

**Housing Options Form**

1. **Applicant Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | Forename | | | |  | | | | | Surname | | | | |  | | | | Gender |  | | | |
| Date of Birth |  | | | | | National Insurance Number | | | | |  | | | | | | | Other names used in the last 5 years | | | |  | | | | |
| Current Address (include house number, street, area, city and postcode) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date From | |  | | | | | | | | | | | | | Date To | | | | |  | | | | | | |
| Correspondence Address, if different from above (include house number, street, area, city and postcode) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone Number | | |  | | | | | | | | |  | | | | Work Phone Number | | | | |  | | | | |  |
| Mobile Number | | |  | | | | | | | | |  | | | | Email Address | | | | |  | | | | |  |
| **Please tick all preferred methods of contact above** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was Representation/ Advocacy Offered | | | | | | | **Yes/No** | | | History of Violence/Alert On System | | | | | | | **Yes/No** | | | | Does the Customer have the Right to Receive Public Assistance e.g. DWP benefits | | | | **Yes/No** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Joint Applicant’s Details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title |  | | | | Forename | | | |  | | | | | Surname | | | | |  | | | Gender | |  | | |
| Date of Birth |  | | | | | National Insurance Number | | | | |  | | | | | | | | Other names used in the last 5 years | | |  | | | | |
| **3. Current Housing Provider**   |  |  |  |  | | --- | --- | --- | --- | | Name and address of Landlord/Mortgage Provider |  | | | | Contact Telephone Number |  | | | | Date left or to leave |  | Court Date (if relevant/known) |  |   **4. Current Housing Status**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | LA Tenant |  | Lodger |  | Owner-  Occupier |  | PRS Tenant |  | | | RSL Tenant |  | Shared  ownership |  | Supported  Accommodation |  | Tied  Accommodation |  | | | Non-Permanent structure |  | Homeless Temporary accommodation |  | Student  Accommodation |  |  |  |  |  | | --- | | **Do you have a tenancy agreement? Yes**  **No** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Applicant** | **Person 1** | **Person 2** | **Person 3** | **Person 4** | **Person 5** |  | | **Are you or anyone to be rehoused with you on the Sex Offenders Register?\*** | **Yes/No** | **Yes/No** | **Yes/No** | **Yes/No** | **Yes/No** | **Yes/No** |  |   **\*This will not adversely affect how your application is assessed but will allow us to work with you and the Sex Offenders Liaison Officer to identify the most appropriate offer of housing (Please refer to your organisations guidance)**  **5. List those living in your present household (including applicant[s])**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Relation to Applicant(s)** | **Gender**  **M/F** | **Date of Birth** | **N.I**  **Number** | |  | **Self** |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **6. Persons to be rehoused with you**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Relation to Applicant(s)** | **Gender**  **M/F** | **Date**  **of Birth** | **Joint Tenant** | **N.I Number** | |  | **Self** |  |  | **Yes / No** |  | |  |  |  |  | **Yes / No** |  | |  |  |  |  | **Yes / No** |  | |  |  |  |  | **Yes / No** |  |   **7. If any persons mentioned above are not living with you now, please detail below**   |  |  |  |  | | --- | --- | --- | --- | | **Person number from above** | **Current Address** | **Reason for Living Apart** |  | |  |  |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**8. Previous Addresses**

**Please list all of you and your partner’s previous addresses in the last five years: (Continue on a separate sheet if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address | | Tenant, Lodger, Tied or Owner | Date and Reason for Leaving | Name of Landlord |
|  | |  |  |  |
|  | |  |  |  |
|  |  | |  |  |

**9. Your Current Accomodation**

|  |  |  |  |
| --- | --- | --- | --- |
| Property Type e.g. Tenement, Multi-Storey Deck Access |  | When did you move in? |  |
| Which floor do you live on? |  | How many bedrooms are in this property? |  |
| How many bedrooms do you have exclusive use of? |  | How many people, including you, live at this address? |  |

|  |  |
| --- | --- |
| **10. Why do you require housing with Glen Oaks Housing Association? Please continue on a separate sheet of paper if required.** | |
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| **11. The Association has properties in the following areas. Please tick  (✓) which areas you are willing to be considered for. You may wish to limit your choice by selecting certain streets or closes, however, you may have to wait longer as availability may be lower in certain streets or areas- especially Darnley, Pollok and new build properties.**  *Applicants can discuss availability and opportunities with our Allocations staff or refer to the Allocations Booklet.* | **Darnley**  **Pollok**  **Arden New Build**  **Kilbeg Terrace**  **Kilmaluag Terrace**  **Kilmartin Place**  **Kilmuir Crescent**  **Kilmuir Road**  **Kilmuir Drive**  **Kilvaxter Drive**  **Kyleakin Road** |

**12. Financial Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Income** | **\*Weekly/Fortnightly/**  **Four weekly/Monthly** | **Household Expenditure** | | **\*Weekly/Fortnightly/**  **Four weekly/Monthly** |
|  |  |  | |  |
| Customer Net Salary/Wages | £ | Priority Expenditure | Rent/Mortgage/Digs (Including Bedroom Tax deductions, Factor fees) | £ |
| Partner Net Salary/Wages | £ | Council Tax | £ |
| Jobseeker’s Allowance (detail of income/contribution based) | £ | Gas/Electricity (if interested in reduced costs refer) | £ |
| Universal Credit (revert to organisational policy for UC) | £ | Court Fines | £ |
| Income Support | £ | Food | £ |
| Employment and Support Allowance/Statutory Sick Pay | £ | School/Work Meals | | £ |
| Incapacity Benefit | £ | Loans/Credit & Store Cards/ Hire Purchase/Door step lenders | | £ |
| Working Tax Credit | £ | TV Licence | | £ |
| Child Tax Credit | £ | TV Subscription | | £ |
| Child Benefit | £ | House Insurance (Building & Contents) | | £ |
| Attendance Allowance | £ | Internet/Home Telephone | | £ |
| Disability Living Allowance | £ | Mobile Telephone | | £ |
| Personal Independence Payment | £ | Clothing | | £ |
| State Pension | £ | Pet Costs (Vets, food, insurance) | | £ |
| Occupational Pension | £ | Alcohol/tobacco/betting | | £ |
| Pension Credit | £ | Maintenance Paid | | £ |
| Widow’s Pension | £ | Child Care/after school clubs/pocket money | | £ |
| Maintenance/Child Support Received | £ | Vehicle Costs (repayments, fuel, road tax, insurance) | | £ |
| Any Other Income | £ | Travel expenses | | £ |
| Any Non-dependent income/Contributions | £ | Any Other Expenses | | £ |
| Carer’s Allowance | £ |  | |  |
| **Total Income** | **£** | **Total Expenditure** | | **£** |
|  |  | **Disposable Income** | | **£** |

**Equal Opportunities**

Under the Equality Act 2010, we must not discriminate against anybody because of their religion and belief when we provide services. To make sure we offer the same services and opportunities to all customers, no matter what their ethnic or racial background, faith or religion, we have included the following questions as part of our equal opportunities monitoring form. You do not have to fill in this form. If you do we will keep your information confidential and use it to create statistics only. It will not affect your application. Any personal details you provide will only be used to maintain your application and will not be used for any other purpose.

1. **Please tick one of the ethnic groups shown to tell us you and your partner’s (if applicable) ethnic background:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Applicant | Partner |
| 1 | White: Scottish |  |  |
| 2 | Other British |  |  |
| 3 | Irish |  |  |
| 4 | Other white ethnic group |  |  |
| 5 | African, African Scottish or African British |  |  |
| 6 | Caribbean, Caribbean Scottish or Caribbean British |  |  |
| 7 | Other Caribbean or Black |  |  |
| 8 | Indian, Indian Scottish or Indian British |  |  |
| 9 | Pakistani, Pakistani Scottish or Pakistani British |  |  |
| 10 | Bangladeshi, Bangladeshi Scottish or Bangladeshi British |  |  |
| 11 | Chinese, Chinese Scottish or Chinese British |  |  |
| 12 | Other Asian, Asian Scottish or Asian British |  |  |
| 13 | Mixed or multiple ethnic group |  |  |
| 14 | Other ethnic group |  |  |
| 15 | Not Known |  |  |
| 16 | Refused |  |  |
| 17 | Gypsy/Traveller |  |  |
| 18 | Polish |  |  |
| 19 | Other African |  |  |
| 20 | Black, Black Scottish or Black British |  |  |
| 21 | Arab, Arab Scottish or Arab British |  |  |

1. **What is your nationality?**

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

**3. Domestic Circumstances**

How would you describe your household composition?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Single Person |  | Couple |  | Single Parent |  | Couple with Children |  |

**4. Disability**

|  |  |  |
| --- | --- | --- |
| We and our partner organisations wish to monitor applications from disabled persons. Under the terms of The Equalities Act 2010, disability is defined as:  *A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on the individual’s ability to carry out normal day-to-day activities.*  If you consider yourself to be a disabled person please specify your disability/disabilities in the box below:   |  | | --- | |  |   Do you claim any benefits related to your disability? If so please detail these in the box below:   |  | | --- | |  | |

**5. Please tick one of the boxes below to tell us your religion or belief:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I am not religious |  | Church of Scotland |  | Roman Catholic |  |
| Other Christian faith (please complete) | |  | | | |
| Buddhist |  | Muslim |  | Hindu |  |
| Pagan |  | Jewish |  | Sikh |  |
| Another Religion (please complete) | |  | | | |

1. **If you are an Asylum Seeker, been granted Refugee Status or you are a Migrant worker, please tell us by ticking the correct box below**. (This information is for monitoring purposes only and will not prejudice your application for housing).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asylum Seeker |  | Refugee |  | Migrant worker |  |

**13. Medical Self- Assessment**

**(ONLY** complete this part if you wish to be considered for medical points, otherwise go to **Page 12)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Birth** |  |
| **Address** |  | | |

|  |  |  |
| --- | --- | --- |
| **1.1 Current type of house (please tick)** | | |
| Flat | House | Bungalow |
| Other (please state): | |  |
| On what level is your home? | |  |

|  |
| --- |
| **1.2 Please tell us what health problem(s) you or anyone else in your household currently have:** |
|  |
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| --- |
| **The questions below will give you the chance to tell us how your housing affects your health.** |

|  |  |  |
| --- | --- | --- |
| **2.0 Getting around your home** | | |
| 2.1 Do you have any difficulties walking? | **Yes** | **No** |
| 2.2 If YES, do you use any of the following aids? | Walking stick | |
| Walking frame | |
| Wheelchair | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3.0 Stairs** | | | |
| 3.1 Do you have any difficulty with  the stairs in your home? | Yes | No | Sometimes |
| 3.2 How many stairs are there at your home? | | |  |
| 3.3 How many stairs are there up to your front door? | | |  |
| 3.4 How many stairs can you manage easily? | | |  |
| 3.5 Do you already have, or do you need any equipment to help you with the stairs? If YES, please describe below. | | | Yes |
| No |

|  |  |  |
| --- | --- | --- |
| **4.0 Heating** | | |
| 4.1 Does your current home have enough heating for your needs? | Yes | No |
| 4.2 If NO, why not? |  | |
| 4.4 If there are any comments on heating or ventilation in your home, please state below: | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **5.0 Bathroom** | | |
| 5.1 What facilities does your current bathroom have? | Bath | |
| Shower | |
| Separate shower | |
| 5.2 Do you have any difficulty using the bath, shower or toilet? If YES, please describe below: | Yes | |
| No | |
|  | | |
| 5.3 Please indicate which of the following you require to be located on the ground floor | | Toilet (WC) |
| Bathroom |
| Bedroom |

|  |  |
| --- | --- |
| **6.0 Dampness** | |
| 6.1 Does your home have any dampness? | NO |
| SOME DAMPNESS |
| LOT OF DAMPNESS |
| 6.2 Have you reported this to your landlord? | YES |
| NO |

|  |  |
| --- | --- |
| **7.0 Bedroom** | |
| 7.1 Does your illness or disability mean that you require an extra bedroom? | YES  NO |
|  |  |
| *Please Note: If you are currently in receipt of Housing Benefit, having an extra bedroom may have some implications (i.e. Bedroom Tax). Please discuss these with one of our Housing Services Officers in your Allocations Interview.* | |
|  | |

|  |  |
| --- | --- |
| **8.0 Hospital / Clinic** | |
| 8.1 If you attend a Hospital or Clinic on a regular basis, how often do you attend? | Every 1 or 2 Months |
| 3 Monthly |
| 6 Monthly |
| Yearly |
| 8.2 If you attend a Hospital or Clinic on a regular basis,  which Hospital or Clinic is it? |  |

|  |  |
| --- | --- |
| **9.0 Family Doctor / GP** | |
| 9.1 What is your Doctor’s Name and Address: | |
|  | |
| 9.2 If you get regular support from anyone else, such as a District Nurse, Support Worker, CPN or Occupational Therapist, please give their Name, Occupation and contact details where possible. | |
|  | |
| 9.3 How often do you visit them/ they visit you? |  |

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Please read this declaration and sign below to say that you understand it:** | | |
| *I declare that the particulars given in this application form are true. If the information is found to be false or misleading, or if relevant information is withheld, I understand that my application may be suspended. I agree to give Glen Oaks Housing Association Limited permission under the Data Protection Act 1998 to obtain information from necessary sources to process this application.* | | |
| **Signed:** |  |
| **Date:** |  |

|  |
| --- |
|  |

**Consent to Share**

**What we will do with your information**

This form explains how your personal information will be used as part of your assessment for housing. We are committed to protecting your privacy. We try to meet the highest standards when collecting and using personal information. We adhere to the requirements of the Data Protection Act 1998, when using and sharing personal information. We are also registered on the public register of data controllers, with the Information Commissioner's Office.

**Agreement to share your information**

The Housing Options partners will collect and share your information with Glasgow City Council, other public organisations and relevant agencies so we can understand your needs better, improve services and avoid asking you for the same information more than once. This might include workers involved in your care, for example your nurse, social worker, support worker, future housing providers or other relevant agency as discussed with you.

The Housing Options partners, as landlords, will also collect and share your information for the purposes of assessing your needs for housing and to develop a Common Housing Register (CHR). This will make it easier for you to be considered for housing by a number of landlords and avoid you filling in separate registration forms for each. This means when you fill in a housing registration form you agree to your information being shared with other landlords, with other public organisations, organisations that handle public funds, social work services, your support worker, your nurse and other relevant agency as discussed with you.

There may be occasions when there is sufficient concern about your or others safety or wellbeing, or for the detection and prevention of crime that your information will be shared before your consent is given or even if you do not agree to your information being shared.

**I understand that information is held about me and agree that my personal information may be shared with other relevant agencies and professionals where you consider it appropriate. I have had an opportunity to discuss what this means**.

**I understand that the information I have given in this registration form is true. I also undertake to tell you about people aged 16 years or over who live in my home.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I agree with this statement: | | **YES / NO** | | |
| Name of Customer  (Print) |  | | | |
| Signature of Customer |  | | | |
| Signature of Advocate/  Representative  (if required) |  | | | |
| Interviewer’s Signature |  | | | |
| Designation |  | | Date |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Original Birth Certificate | Wage slips from current employer | EC National Identity Card | | UK Driving License | Home Office acknowledgement letter | NHS Medical Card | | Divorce / Annulment papers | Valid Passport | Marriage Certificate | | UK Residence Permit | Benefit Entitlement Letter | Recent bank statement | | Recent utility bill | Life assurance policy | Credit Card | | HM Forces certificate of employment | Letter from Solicitor, Doctor, Social Worker or Probation Officer | Letter from Inland Revenue |   ***Proof of identity and National Insurance***  You need to provide us with you and your partners’ identity and National Insurance numbers. At interview you should have at least two of the following dated within the last 6  Months (one of which should be photographic ID, and one should have your current home address).  **Please note that without this information, we cannot confirm your identity and cannot offer you a property.** |

**Please return this application by mail, email or by hand to our office in Arden:**

**Glen Oaks Housing Association,**

**3 Kilmuir Drive,**

**Arden,**

**Glasgow,**

**G46 8BW**

**t. 0141 638 0999 f. 0141 638 5999** [**go@glenoaks.org.uk**](mailto:go@glenoaks.org.uk)