



35 McKechnie Street Glasgow, G51 3AQ

Telephone: 0141 440 0308

DATE REC'D

POINTS AWARDED

DIRECT

TRANSFER

SHELTERED

VERY SHELTERED

APPLICATION REFERENCE NUMBER

DATE ACK. LETTER SENT

**HOUSING APPLICATION FORM**

Please complete all questions

**1. PERSONAL DETAILS**

(a) Full name(s) \_\_\_\_\_

\_\_\_\_\_

(b) Full address(s) \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

(c) Contact Tel no: \_\_\_\_\_

(d) Mail address (if different from above) \_\_\_\_\_

\_\_\_\_\_

**2. SHELTERED ACCOMMODATION**

To be eligible for sheltered accommodation, you or a member of your household have a need for a warden service.

Do you want to apply for sheltered accommodation? YES  NO

**VERY SHELTERED ACCOMMODATION**

To be eligible for very sheltered accommodation, you or a member of your household has a need for a warden service and have difficulty shopping or cooking for yourselves.

Do you want to apply for very sheltered accommodation? YES  NO

Please give reasons for applying for sheltered/very-sheltered accommodation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. YOUR HOUSING CHOICE

(a) BELOW IS A LIST OF STREET AND AREAS WE HAVE PROPERTIES. PLEASE TICK THE STREET YOU WISH TO BE CONSIDERED FOR REHOUSING.

Please refer to enclosed map for location of Central Govan properties.

GOVAN CENTRAL		IBROX		GOVAN C STOCK	
Govan Rd		Brand St		Burndyke Square	
Elder St		Elizabeth St		Elphinstone Place	
Howat St		Ibrox St		Merryland Place	
Langlands Rd		Middleton St		Merryland Street	
Luath St		Midlock St		Summertown Rd	
Rathlin St		Any Street in Ibrox		Burndyke Court	
Rosneath St				Govan Road	
Shaw St				Any street in Govan C	
Southcroft St		<b>ANY STREET IN ANY AREA CONSIDERED</b>			
Taransay St					
Vicarfiled St					
Wanlock St					
Summertown Rd					
Any Street Govan Central					

(b) Please indicate with a tick if there are any floor positions that you **DO NOT** want to be considered for?

FLOOR POSITION		REASON
Ground		
First Floor		
Second Floor		
Third Floor		
Fourth Floor		

#### 4. HOUSEHOLD DETAILS

Starting with your own details, please **include everyone** currently staying in the accommodation.

NAME	SEX	DATE OF BIRTH	NATIONAL INSURANCE NUMBER	RELATIONSHIP TO YOU	WILL THEY BE MOVING WITH YOU
				XXXXXXXXXX	Yes/ NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO

#### 5. HOUSEHOLD DETAILS

(a) SELF

PLEASE GIVE DETAILS OF ALL ACCOMMODATION FOR LAST TEN YEARS.  
Please complete as fully as possible starting with your current address.

TENANT/ LODGER or OWNER	ADDRESS OF PROPERTY	PROPERTY OWNER'S NAME AND ADDRESS	FROM	TO	REASON FOR MOVING

(b) PARTNER

PLEASE GIVE DETAILS OF ALL ACCOMMODATION FOR LAST TEN YEARS.  
Please complete as fully as possible starting with your current address.

TENANT/ LODGER or OWNER	ADDRESS OF PROPERTY	PROPERTY OWNER'S NAME AND ADDRESS	FROM	TO	REASON FOR MOVING

**6. DETAILS OF PRESENT ACCOMMODATION**

(a) PLEASE TICK ONE OF THE FOLLOWING BOXES WHICH BEST DESCRIBES YOUR PRESENT CIRCUMSTANCES?

- GOVAN HOUSING ASSOCIATION TENANT
- LIVING WITH PARENTS
- ROOFLESS AND REGISTERED WITH GLASGOW CITY COUNCIL
- ROOFLESS AND UNREGISTERED
- BED AND BREAKFAST
- HOSTEL ACCOMMODATION
- MOBILE HOME
- REFUGE
- LEAVING PRISON
- LEAVING LONG TERM CARE
- CARE OF ADDRESS
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

(b) HOW MANY BEDROOMS ARE THERE? \_\_\_\_\_

(c) IF YOU ARE STAYING CARE OF SOMEONE, HOW MANY BEDROOMS ARE FOR YOUR FAMILY USE ONLY? \_\_\_\_\_

(c) PLEASE TICK IF YOUR ACOMMODATION LACKS ANY OF THE FOLLOWING AMENITIES

Inside WC  No piped hot water  No wash hand basin   
No Bath/Shower  No facility for cooking

(e) PLEASE TICK IF YOU SHARE ANY OF THE FOLLOWING AMENITIES

Cooking Facilities  Inside WC  Outside WC   
Bath/Shower  Living Area

(f) PLEASE TICK IF YOUR PROPERTY IS AFFECTED BY: -

Unsafe electrical wiring   
Severe rain penetration   
Rising damp   
Penetrating damp   
Severe condensation dampness   
Severe vermin infestation

Proof of their current circumstances from Environmental Protection Services or another appropriate agency will be required. Failure to provide the necessary evidence will mean points cannot be awarded. A home visit may also be carried out.

**7. YOU MAY BE AWARDED ADDITIONAL POINTS IF ANY OF THE FOLLOWING ARE RELEVANT TO YOUR CURRENT CIRCUMSTANCES: Please tick any that apply?**

Domestic violence   
Living apart due to inadequate current housing situation

You will be asked to provide supporting evidence for example, from your lawyer, GP, Consultant etc.

Please give further details: -

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**8. YOU MAY BE AWARDED ADDITIONAL POINTS IF ANY OF THE FOLLOWING ARE RELEVANT TO YOUR CURRENT CIRCUMSTANCES: Please tick any that apply?**

- Owner occupier facing repossession due to genuine hardship (where date of repossession is known).
- Living in tied accommodation and employment ending (where termination of employment is less than 3 months away)
- Tenant served with Notice to Quit by landlord
- Living with spouse / partner and facing breakdown in relationship
- Person asked to leave family home
- Short term tenancy/lease/occupancy agreement (up to six months) and no notice served.
- Regular access to children
- You will be asked to provide supporting evidence for example, from your lawyer, GP, Consultant etc.

Please give further details:

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**9. SOCIAL CONSIDERATIONS**

You may be awarded additional points if any of the following are relevant to your current circumstances.

(a) DO YOU REQUIRE TO BE NEARER THE GOVAN AREA TO GIVE OR RECEIVE FAMILY SUPPORT?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Name of Relative: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Support \_\_\_\_\_

\_\_\_\_\_

You will be asked to provide supporting evidence for example, from your GP, Consultant etc.

(b) DO YOU NEED TO BE NEARER THE GOVAN AREA TO ATTEND A HOSPITAL OR CLINIC FOR ESSENTIAL AND PROLONGED MEDICAL TREATMENT E.G. KIDNEY DIALYSIS?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Which hospital/clinic? \_\_\_\_\_

Why do you have to attend? \_\_\_\_\_

Details of medical condition (s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of medication prescribed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) DO YOU REQUIRE TO MOVE INTO OUR AREA TO TAKE UP EMPLOYMENT?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

Name and address of employer: \_\_\_\_\_

\_\_\_\_\_

Date employment began : \_\_\_\_\_

(d) DO YOU REQUIRE TO MOVE INTO OUR AREA TO BE CLOSER TO SUITABLE CULTURAL/RELIGIOUS FACILITIES?

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

**10. MEDICAL CIRCUMSTANCES**

You may be awarded additional points if any of the following are relevant to your current circumstances. We are aware that some of these questions may be of a sensitive nature. Please be assured that all information will be treated in the strictest confidence.

(a) IS YOUR CURRENT ACCOMMODATION UNSUITABLE TO MEET THE NEEDS OF A TERMINALLY MEMBER OF YOUR HOUSEHOLD?

YES   
NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

(b) ARE YOU OR ANY MEMBERS OF YOUR HOUSEHOLD HOUSEBOUND DUE TO THE LOCATION AND/OR LAYOUT OF YOUR CURRENT ACCOMMODATION?

YES   
NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

(c) DO YOU OR ANY MEMBERS OF YOUR HOUSEHOLD SUFFER MOBILITY OR HEALTH PROBLEMS DUE TO THE LOCATION AND/OR LAYOUT OF YOUR CURRENT ACCOMMODATION?

YES   
NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

(d) DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUIRE AN ADDITIONAL BEDROOM DUE TO A MEDICAL CONDITION?

YES   
NO

If yes please provide details: \_\_\_\_\_  
\_\_\_\_\_

Please note that supporting evidence of all medical conditions must be provided.

**11. ADDITIONAL INFORMATION- Only complete this question if you have answered YES to question 9.0 a or b and / or 10.0**

(a) DO WE HAVE PERMISSION TO CONTACT YOUR GP /OCCUPATIONAL THERAPIST/ DISTRICT NURSE IF WE NEED MORE INFORMATION ABOUT YOUR HEALTH?

YES  
NO


Please sign your name here if you agree: \_\_\_\_\_

Details of doctor / district nurse / occupational therapist

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

(b) PLEASE COMPLETE THE FOLLOWING IF YOU HAVE ANSWERED **YES** TO QUESTIONS 10 A,B,C AND/OR D,

Details of medical condition (s):

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Details of medication prescribed:

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**12. RELATION TO STAFF / COMMITTEE**

ARE YOU RELATED TO ANY MEMBER OF STAFF OR MANAGEMENT COMMITTEE MEMBER OF GOVAN HOUSING ASSOCIATION?

YES   
NO

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

**13. DECLARATION**

I/WE HEREBY CERTIFY THAT ALL THE INFORMATION I/WE HAVE GIVEN IS CORRECT AND UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS OR WITHHOLDING OF RELEVANT INFORMATION NOW OR IN THE FUTURE WILL DISQUALIFY THE APPLICATION.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# GOVAN HOUSING ASSOCIATION LIMITED

## MANDATE

I .....  
(Name)

OF .....  
(address)

HEREBY AUTHORISE GOVAN HOUSING ASSOCIATION TO OBTAIN CURRENT AND FORMER TENANCY REPORTS FROM THE ADDRESS (ES) BELOW.

	Your Current/Former Address (es)	Landlord Address (es)
1		
2		
3		
4		

SIGNED .....

DATE .....

GOVAN HOUSING ASSOCIATION IS COMMITTED TO EQUAL OPPORTUNITIES AND MONITORS ALL APPLICATIONS RECEIVED TO ENSURE WE DO NOT DIRECTLY OR INDIRECTLY DISCRIMINATE. TO ASSIST US IN THIS PROCESS WE WOULD APPRECIATE YOUR ASSISTANCE BY COMPLETING THE FOLLOWING QUESTIONS. HOWEVER IF YOU DO NOT ANSWER THESE QUESTIONS IT WILL NOT AFFECT YOUR HOUSING APPLICATION.

**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?**

(by this we mean a condition which has a long term and substantial effect on your ability to carry out normal day to day activities.)

YES  NO

IF YES, IS IT:

PHYSICAL   
MENTAL ILL HEALTH   
LEARNING DISABILITY   
VISUAL IMPAIRMENT   
HEARING IMPAIRMENT

OTHER: PLEASE SPECIFY .....

**GENDER**

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR HOUSEHOLD?

SINGLE MALE   
SINGLE FEMALE   
COUPLE   
COUPLE (SAME GENDER)   
SINGLE PARENT (MALE)   
SINGLE PARENT (FEMALE)

**AGE**

WHICH OF THE FOLLOWING AGE BAND DO YOU BELONG TO?

16 –25  41-50  61-75   
26 – 40  51-60  over 75

## **SEXUAL ORIENTATION**

### **HOW WOULD YOU DESCRIBE YOUR SEXUAL ORIENTATION?**

HETROSEXUAL	<input type="checkbox"/>	BI-SEXUAL	<input type="checkbox"/>
GAY	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
LESBIAN	<input type="checkbox"/>	PLEASE SPECIFY	<input type="checkbox"/>

## **ETHNIC ORIGINS**

### **HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?**

	SELF	PARTNER
<u>WHITE</u>		
Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Other British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other White	<input type="checkbox"/>	<input type="checkbox"/>
<u>ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH</u>		
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	<input type="checkbox"/>
<u>BLACK, BLACK SCOTTISH OR BLACK BRITISH</u>		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>	<input type="checkbox"/>
<u>OTHER ETHNIC BACKGROUND</u>		
Other background	<input type="checkbox"/>	<input type="checkbox"/>