



# Application for Housing

PLEASE ANSWER ALL QUESTIONS IN FULL USING BLOCK LETTERS

Do you require any of the following options to aid you with your application?  
 (Please only tick if applicable, please contact your local office to arrange assistance.)

Large print text  Language Interpreting Service

<b>Your Name</b>	<b>MR/MRS/MS/MISS</b>	
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<b>Date of Birth</b>	
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<b>Joint Applicants Name</b>	<b>MR/MRS/MS/MISS</b>	
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<b>Date of Birth</b>	
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<b>Your Address</b>		
	<b>Postcode</b>	

<b>Contact Telephone Numbers</b> (Please provide where appropriate)	
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Home:	Work:
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Email:	Mobile:
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**PLEASE ADVISE US IF THESE NUMBERS CHANGE.**

<b>Do you wish your mail to go to a different address? If so, please give details</b>	

<b>Postcode</b>	
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<b>Tel No. Home</b>	Code:	Number:
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<b>Customer Ref. No.</b>								FOR OFFICE USE ONLY
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<b>Date Received</b>		FOR OFFICE USE ONLY
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**PLEASE NOTE:** Your application must be re-registered every six months by phone, at your local office, in writing or by e-mailing: [reception@hillcrestha.org.uk](mailto:reception@hillcrestha.org.uk). You do not need to complete a new application form each time you re-register. You must notify us in writing of any change of circumstances.

DATA PROTECTION ACT 1998 - YOUR PERSONAL DATA. The following information will be used for allocation and checking purposes and to make enquiries in connection with this application with other agencies i.e. doctor/health visitor, current/former landlord, social work department.

# PLEASE ANSWER ALL THE QUESTIONS ON THIS FORM

The information you provide will allow us to assess your application, award points and will be treated confidentially

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## 1. CURRENT ACCOMMODATION

**1.1**

Please tick whatever box is relevant

I am an Owner

I am a Tenant

I live in tied accommodation

I Stay in B&B,  
Hostel or other  
homeless accom

I live with  
friends or  
relatives/lodging

I stay in hospital, supported  
accom, children's  
home or prison

I live in a caravan/  
houseboat

Other (Please give details) .....

**1.2**

How long have you lived in your current accommodation?

Yrs	Mths
<input type="text"/>	<input type="text"/>

**1.3**

If you have a Fixed Term Lease/Tenancy when does this end?

**1.4**

Have you been given a date to leave your property?

**1.5**

How many people are living in the house including yourself?

**1.6**

Tell us which rooms you share with others. (Please tick)

Bathroom

Kitchen

Bedroom(s)

Livingroom

Do you share a Bedroom with anyone other than your partner? If yes, who with?

Do you usually sleep in a room which is not a bedroom? If so please give details.

**1.7**

How many bedrooms does the house have?  
Please indicate number as appropriate

Double  
Bedrooms

Single  
Bedrooms

**1.8**

Does the house have (Please tick)

Hot and mains cold water?

Bath or shower?

Inside WC?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**1.9**

Does the property suffer from dampness or is it in serious disrepair? Yes

No

If YES, please give details

**1.10** Who owns or is the Landlord of your present address? (For tenancy reference purposes only)

<b>Name of Landlord</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Telephone Number</b>	

**1.11** Do you live outwith the area and require to move to provide/receive support? Yes  No

**SUPPORT NEEDS**

I need to give support to (give name and address below)

I need to get support from (give name and address of your main source of support below)

<b>Their Name</b>	<b>MR/MRS/MS/MISS</b>	
<b>Their Address</b>		
	<b>Postcode</b>	

I need support but there is no support arrangement in place.

To allow us to assess your needs properly we would like to know how often you provide/receive support (please tick appropriate box)

daily       weekly

**1.12** Do you need Housing with support? Yes  No   
If so, please give brief details of the type of support you require


**1.13** Do you need to move because you cannot get to work/education for designated hours? If yes please give details: Yes  No


## 2. PERSONAL DETAILS

### 2.1 Who is to be rehoused with you?

Name	Mr/Mrs Ms/Miss	Age	Date of Birth				Relationship	Address if different to you

### 2.2 CARE ARRANGEMENTS

Do you need another room to

Offer respite care     Provide foster care

If you have ticked any of the above boxes, please provide a letter from your Social Worker or other appropriate person to confirm your situation

Do you have OVERNIGHT access to a child or children of more than 2 nights per week?  
(Please provide details below)

<b>Childs Name</b>			M <input type="checkbox"/>	F <input type="checkbox"/>
<b>Date of Birth</b>		<b>Currently lives with</b>		
<b>Childs Name</b>			M <input type="checkbox"/>	F <input type="checkbox"/>
<b>Date of Birth</b>		<b>Currently lives with</b>		
<b>Childs Name</b>			M <input type="checkbox"/>	F <input type="checkbox"/>
<b>Date of Birth</b>		<b>Currently lives with</b>		

**2.3** Please give details of your previous addresses over the last 5 years.

Address		Dates From	Dates To	Name and Address of Landlord or did you own the property?
1				
2				
3				

**2.4** Please give details of your joint applicants' previous addresses over the last 5 years.

Address		Dates From	Dates To	Name and Address of Landlord or did you own the property?
1				
2				
3				

**2.5** Have you an outstanding debt to a previous landlord? Yes  No

If yes, who was your landlord?

<b>Name of Landlord</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Telephone Number</b>	

Do you have a repayment plan in operation? Yes  No

If yes please give details:


**2.6** Has any person on this application been evicted for anti-social behaviour within the last 2 years? Yes  No

If yes, who was evicted?.....

Who was the Landlord?

<b>Name of Landlord</b>	
<b>Address</b>	
	<b>Postcode</b>
<b>Telephone Number</b>	

**2.7** Has any person on this application been the subject of an anti-social behaviour order (ASBO) or under S19 of the Crime and Disorder Act 1998, on or after 30/9/02? Yes  No

If yes, which person was this?.....

PLEASE NOTE: IF THERE IS EVIDENCE OF THE ABOVE WHICH IS CORROBORATED WE MAY SUSPEND YOUR APPLICATION IN ACCORDANCE WITH OUR SUSPENSION POLICY.

**2.8** Is anyone on this form Registered under the Sexual Offences Act (2003). Yes  No

If yes, which person is this? .....

### 3. ACCOMMODATION REQUIRED

**3.1** How many bedrooms do you require? Double  Single

(Please note in accordance with our current Allocation policy that each person within the household should have their own single bedroom except (a) a couple living as partners sharing a double room (b) two children sharing a double room under the age of 8. On the applicant's request two children of the same sex irrespective of age can share a bedroom).

**3.2** Do you, or a member of your household, have a medical condition which is affected by your current accommodation? Yes  No   
If yes, we will forward a medical Form for completion.

**3.3** Have you in the last 6 months completed a Medical Assessment Form when applying for housing with Dundee, Angus or Perth & Kinross Councils? Yes  No

**3.4** Do you consider yourself to need Sheltered Housing? (e.g. development with resident warden). Yes  No

**3.5** Do you consider yourself to need special needs/adapted housing? (e.g. wheelchair access) Yes  No

**3.6** Please indicate why you wish to be rehoused by the Association and provide any other relevant information to support your application e.g. wish to move due to Violence or Harrassment. **PLEASE DO NOT LEAVE THIS SECTION BLANK.**


**3.7** If you need housing for yourself only, would you consider Bedsit accommodation? (The current rent charge for this type of property is £100 per month plus any relevant service charge). Yes  No

**WE HAVE ACCOMMODATION IN THE FOLLOWING AREAS**

**3.8** Please indicate which areas you wish to be considered for by ticking the relevant boxes below

Blackness	<input type="checkbox"/>	Broughty Ferry	<input type="checkbox"/>	Central	<input type="checkbox"/>
Coldside	<input type="checkbox"/>	Eastern	<input type="checkbox"/>	Hilltown	<input type="checkbox"/>
Lochee	<input type="checkbox"/>	Perth Road	<input type="checkbox"/>	Stobswell	<input type="checkbox"/>

Please refer to your Information Guide for a more detailed list of addresses available

**3.9** Are you interested in any of the following schemes. (If so an information sheet will be sent)

Homestake	<input type="checkbox"/>	Helping you become a Home Owner
Shared Ownership	<input type="checkbox"/>	Part Rent/Part Mortgage
Market Rent	<input type="checkbox"/>	Simply the level of rent that a landlord would accept and a tenant would pay for the tenancy of the house
Mid Rent	<input type="checkbox"/>	A rent somewhere between market rents and those set For Registered Social Landlords

**4. GENERAL INFORMATION**

**4.1** Special permission is required for us to offer accommodation to current employees or Committee members of the Hillcrest Group or their close relatives. Are you or any member of your household a member of staff related to a member of staff or committee member? If YES please give details. Yes  No

.....

.....

**4.2** Do you have any pets you intend to bring with you? Please note that our written consent is required for keeping pets. If YES, please give details. Yes  No

.....

**4.3** Finally, where did you hear about us?

Word of Mouth	<input type="checkbox"/>	Friends/Family	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
Local TV/Radio	<input type="checkbox"/>	One of our Tenants	<input type="checkbox"/>	Website	<input type="checkbox"/>
Other	<input type="checkbox"/>				

# EQUALITY OF OPPORTUNITY

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Hillcrest aims to be an Equal Opportunities organisation within its broad membership and within its role both as an employer and as a provider of housing and other services. We endorse the SFHA's "Code of Conduct on Equal Opportunities", the Commission for Racial Equality's "Code of Practice on Racial Equality in Housing", and the DWP's "Code of Practice - Age diversity in employment". Current legislation relating to race, age and disability will also be adhered to. Hillcrest will also be compliant with the Disability Equality Duty

## I WOULD DESCRIBE MY ETHNIC ORIGIN AS:

### 1. White

- Scottish
- Other British
- Irish
- Any Other
- White Background

### 2. Mixed

### 3. Asian, Asian Scottish, Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any Other Asian Background

### 4. Black, Black Scottish or Black British

- Caribbean
- African
- Any Other Black Background

### 5. Other ethnic background

### 6. Gypsy Traveller

### 7. Unknown

## I CONSIDER MYSELF TO BE DISABLED

Yes

No

To apply for housing or to find out more about the Association, please contact any of our offices.

The Association is working towards equality of opportunity in both our employment and provision of service.

The Association can arrange a translator to assist individuals with our policies and forms, and can also explain our allocation system if required. If you require this service please contact our office.

如需申請房屋或知悉有關我們的服務，請聯絡本辦公室。我們無論對僱員或對所提供的服務都是大力提倡平等機會。

我們可以為你提供翻譯員，講解有關我們的政策方針，分配制度和填寫表格，你可聯絡本辦公室或位於 **Wellgate** 中央圖書館的翻譯中心。

مکان کیلئے درخواست دینے یا ہمارے کام کے بارے میں مزید جاننے کیلئے براہ مہربانی ہمارے آفس سے رابطہ کریں۔ ہم ملازمتوں اور سہولتوں فراہمی میں برابری کے مواقع کی پالیسی پر کارندہ ہیں۔

ہم فارم وغیرہ بھرنے کیلئے ترجمان کا انتظام کر سکتے ہیں اور ضرورت پڑنے پر مکان الاٹ کرنے کے سسٹم کی وضاحت بھی کر سکتے ہیں۔ اگر آپ ترجمہ کی سہولت چاہتے ہیں تو براہ مہربانی ہمارے آفس یا ویل گیٹ لائبریری میں موجود ٹرانسلیشن سروس سے رابطہ قائم کریں۔

## PLEASE READ THESE IMPORTANT NOTES BEFORE SUBMITTING YOUR APPLICATION FORM

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- A. Your application will be assessed on the basis of information supplied. If your circumstances change we **MUST** be notified immediately.
- B. We review the structure of our pointing policy to ensure we are able to respond to changing needs. Any future revisions will be applied to existing applications.
- C. YOU MUST RENEW YOUR APPLICATION EVERY 6 MONTHS FROM THE DATE OF APPLICATION. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING CANCELLED.

**WARNING - ANY FALSE OR MISLEADING INFORMATION SUPPLIED BY YOU VERBALLY OR IN WRITING MAY, RESULT IN THE SUSPENSION OF YOUR APPLICATION IN ACCORDANCE WITH OUR SUSPENSION POLICY. A COPY OF THIS POLICY IS AVAILABLE ON REQUEST.**

**IF INFORMATION IS PROVED TO BE FALSE AFTER A HOUSE HAS BEEN LET, OR RELEVANT INFORMATION HAS BEEN DELIBERATELY OMITTED, YOU WILL BE LIABLE TO LEGAL PROCEEDINGS.**

**DECLARATION** - I DECLARE THAT THE PARTICULARS GIVEN BY ME ON THIS FORM ARE TRUE IN ALL RESPECTS AND I HEREBY AUTHORISE THE ASSOCIATION TO MAKE ENQUIRIES IN CONNECTION WITH MY APPLICATION FOR HOUSING WITH OTHER AGENCIES i.e. DOCTOR/HEALTH VISITOR, CURRENT/FORMER LANDLORD, SOCIAL WORK DEPARTMENT.

Hillcrest Housing Association holds your details in accordance with the Data Protection Act 1998. We may share this information with our other offices or parties authorised to act on your behalf, but not with any external agencies with no right to receive them.

**PLEASE NOTE WE CANNOT PROCESS YOUR APPLICATION UNLESS YOU HAVE SIGNED THIS SECTION.**

<b>Signature of applicant(s)</b>		<b>Date</b>	
<b>Name(s) (Block Capitals)</b>			
<b>Signature of joint applicant</b>		<b>Date</b>	
<b>Name(s) (Block Capitals)</b>			

POINTS	<input style="width: 95%;" type="text"/>		Category	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>		Size	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>			
	<input style="width: 95%;" type="text"/>			
	<input style="width: 95%;" type="text"/>	Completed by.....	Date .....	
	<input style="width: 95%;" type="text"/>	Checked by .....	Date .....	
	<input style="width: 95%;" type="text"/>	Input by .....	Date .....	
TOTAL POINTS	<input style="width: 95%;" type="text"/>	Amended by .....	Date .....	

**PLEASE SEND YOUR COMPLETED APPLICATION FORM  
TO ANY OF OUR LOCAL OFFICES**

**DUNDEE:** Shed 26, Camperdown Street, City Quay, Dundee, DD1 3JA  
Tel: 01382 322333 • Fax: 01382 201772  
Monday - Thursday 8.45am - 5.15pm. Friday 8.45am - 1.00pm

**ARBROATH:** 1 North Grimsby, Arbroath, DD11 1NU  
Tel: 01241 434333 • Fax: 01241 877630  
Monday - Thursday 8.45am - 12.30pm, 1.30pm - 5.15pm.  
Friday 8.45am - 1.00pm

**GLENROTHES:** 9 Brodie Court, Stenton, Glenrothes, KY7 4UD  
Tel: 01592 631339 • Fax: 01592 631401  
Mondays and Thursdays 9.00am - 1.00pm & 2.00pm - 5.00pm  
Tuesdays and Wednesdays 9.00am - 1.00pm

**CRIEFF:** 30 West High Street, Crieff, PH7 3DS  
Tel: 01764 655895 • Fax: 01764 656395  
Mondays to Thursday 9.00am - 12 noon and 1.00pm - 3.00pm  
Friday 9.00am - 12noon

**EDINBURGH:** 126 Canongate, Edinburgh, EH8 8DD  
Tel: 0131 558 8555 • Fax: 0131 558 9888  
Mondays to Thursday 8.45am - 5.00pm. Friday 8.45am - 1.00pm

**PLEASE NOTE THAT A COMMON HOUSING REGISTER IS  
OPERATIONAL IN PERTHSHIRE AND EDINBURGH AREAS.**

**email: [reception@hillcrestha.org.uk](mailto:reception@hillcrestha.org.uk)**

**[www.hillcrestha.org.uk](http://www.hillcrestha.org.uk)**