

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

OFFICE
USE

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, I live with I stay in hospital, supported
 Hostel or other friends or accom, children's
 homeless accom relatives/lodging 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

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

1.8 Does the house have (Please tick)

	Yes	No
Hot and mains cold water?	<input type="checkbox"/>	<input type="checkbox"/>
Bath or shower?	<input type="checkbox"/>	<input type="checkbox"/>
Inside WC?	<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)

Name of Landlord	
Address	
	Postcode
Telephone Number	

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)

Their Name	MR/MRS/MS/MISS	
Their Address		
	Postcode	

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)

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

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?

Name of Landlord

Address

Postcode

Telephone Number

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?

Name of Landlord	
Address	
	Postcode
Telephone Number	

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? If yes, we will forward a medical Form for completion. Yes No

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.**

WE HAVE ACCOMMODATION IN THE FOLLOWING AREAS

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

CUPAR

Houston Court

GLENROTHES

Brodie Court Kellie Court

LOCHGELLY

Burgh Court

ST ANDREWS

Bobby Jones Place Findlay Douglas Court

NEWBURGH

West Shore Rd

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 Friends/Family Newspaper

Local TV/Radio One of our Tenants Website

Other

EQUALITY OF OPPORTUNITY

OFFICE
USE

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 دہنے 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 اول گیٹ لائبریری میں موجود ٹرانسلیشن سروس سے رابطہ قائم کریں۔

PLEASE READ THESE IMPORTANT NOTES BEFORE SUBMITTING YOUR APPLICATION FORM

- 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 TICKED THE BOX(ES) BELOW.

Applicant Confirmation	<input type="checkbox"/>	Date	<input type="text"/>
Name(s) (Block Capitals)	<input type="text"/>		
Joint Applicant Confirmation	<input type="checkbox"/>	Date	<input type="text"/>
Name(s) (Block Capitals)	<input type="text"/>		