 SHELTERED HOUSING APPLICATION FORM

CATHCART & DISTRICT HOUSING ASSOCIATION LTD

3/5 RHANNAN ROAD

CATHCART

G44 3AZ

Tel: 0141 633 2779

Email: [info@cathcartha.co.uk](mailto:info@cathcartha.co.uk)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr/Mx/Mrs/Miss/Ms  Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Forenames \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Flat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone No Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Why are you applying for a C&DHA Sheltered House?    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OFFICE USE ONLY | | | | | | | | | | | | | | |
| CDHA List | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
| Resident  Sub Area | | | | | | |  | | | | | | | |
| Effective Date  Of Application | | | | | | | | | | | | | | |
|  |  | | - |  | | |  | | | - | |  | |  |
| Initial  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Start of Tenancy | | | | | | | | | | | | | | |
|  |  | | - |  | |  | | | | - | |  |  | |
| Actual Date  of Application | | | | | | | | | | | | | | |
|  |  | | - |  | | | |  | | | - |  |  | |
| Generated number | | | | | | | | | | | | | | |
|  | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | | | | | | | |

1. Housing Factors

a) Overcrowding/Sharing

Do you have exclusive use of a:-

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Living Room |  |  |
| Bedroom |  |  |
| Kitchen |  |  |
| Bathroom |  |  |

If you have answered ‘no’ to any of the above, please give details of those you share with

………………………………………………………………………………………….

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you live in a non domestic setting e.g Residential Home, Hostel, Hospital etc |  |  |

If yes, please give details

……………………………………………………………………………………………

……………………………………………………………………………………………

b) Housing Condition

Does your present house have:-

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| A bath or shower |  |  |
| An inside toilet |  |  |
| Adequate kitchen facilities |  |  |
| Dampness or condensation |  |  |
| Any serious repairs problems |  |  |

c) Adaptations

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your accommodation have special adaptations? |  |  |

Give details

……………………………………………………………………………………………

d) Heating

What type of heating does your home have? Please tick as appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gas Fire |  | Electric Fire |  | Coal Fire |  |
| Gas Central |  | Electric Central |  | Coal Central |  |

e) Access

Do you live on:-

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ground Floor |  | 1 up |  | 2up |  | 3 up |  |

Is your house on:-

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| One level |  |  |
| Split level |  |  |
| On a hill |  |  |

If you have to climb stairs, do you manage these?

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Without difficulty |  |  |
| With a little difficulty |  |  |
| With a lot of difficulty |  |  |
| Only with assistance |  |  |

f) Mobility

Do you go out:-

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Most days |  |  |
| At least once a week |  |  |
| Less than once a week |  |  |
| Less than once a month |  |  |

Do you go out

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Alone |  |  |
| Only with assistance |  |  |

g) Disability

Please state as fully as possible the nature of your disability

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

How long have you suffered from this complaint

……………………………………………………………………………………………

……………………………………………………………………………………………

What medication do you receive? (please provide repeat prescription or provide names of medication)

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

Do you receive Disability Living Allowance Yes/No

Sheltered Housing Complexes tend to have some form of communal activities. Would you wish to participate? Yes/No

Please provide your Doctor’s name and address

Name: ……………………………………………

Address: ……………………………………………

Telephone No: ……………………………………………

h) Home Help

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have a home help? |  |  |

If yes, how many days per week ……………………….. days

i) Visitors

|  |  |  |  |
| --- | --- | --- | --- |
| Most Days |  | At least once a week |  |
| Less than once a week |  | Less than once a month |  |

k) Walking Aids

Do you walk:-

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Unaided |  |  |
| With a stick |  |  |
| With a walking frame |  |  |

Do you use a wheelchair:-

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Sometimes |  |  |
| Most of the time |  |  |
| Only when outside |  |  |
| All the time |  |  |

l) Health

Do you suffer from falls, dizziness or unsteadiness?

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Not at all |  |  |
| Infrequently |  |  |
| Frequently |  |  |

Please give details

……………………………………………………………………………………………

……………………………………………………………………………………………

m) Shopping

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have shops nearby? |  |  |

2. Personal Factors

a) Family Support

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| In relation to the scheme you are applying for, do you have the support of family or friends? |  |  |

If yes please describe the sort of assistance you receive from family friends

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

What is their:-

Name: …………………….........................

Flat: ………………………......................

Address: …………………………………………

Town: …………………………………………

Postcode: …………………………………………

b) Assistance

Do you need help with?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | A Little | Quite a lot | A lot |
| Housework |  |  |  |  |
| Cooking |  |  |  |  |
| Shopping |  |  |  |  |
| Bathing |  |  |  |  |
| Gardening |  |  |  |  |

Does anyone help you with?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Housework |  |  |

If yes who: ………………………………………………………………..

**Floor Levels**

Ground Floor 🞏

First Floor 🞏

No preference 🞏

# Declaration

BEFORE SIGNING THE APPLICATION FORM PLEASE READ THE FOLLOWING DECLARATION

I declare that the information provided by me on this form is correct. I understand that any information provided which is deliberately false or misleading could result in my application being suspended. I undertake to give notice in writing of any change in my circumstances.

I hereby authorise Cathcart & District Housing Association Ltd to contact any relevant person or organisation to obtain information, which it considers necessary and relevant to my application.

I understand that information provided on my application may be passed to a Housing Association where I have asked to be nominated to them for rehousing.

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

Signatures. If you are applying with someone else, you must both sign or we will not process the form.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joint Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

All applications along with the appropriate documentation should be returned to:

**Cathcart & District Housing Association Ltd**

**3/5 Rhannan Road**

**Glasgow**

**G44 3AZ**

**Privacy Notice**

Cathcart & District Housing Association Limited has registered under the Data Protection Act 2018 to enable us to process personal information about housing applicants and other service users. The Association must comply with the conditions set out in the Act.

You have a right to apply for a copy of the information we hold about you and to have any inaccuracies corrected. The Association may charge a fee for providing the information; the fee is limited by statute.

We collect the following personal information about you:

* Personal details: name, addresses, date of birth
* Contact details: home phone number, mobile phone number and email address
* Further details: NI number, gender, ethnicity, disability, medical details, marital status, signature
* Household composition: details of existing accommodation arrangements and family members seeking accommodation with the applicant

We will not collect any personal data from you that we do not need.

We use information from applicants and tenants for a range of purposes relating to our housing list and tenancy management. We will also use the information to provide statistical data to our Management Committee, the Scottish Housing Regulator, and other interested parties. We will always respect the confidentiality of the information you provide.

We may also use the information if you are successful in obtaining housing from Cathcart & District Housing Association. Your application details will be kept on file as “history notes”.

While you are on our housing list, and during any subsequent tenancy you have with the Association, we may add to or modify the information provided by you or others, for example your landlord.

We may disclose your personal information to local authorities in respect of matters relevant to a tenancy, or if you are claiming or receiving housing benefit.

If you wish anyone to deal with your affairs on your behalf please request a ‘mandate to represent form’ from our office or you can find this on our website. This allows you to request a named person permission to discuss specific or all of your personal data with the Association as required.

We will not share your personal information with anyone who claims to represent you unless we are satisfied that you have appointed them or they act in some recognised official capacity. There may be a delay to us dealing with requests whilst we confirm the caller’s identity, or check that we have your approval to deal with them.

**By returning this form to us you consent to processing personal data about you in accordance with the Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR).**



**CATHCART & DISTRICT HOUSING ASSOCIATION LTD**

**EQUAL OPPORTUNITIES QUESTIONNAIRE**

To help CDHA ensure that it’s Equal Opportunities Policy is being carried out, would you please provide the information requested below. The information will be treated confidentially and used for statistical purposes only. Thank you for your co-operation.

Please tick one of the boxes below to indicate your ethnic or racial background.

SECTION 1

Would you describe yourself as:

|  |  |  |
| --- | --- | --- |
| **Family composition** | **Applicant 1** | **Applicant 2** |
| White |  |  |
| a) Scottish |  |  |
| b) Other British |  |  |
| c) Irish |  |  |
| d) Any other white background |  |  |
| Mixed |  |  |
| Asian, Asian Scottish or Asian British |  |  |
| a) Indian |  |  |
| b) Pakistani |  |  |
| c) Bangladeshi |  |  |
| d) Chinese |  |  |
| e) Any other Asian background |  |  |
| Black, Black Scottish or Black British |  |  |
| a) Caribbean |  |  |
| b) African |  |  |
| c) Any other black background |  |  |
| Gypsy/Traveller |  |  |
| Other ethnic background |  |  |
| Unknown |  |  |
| Withheld |  |  |



Dear Applicant,

# Proof of Identification Required

In order for your sheltered housing application form to be processed, we require the following from you and anyone within your household.

1. **Proof of National Insurance Number such as:**

National Insurance Card

Benefit Book

Wage Slip

Pension Book

1. **Proof of name and address such as:**

Driving licence

Utility bill i.e. gas, electricity or telephone bills

Letter headed correspondence i.e. letters from Bank or Building Society

You must provide us with this information otherwise your Housing Application will not be processed. **Please do not send originals.**

Yours sincerely

## Grant Dyer Trainee Housing Officer