevant party for the purposes of verifying the information I/we have provided for the accurate assessment of my/our housing needs and requirements.  I/we confirm that the information provided by me/us, is accurate and a true statement of my/our circumstances at the date of the submission of this application.  I/we confirm that should there be any change in circumstances, I/we will inform Kingsridge Cleddans Housing Association.  I/we accept and agree that any false or misleading information being provided may result in the following:   1. The application being suspended or cancelled 2. The offer of any tenancy being withdrawn 3. Where a tenancy has been granted, Kingsridge Cleddans Housing Association will seek repossession   **Applicant Signature:** |
| **Date:** |
| **Joint Applicant Signature:** |
| **Date:** |