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## HOUSING APPLICATION FORM CATHCART & DISTRICT HOUSING ASSOCIATION LTD 3-5 Rhannan Road CATHCART G44 3AZ Tel: 0141 633 2779 Email: info@cathcartha.co.uk

Date of Application		Start of Tenancy		App No			
		j					
PERSONAL DETAI	LS						
First Applicant's D	etails		Second Applicant's	Details			
Title (Mr/Mx/Mrs/Ms	/Miss)		Title (Mr/Mx/Mrs/Ms/M	1iss)			
First Name(s)			First Name(s)				
Last Name			Last Name				
Address			Address				
Flat Position (e.g., 2	2/1)		Flat Position (e.g., 2/1	)			
Postcode			Postcode				
Telephone No – Hor	me		Telephone No – Home	9			
Telephone No – Wo	rk		Telephone No – Work				
Mobile/Other Telephone			Mobile/Other Telephone				
Email			Email				
Date of Birth			Date of Birth				
National Insurance	No		National Insurance No	)			
Correspondence Ad	dress (if different fro	m above):					

Thank you for your interest in housing from Cathcart & District Housing Association. Applications are welcome from any persons over the age of 16 years regardless of their colour, race, gender, age, disability, social background, marital status, religion or sexual orientation.

Please read this guidance in full before you complete the application form as it contains important details on how to apply and what information you need to provide. Please note that, until we receive all of the necessary information and supporting evidence we require, your application cannot be given the appropriate level of priority and you will not receive an offer of housing from the Association.

### **Supporting information**

You must enclose all relevant documentation when you submit your application form. The information we require is:

- **Photographic Identification is required for the applicant and any joint applicant –** documents such as a passport or driving licence are acceptable.
- 2 proofs of residence for the applicant and any joint applicant documents should be dated and have the current address. Utility bills, Council Tax letters and other official letters are acceptable.
- **1 proof of residence for every other person to be rehoused –** documents should be dated and have the current address as above.
- Proof of Birth Certificate or Passport for anyone under 16.
- Proof of ownership/tenancy of the current address the documents we accept include the tenancy
  agreement, occupancy agreement, contract, lease agreement, mortgage statement, factors invoice,
  Council tax letter or Buildings Insurance documents.
- **Pregnancy** if anyone included in the application is pregnant, we require to see proof such as the Maternity Certificate which confirms the Expected Week of Confinement.
- **National Insurance Number –** Documents such as DWP letters, National Insurance Card, and wage slips are acceptable.

If you are not the owner or the tenant of the address you are currently living at, please provide written confirmation of who the landlord or owner of the property is.

### **Medical Condition**

If you have a medical condition that affects the size, type or location of housing you need, please request an Application for Medical Priority Form

### **Preferences for Housing**

This application form includes options for you to advise us of the type of house you are interested in and the specific locations you would prefer. Please note that we will not consider you for properties which become available which do not match your specific preferences and you may, therefore, reduce your prospects of being rehoused if you restrict your choices.

### What happens next?

We will fully assess your housing needs and, providing you have submitted all of the supporting evidence we require; we will advise you of the level of points given to your application and your reference number which should be retained by yourself should you ever need to contact us regarding your application.

### **Privacy Notice**

Cathcart & District Housing Association will process your personal data in accordance with UK data protection laws. Our privacy notice explains what information we collect, when we collect it and how we use this. A copy of our Privacy Notice can be found on our website at <u>www.cathcartha.co.uk</u>.

## HOUSEHOLD DETAILS

Please give full details of everyone who stays in the same house as you – remember to include yourself. Please also include any child or children that stay with you under a custody or access arrangement and indicate how often they stay with you (e.g. every weekend, overnight once or twice during the week).

First Name(s)	Last Name(s)	Date of Birth	Age	Gender	Relationship to you	Is this person moving with you Yes/No	National Insurance Number (if over 16)
					Applicant		
Are you or anyone wishing t	o be rehoused with you, preg	nant? YES/NO*	delete	as appro	opriate.		
If yes, who?		What is the o	expecto	ed due da	te (EDD)?		

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### PRESENT AND PREVIOUS ADDRESSES

Please list below your present address and any previous addresses you have lived at during the last **five years**. Please use a continuation sheet if necessary

Present Address	Landlord	Period that yo	ou lived there	Reasons for wishing to leave
		From	То	
Previous Address	Landlord	Period that yo	ou lived there	Reasons for wishing to leave
		From	То	

PREVIOUS HOUSING APPLICATION	Yes	No	
Have you ever applied to Cathcart 8			
If YES, please provide your name application and the application nu	and address at the time you applied, the app umber if you can.	proximate	e date of
Name			
Address			
Date of application			
Application Number			

PREVIOUS CATHCART HOUSING ASSOCIATION TENANCY			No
Have you previously been a tenant of			
If YES, please provide the information	ation requested below regarding your tena	ancy	
Name (at the time)			
Address			
Date of entry			
Date of leaving			

CURRENT TENANCY	Yes	No	
Do you have any current rent arrears?			
If YES, how much is outstanding	£		
What is your current monthly rent including service charges?	£		
What arrangements have you made to clear this debt?	£ per week month	OR £	per
How long has this arrangement been kept?			

CONDITIONS OF TENANCY	Yes	No
Have you or any member of your household been guilty or involved in an investigation concerning any breaches of tenancy or of behaviour leading to a Notice of Proceedings being served, an Anti-Social Behaviour order (ASBO) being granted, or any legal action being taken against you or in the vicinity of your present address?		
If yes, please give details below of the breach of tenancy or the behaviour con taken:	cerned, and of	the action
Are you or is anyone on your application required to register with the police under the Sex Offenders Act 1997	Yes	No
If yes, please give the full name(s) of the person(s)		

NATIONALITY	Yes	No
Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, are you, or is any member of your household, an asylum seeker or subject to immigration controls?		
If yes, please provide details		
Are you or is anyone on your application required to register with the police under the Sex Offenders Act 1997	Yes	No
If yes, please give the full name(s) of the person(s)		
Nationals from A2 countries may not be eligible for housing. Please tick if you other joint applicants are nationals of the following countries: Romania O	or your pa Bulgaria	-

VISA	Yes	Νο
Are you, your partner or the joint applicant staying in the UK on a spouse visa?		
If yes, please provide details		
	-	
VISA	Yes	Νο
Are you or your partner or the joint applicant staying in the UK on any other type of Visa?		
If yes, please provide details.	·	

YOUR PRESENT ACCOMMODATION DETA	ILS						
Please tell us if you have the following facilities at your present address. Please tick the boxes. If you							
are sharing facilities with anyone who is not part of your household, please tick the relevant boxes							
Facilities/Amenities	Yes	No	Shared with others				
Bathroom/Shower-room							
Central Heating							
Kitchen							
Cooking facilities							
Living room							
Use of bedrooms							
Water supply to bathroom or kitchen							

Bedrooms	Number
How many bedrooms do you have in your present home?	
How many bedrooms are double?	
How many bedrooms are single?	

Please tell us who sle	eeps in each room at your current accommodation:
Living Room	
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Comments	

Your accommodation	Yes	Νο
Do you live in a bedsit?		
Do you live in a Hostel?		
Please tell us about your accommodation e.g. do you have a combined living r have a separate kitchen, bathroom/shower room?	oom/bedroom,	do you

present address under some other arrangement. Please tick the ap	propriate buxes.	
Occupancy Type	Yes	No
Owner Occupier		
Tenant		
Short Assured Tenant (e.g 6 month lease)		
Lodger/Insecure Tenant		
Living in 'tied' accommodation		
Other		
Do you have a tenancy agreement, lease or missive for your presen	t home?	
When does your lease end?		
Notice to Leave	Yes	No
Are you under legal notice from your landlord to leave your present h	home?	
If yes when did you get that notice		
Has court action started		
If yes, what is the court date		
Has a decree for eviction been granted		

## HOUSE CONDITION

Please tell us if your present home is affected by any of the following problems (if there are problems in your current home, we will require proof that this has been reported to your landlord). Please tick the appropriate boxes

Does your home have:	Yes	Νο
Severe dampness or water penetration		
Structural problems		
If you have answered yes to any of the above, please give us more details plus evidence	s official docun	nentary

A house meets Tolerable Standard if it:

- Is structurally stable
- Is substantially free from rising or penetrating damp
- Has satisfactory provision for natural or artificial light, ventilation and heating
- Has an adequate supply of both hot and cold water to the bathroom and kitchen
- Has a toilet available for the sole use of the occupants
- Has an effective system for drainage

The above is a list of the standard amenities, a house that falls below Tolerable Standard (BTS) must be lacking in standard amenities, or it must be in extremely poor condition. Please note that a house may pass the Tolerable Standard but may still be in a poor state of repair, or may suffer from dampness/water penetration/structural problems (as above)

Below Tolerable Standard	Yes	No
Do you think your home is Below Tolerable Standard if yes why?		

HOUSING NEEDS	Yes	No
Are you disabled or do you have any medical condition that makes your present home unsuitable for your needs?		
If yes, please describe below how your present accommodation affects your disability and how being rehoused would improve your situation. Please also complete a me of your health conditions, your GP and any other health service or social work a Therapists) who can provide information in support of your application.	dical form g	jiving details

Adaptations and Equipment	Yes	No
Has your present address been adapted in any way to meet special needs such as a medical condition or disability? For example, does it have a ramp, handrails, wheelchair, accessible kitchen and bathroom, and other aids for daily living?		
If yes, please give details.		
Care and Summart Needs	Vaa	Nie
Care and Support Needs	Yes	No

Do you need to move to Cathcart and/or Mount Florida to provide care and/or support to a relative or friend?		
Would you benefit from living with Supported Accommodation (meaning someone assisting with your daily tasks)?		
Would you be able to receive care and/or support if you moved to Cathcart and Mount Florida		
If yes, please tell us who the friends or relatives are, what their relationship is to you is, and what care and/or support could you provide to them or receive from them.	ı, what their	r address
GP's name and address:		
Name and address of other relevant contacts:		
Are you related to anyone who is already a tenant of Cathcart & District Housing Association	Yes	No
If 'Yes' please give details of name and address		

# **REASONS FOR APPLICATION:**

Please use this space to provide any other information that you feel would be useful in assessing your application for housing

# HOUSING PREFERENCES

We have 595 properties in Cathcart, Battlefield and Mount Florida. The majority of our properties are traditional tenement flats. We also have a number of studio flats and some more modern flats built within the last 20 years.

It is important that you complete this part of the Application Form as accurately as possible as we will only consider you for vacant properties that meet the preferences you note on this form. It is important to widen your choice as much as possible. If you restrict your selection, you may reduce your prospects of receiving an offer of housing from the Association.

<b>FLOOR LEVEL</b> Please tick the options below to advise us which floor levels you are interested in.	Please tick
Ground floor	
First floor	
Second floor	
3 <sup>rd</sup> floor	
No preference	

HOUSE TYPE Cathcart & District Housing Association has a variety of properties. Please tick the boxes below indicating what type of property you would be interested in Tenement	Please tick
Studio deck access (white meter heating)	
One apartment (Gas or white meter heating)	
Amenities housing aged 60 and over (Gavinton Street only)	

<b>HEATING</b> All our properties are either gas or white meter heating, please indicate what type of heating you would be interested in and if you would accept either please tick gas or white meter heating in order that we can make suitable offers	Please tick
Gas central heating	
White meter heating	
Gas or white meter heating	

Street Choices	Please tick all that you prefer:
Studio Apartments:	
Clarkston Road	
Craig Road	
Cumming Drive (Mount Florida)	
Newlands Road	
Old Castle Road	
Snuff Mill Road	
Spean Street	
1 Bedroom Apartments:	
Brunton Street	
Cathcart Road	
Clarkston Road	
Craig Road	
Cumming Drive (Mount Florida)	
Dairsie Court	
Dairsie Street	
Garry Street	
Grange Road	
Greenholme Street	
Holmhead Crescent	
Holmhead Place	
Holmhead Road	
Holmlea Road	
Kilmailing Road	
Kirkwell Road	
Manse Brae	
Newlands Road	
Old Castle Road	
Rannoch Street	
Stanmore Road (Mount Florida)	
Tankerland Road	
Tulloch Street	
2 Bedroom Apartments:	
Brisbane Street	
Brunton Street	
Cartside Quadrant	
Cartside Street	
Cartvale Road	

Clarkston Road	
Cumming Drive (Mount Florida)	
Craig Road	
Dundrennan Road	
Garry Street	
Grange Road	
Greenholme Street	
Gryffe Street	
Holmhead Place	
Holmlea Court (Mount Florida)	
Holmlea Road	
Kirkwell Road	
Morley Street	
Mount Annan Drive	
Orchy Street	
Rannoch Street	
Rhannan Road	
Ruel Street	
Stanmore Road (Mount Florida)	
Tulloch Street	
3 Bedroom Apartments:	
Cartside Street	
Brisbane Street	
Cartvale Road	
Dundrennan Road	
Garry Street	
Greenholme Street	
Gryffe Street	
Holmlea Road	
Orchy Street	
Ruel Street	
Tulloch Street	
4 Bedroom Apartments:	
Brunton Street	
Gryffe Street	
Holmlea Road	
Orchy Street	
Other Types of Accommodation:	
Other Types of Accommodation:	
Sheltered Housing (applicants aged 65 or over)	
Supported Accommodation	

DECLARATION OF INTEREST			Y	es	No
Are you related to a Committee Member or employee of Cathcart and District Housing Association?					
If yes, what is their relationship to you?					
Please provide their name and address					
Name					
Address					
DECLARATION Please read the following statement carefully and then sign at the relevant place below. Where a					
joint application is being made, both applicants <b>must</b> sign below, or the application will not be processed.					
<ul> <li>I confirm that to the best of my knowledge, the details I have given on this application form are true and accurate and that I will tell you if there is any change in my circumstances so that my housing needs can be re-assessed. I understand that knowingly or recklessly giving false or misleading information, or withholding relevant facts, may result in my application for housing being cancelled. If I obtain a tenancy based on false or misleading information, I understand that action may be taken against me to recover the property.</li> </ul>					
• I give permission to Cathcart & District Housing Association to make any necessary enquiries in connection with my application for housing to verify the circumstances as stated on this application, or to obtain details relating to any former tenancies.					
• I understand that this application will be cancelled when I accept a property offered through the register. If I want to move again, I know that I will have to make a new application.					
• I understand that you will write to me every year, on the anniversary of my application, asking if I still want housing. I agree that if I do not respond to that letter and update form, you will cancel my application.					
I understand and agree to the conditions noted in the declaration.					
Signatures: If you are applying with someone else, you must both sign or we will not process the form.					
Applicant Signature			Date		
Joint Applicant Signature			Date		
Cathcart and District HA staff member (if relevant)			Date		