Please ensure that the correct postage is attached when returning – failure may result in this document not being delivered. Thank You.

 TRANSFER 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)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application |  | Start of Tenancy |  | App No |  |  |  |  |  |

|  |  |
| --- | --- |
| **PERSONAL DETAILS** |  |
| **First Applicant’s Details** | **Second Applicant’s Details** |
| Title (Mr/Mrs/Ms/Miss/Mx) | Title (Mr/Mrs/Ms/Miss/Mx) |
| First Name(s) | First Name(s) |
| Last Name | Last Name |
| Address | Address |
| Flat Position (e.g. 2/1) | Flat Position (e.g. 2/1) |
| Postcode | Postcode |
| Telephone No – Home | Telephone No – Home |
| Telephone No – Work | Telephone No – Work |
| Mobile/Other Telephone | Mobile/Other Telephone |
| Email | Email |
| Date of Birth | Date of Birth |
| National Insurance No | National Insurance No |
| Correspondence Address (if different from 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.

**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 [www.cathcartha.co.uk](http://www.cathcartha.co.uk).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 to be rehoused with you, pregnant? YES/NO\* delete as appropriate**  **If yes, who? …………………………………………… What is the expected due date (EDD)? …………………………………………………………**  **Do you have any pets? YES/NO\* delete as appropriate If yes, how many pets do you have and what kind? …………………………………………** | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR PRESENT ACCOMMODATION DETAILS**  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 sleeps in each room at your current accommodation:** | |
| Living Room |  |
| Bedroom 1 |  |
| Bedroom 2 |  |
| Bedroom 3 |  |
| Bedroom 4 |  |
| Comments |  |

|  |  |  |
| --- | --- | --- |
| **Your accommodation** | **Yes** | **No** |
| 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 room/bedroom, do you have a separate kitchen, bathroom/shower room? | | |

|  |  |  |
| --- | --- | --- |
| **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 or medical condition and how being rehoused would improve your situation. Please also complete a medical form giving details of your health conditions, your GP and any other health service or social work staff (e.g Occupational Therapists) who can provide information in support of your application. | | |

|  |  |  |
| --- | --- | --- |
| **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, other aids to daily living? |  |  |
| If yes, please give details | | |

|  |  |  |
| --- | --- | --- |
| **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 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 is their relationship is to you, what their address is, and what care and/or support could you provide to them or receive from them. | | |
| GP’s 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 | | |
|  | | |

|  |  |
| --- | --- |
| **FLOOR LEVEL**  Please tick the options below to advise us which floor levels you are interested in | **Please tick** |
| Ground floor |  |
| First floor |  |
| Second floor |  |
| 3rd floor |  |
| No preference |  |

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

|  |  |
| --- | --- |
| **HEATING**  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**

|  |  |
| --- | --- |
| **Studio Apartments:** | **Please tick all you prefer** |
| 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 |  |
| Darisie 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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION OF INTEREST** | | Yes | 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 **must** sign below, or the application will not be processed. | | | |
| * 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. * 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 |  |
| CDHA Staff Member (if relevant) |  | Date |  |

**CATHCART & DISTRICT HOUSING ASSOCIATION**

**EQUAL OPPORTUNITIES QUESTIONNAIRE**

Cathcart & District Housing Association is committed to open and equal access for everyone who is looking for housing from us. We monitor all applications for housing to make sure they reflect the needs of the population that we serve. You can help us to monitor equal opportunities by providing the following information. Please note, that your application will not be affected in any way if you choose not to answer any of these questions. Please tick the boxes as appropriate:

1. Gender - are you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Male | Female | I would prefer to self-describe: | I prefer not to say |
| **Applicant** |  |  |  |  |
| **Joint Applicant** |  |  |  |  |

1. Age - are you between?

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Joint Applicant** |
| 16 to 24 years old |  |  |
| 25 to 39 years old |  |  |
| 40 to 49 years old |  |  |
| 50 to 59 years old |  |  |
| 60+ years old |  |  |
| I would prefer not to say |  |  |

1. Ethnic Origin – How would you describe your household’s ethnic origin?

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Joint Applicant** |
| **White** |  |  |
| a) Scottish |  |  |
| b) Other British |  |  |
| c) Irish |  |  |
| d) Gypsy/Traveller/Romany |  |  |
| e) Polish |  |  |
| f) Any other white background |  |  |
| **Mixed or multiple ethnic backgrounds** |  |  |
| 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 |  |  |
| **Arab, Arab Scottish or Arab British** |  |  |
| Any other group |  |  |
| Unknown |  |  |
| I would prefer not to say |  |  |

1. Do you consider anyone in your household 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 | I would prefer not to say |
| **Applicant** |  |  |  |
| **Joint Applicant** |  |  |  |

If ‘Yes’, is it:

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Joint Applicant** |
| Physical |  |  |
| Mental ill health |  |  |
| Visual impairment |  |  |
| Hearing impairment |  |  |
| Learning Disability |  |  |
| Other |  |  |
| I would prefer not to say |  |  |

If ‘Other’ please specify: