



Application for Housing

SURNAME

Applicant 1

First Name

Applicant 1

SURNAME

Applicant 2

First Name

Applicant 2

**Half of our vacancies are filled from the North Ayrshire Housing Register. You are therefore advised to contact the NAC Housing Office in Saltcoats for an application form to join this list.
Saltcoats Tel: 01294 310005**

This application form for housing with Isle of Arran Homes, part of Trust Housing Association Ltd, is divided into the following sections:

- ✓ SECTION 1 **APPLICANT DETAILS**
- ✓ SECTION 2 **HOUSING CHOICE**
- ✓ SECTION 3 **REASONS FOR WANTING TO MOVE:**
 - **A - Tenure**
 - **B - Sharing Facilities**
 - **C - Overcrowding/Under Occupation**
 - **D - Condition of Property**
 - **E - Social Factors**
 - **F - Health & Mobility Factors**
- ✓ SECTION 4 **HOUSING SUPPORT NEEDS**
- ✓ SECTION 5 **GP'S DETAILS**
- ✓ SECTION 6 **ASSOCIATION CONNECTION**
- ✓ SECTION 7 **DECLARATION**
- ✓ SECTION 8 **EQUAL OPPORTUNITIES QUESTIONNAIRE**

Please use block capitals to complete this form. **All questions refer to 'you and anyone to be housed with you'.**

Where there are several choices, please put a tick in the box or boxes that best describe your circumstances.

In order to assess your application as quickly and as accurately as possible, it is important that you answer all the questions relevant to your situation and that you give as much detail and information as possible. Please use the accompanying guidance notes to help you answer all questions.

All information provided will be treated as strictly confidential. It will be used by IOAH/Trust HA employees to assess your application. Please note that the Association may be required to share this information with other agencies, for example, the Council or NHS providers, for the purpose of determining your housing support needs or where IOAH/Trust HA is participating in a Common Housing Register scheme.

Please note that submission of a housing application form and admission to the housing list does not guarantee that an offer of accommodation will be made.

SECTION 1: Applicant Details

1.1 If this is a joint application (e.g. husband and wife, partners, mother and son etc.) please give details of both applicants.

APPLICANT 1

Mr/Mrs/Ms/Miss _____
Surname: _____
First Name(s): _____
Date of Birth: _____
National Ins. No: _____
Address: _____

Postcode: _____
Telephone (Home): _____
Telephone (Work): _____
E-mail address: _____

APPLICANT 2

Mr/Mrs/Ms/Miss _____
Surname: _____
First Name: _____
Date of Birth: _____
National Ins. No: _____
Address: _____

Postcode: _____
Telephone (Home): _____
Telephone (Work): _____
E-mail address: _____
Relationship to Applicant 1: _____

Have you applied for housing with us before? Yes No

If Yes, please give application reference number, approximate date of application, or address where applied from:

SECTION 1: Applicant Details (Cont'd)

1.2 Please give details of all other people to be housed with you

| Name | Sex (M/F) | Date of Birth | Age | Relationship to Applicant |
|------|-----------|---------------|-----|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1.2A Are you or any one residing with you pregnant?

Yes No

If Yes, what is the expected Date of Birth? _____

1.3 If you do not want mail sent to your home address, or to be contacted on your home telephone number, please give alternative contact details:

Address: _____

Postcode: _____
Telephone: _____
E-mail address: _____

1.4 If you would prefer us to discuss your application with a relative, friend or carer, please provide their details below:

Name: _____
Address: _____

Postcode: _____
Telephone: _____
E-mail address: _____
Relationship to you: _____

1.5 Please state the first language of:

Applicant 1: _____

SECTION 1:

Applicant Details (Cont'd)

Applicant 2:

1.6 If the Association has to contact or visit you, do you require an interpreter e.g. because of language difficulties or hearing difficulties?

Yes No

If Yes, please give details:

1.7 Have you ever been the subject of an Anti-Social Behaviour Order or had action taken against you for anti-social behaviour?

Yes No

If Yes, please give details:

1.8 Are you or your partner/spouse required to register with the police under the Sex Offenders Act 1997?

Yes No

If Yes, please give details:

1.9 Are you or your partner/spouse subject to immigration control?

Yes No

If Yes, please give details:

1.10 Do you pay rent/mortgage?

Yes No

If Yes, are you in arrears with your rent/mortgage?

Yes No

If Yes, please give details:

SECTION 1: Applicant Details (Cont'd)

1.11 If in arrears, do you have an agreed payment arrangement?

Yes

No

If Yes, please give details:

1.12 Have you had arrears action taken against you at any previous accommodation?

Yes

No

If Yes, please give details:

NB: having arrears will not necessarily prevent you from being housed. You must however demonstrate a willingness and ability to repay arrears.

1.13 Do you or any person named in your Housing Application, own your home or have access to any other property not previously mentioned in your Application

Yes

No

If Yes, please provide details of the address, and size of the property:

1.14 Please give details of your mortgage lender, if applicable:

Name:

Address:

Postcode:

Telephone:

E-mail address:

Mortgage

Account No:

**1.15 Please give your previous addresses for the last 10 years, with approximate dates. If you are making a joint application, please give previous addresses of *both* applicants. Please give the most recent address/es first.
*Continue on separate sheet if necessary***

Applicant 1

| Address | From | To | Landlord's Name & Address | Reason for Leaving |
|---------|------|----|---------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Applicant 2

| Address | From | To | Landlord's Name & Address | Reason for Leaving |
|---------|------|----|---------------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 1: Applicant Details (Cont'd)

1.16 How did you hear about IOAH/Trust Housing Association?

Please tick as appropriate:

- | | | | |
|-------------------|--------------------------|-------------------------------|--------------------------|
| Friend / Relative | <input type="checkbox"/> | Social Worker / Carer | <input type="checkbox"/> |
| GP | <input type="checkbox"/> | Press Advert / Flyer / Poster | <input type="checkbox"/> |
| Council | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If **Other** please give details:

SECTION 2: Housing Choice

2.1 Which type of housing do you wish to apply for?

Please refer to the guidance notes accompanying this application form for details of housing types

- General Needs Housing
- Housing for Older People:
- Amenity
- Sheltered

2.2 Please number the boxes in order of preference, indicating the area(s) where you wish to be considered for housing.

Please note: all house types are not available in all areas.

Please refer to 'List of Developments' leaflet accompanying this form

- | | | | | | |
|----------------|--------------------------|-----------|--------------------------|-------------|--------------------------|
| Blackwaterfoot | <input type="checkbox"/> | Lamlash | <input type="checkbox"/> | Whiting Bay | <input type="checkbox"/> |
| Brodick | <input type="checkbox"/> | Lochranza | <input type="checkbox"/> | | |
| Corrie | <input type="checkbox"/> | Pirnmill | <input type="checkbox"/> | | |
| Kilmory | <input type="checkbox"/> | Shiskine | <input type="checkbox"/> | | |

Please see list of House Types at the back of this form

2.3 please tick how many bedrooms you require

Please read section 2 of the accompanying guidance notes before answering as you will only be offered accommodation which meets Isle of Arran Homes Policy on size requirements:

- One
- Two
- Three
- Four

2.4 Do you need a house which has been specially adapted?

For example accommodation adapted for a wheelchair user, etc.

- Yes No

If Yes, please give details:

2.5 As well as rented housing would you wish to be considered for Shared Ownership (part buy/part rent) or Shared Equity housing, subject to availability?

- Yes No

SECTION 3: Reasons For Wanting to Move

A Tenure

3A.1 Please state your current tenure

Please tick as appropriate

- Owner Occupier / Sharing Owner
- Tenant of Council / Housing Association / Co-Op
- Tenant of Scottish Homes
- Tenant of Private Landlord

SECTION 3: Reasons for Wanting to Move (Cont'd)

3A.2 If none of the above apply, please tick which of the following best describes your housing circumstances.

Please tick one box only:

- Homeless (*Please refer to accompanying guidance notes for definition*)
- Required to leave present accommodation within the next two months
- Living in Lodgings
- Living with another household outwith immediate family
- Living with immediate family but in an unsatisfactory or stressful arrangement
- Living in Temporary Accommodation
- A Sub-Tenant
- Living in a Caravan
- In Residential Care
- In Prison
- In HM Forces
- In long stay hospital accommodation
- Other

If you have ticked any of the above, please give details:

Living in tied accommodation

Please give employer's name, address, & telephone number; and specify the date employment due to end, and the reason:

SECTION 3: Reasons for Wanting to Move (Cont'd)

3A.3 Please give details of your landlord (if applicable). If you are living in homeless accommodation please give details of the Council that has placed you in this accommodation, and a contact name from the Council if known.

Name: _____

Address: _____

Postcode: _____

Telephone: _____

E-mail address: _____

Contact name: _____

3A.4 What date did you move into your current accommodation? _____

B Sharing Facilities

3B.1 Please indicate whether you have to share any of the following with any one who will not be moving with you as part of this application:

| | | | | |
|-------------|-----|--------------------------|----|--------------------------|
| Living room | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Kitchen | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Bathroom | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Toilet | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

3B.2 Please give details of anyone with whom you are currently sharing accommodation, but who will *NOT* be rehoused with you:

| Name | Sex (M/F) | Date of Birth | Age | Relationship to Applicant |
|------|-----------|---------------|-----|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 3: Reasons for Wanting to Move (Cont'd)

C Overcrowding / Under Occupation

3C.1 Please specify the total number of bedrooms in the property where you are living:

| | Number |
|-------------------|----------------------|
| Single Bedroom(s) | <input type="text"/> |
| Double Bedroom(s) | <input type="text"/> |

Please ensure that details of anyone else living in the property who will not be moving with you are completed in the 'Sharing Facilities' section above.

D Condition Of Property

3D.1 Has your property been declared as Below Tolerable Standard by your local Council?

Please see accompanying guidance notes for explanation of 'Below Tolerable Standard'

Yes No

If Yes, please provide us with copy documentation from the Council confirming that this is the case.

NB: Points will only be awarded on provision of this evidence.

3D.2 Does your current accommodation suffer from any serious defect or disrepair which you feel affects your ability to remain living there?

Yes No

If Yes, please give details:

If Yes, please provide us with copy documentation from your local Council confirming that there is serious defect or disrepair.

NB: points will be awarded only on provision of this evidence.

3D.3 Please indicate whether your current accommodation suffers from the following:

| | Yes | No |
|--------------|--------------------------|--------------------------|
| Dampness | <input type="checkbox"/> | <input type="checkbox"/> |
| Condensation | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 3: Reasons for Wanting to Move (Cont'd)

3E.3

Are you a victim of harassment, including racial harassment or domestic abuse?

Yes No

If Yes, please give details:

If Yes, have you reported this to:

- Police
- Housing Officer
- Social Work Department
- MP/MSP
- Councillor

Please give details:

Please provide a copy of any documentary evidence.

3E.4 Are you unable to meet mortgage or private renting costs due to your financial circumstances?

Yes No

If **Yes**, please give details:

| Income | Applicant 1 | Applicant 2 |
|--------------------------------------|-------------|-------------|
| Take home pay | | |
| Benefits | | |
| | | |
| Pensions | | |
| Any other sources of income | | |
| Savings if greater than £1000 | | |

NB: Points can only be awarded in this section if the above is completed.

SECTION 3: Reasons for Wanting to Move (Cont'd)

3E.5 Are you currently employed or have you been offered employment on the Isle of Arran? Please also give details if you are self-employed.

Yes No

*If Yes, please provide details of Employer's Name, Address and Telephone Number; and employment start date.
Please give full details of self employment including the nature of the business.*

3E.6 Are you finding it difficult to travel to work because of financial or locational reasons?

Yes No

If Yes, please give details:

3E.7 Do you have access to a car?

Yes No

If No, is your accommodation remote from public transport links?

Yes No

If Yes, please give details:

3E.8 Are there facilities such as shops, post office, etc. in your local area?

Yes No

SECTION 3: Reasons for Wanting to Move (Cont'd)

3E.9 Are you affected by disturbances in your area, e.g. noise, vandalism?

Yes No

If Yes, please give details:

3E.10 Has your house been broken into in the last five years?

Documentary confirmation will be required

Yes No

If Yes, please give details:

3E.11 Do you have a local connection to any of the villages on Arran?

Yes No

If Yes, please give details:

F Health & Mobility Factors

3F.1 Do you consider yourself to be disabled?

Yes No

If Yes, please give details:

3F.2 Does your illness or disability mean you need an extra bedroom?

Yes No

If Yes, please give details:

SECTION 3: Reasons for Wanting to Move (Cont'd)

3F.3 Are you registered blind?

Yes No

3F.4 Are you profoundly deaf?

Yes No

3F.5 Do you have difficulty using your current bathing facilities?

Yes No

If Yes, please give details:

3F.6 Do you use a wheelchair indoors?

Yes No

If so, does your present accommodation prevent or make it difficult for you to use your wheelchair?

Yes No

If Yes, please give details:

3F.7 Do you have stairs in or leading to your present home?

Yes No

If Yes, can you manage them:

Easily

With Difficulty

Only with Help

SECTION 3: Reasons for Wanting to Move (Cont'd)

3F.8 If you have stairs, do they separate the toilet and living room, or toilet and bedroom?

Yes No

3F.9 If you live in a flat, what floor is it on? _____

3F.10 If you do not live on the ground floor, is there a lift to your flat?

Yes No

3F.11 Are you responsible for the maintenance of your garden?

Yes No

If Yes, are you able to carry this out yourself?

Yes No

If No, please give details:

Please note, questions 3F.1, 3F.2, 3F.9 and 3F.10 are for information only and points will not be awarded for these. This information is requested in order to help the Association gain a better overall picture of your circumstances.

SECTION 4: Housing Support Needs

**This section *must* be completed if you are applying for Housing for Older People, i.e. Amenity or Sheltered housing.
All other applicants should proceed directly to Section 5.**

Housing Support Self-Assessment

Your answers to the questions in Section 4 will help us to assess the level of housing support you need. Please answer as fully as possible. All questions refer to you and/or anyone to be rehoused with you.

SECTION 4: Housing Support Needs (Cont'd)

4.1 Safety and Security

Do you need advice or assistance to be safe and secure in your home.
E.g. locking up at night, controlling access to your home, and/or moving
around indoors?

Yes No

If Yes, do you currently receive this advice or assistance for some or all of the
above?

Yes No

4.2 Care of the House

Do you need any advice or assistance to arrange minor repairs, service
household equipment, and/or keep the house clean?

Yes No

If Yes, do you currently receive this advice or assistance for some or all of the
above?

Yes No

4.3 Managing Money

Do you need advice or assistance to budget, pay bills, manage debt, and/or to
apply for benefits?

Yes No

If Yes, do you currently receive this advice or assistance?

Yes No

SECTION 4: Housing Support Needs (Cont'd)

4.4 Daily Living

Do you need advice or assistance in preparing and storing food, making appointments, dealing with correspondence, using domestic appliances, and/or getting on with neighbours?

Yes No

If Yes, do you currently receive this advice or assistance for some or all of the above?

Yes No

4.5 Getting Out and About

Do you need assistance with going shopping, and/or using other services such as the Post Office, Library, or Chemist?

Yes No

If Yes, do you currently receive this assistance?

Yes No

4.6 Socialising

Do you require assistance to maintain regular social contact with family and/or friends?

Yes No

If Yes, do you currently receive this assistance?

Yes No

4.7 General Welfare and Communication

Do you need advice or assistance to communicate with other people, get companionship, have someone check on your well-being, or receive a twilight visit?

Yes No

If Yes, do you currently receive this advice or assistance for some or all of the above?

Yes No

SECTION 5: GP's Details

5.1 Please provide your GP's details:

Name: _____
Address: _____

Postcode: _____
Telephone: _____
E-mail address: _____

Please note, we may contact your GP for further information which we believe to be relevant to your application. In signing the mandate at the end of this form (Section 7) you authorise Trust Housing Association Ltd to approach your GP for such information.

SECTION 6: Association Connection

6.1 Are you or any member of your household a Committee Member or an employee of Trust Housing Association?

Yes No

If Yes, please give details:

6.2 Are you or any member of your household related to a Committee Member or an employee of Trust Housing Association?

Yes No

If Yes, please give details:

SECTION 7: Declaration

- I declare that, to the best of my knowledge and belief, the information given by me in this application is true and complete. I understand that if I have given or do give any false information I may lose any house which the Association may allocate to me.
- I consent to information contained in this form being shared with other agencies, such as the Council and NHS providers, in order to ensure that my housing needs and housing support needs are efficiently dealt with.
- I consent to Trust Housing Association making such tenancy, financial, and medical enquiries deemed necessary to obtain confirmation from previous landlords, employers, mortgage lenders or health professionals. I undertake to make payment of any fees or other charges which may be levied for this purpose.
- I agree to provide details of any change in circumstances affecting the information on my application form (e.g. change of address, increase or decrease in family size, change in level of housing support received or required).

Signature(s):

Applicant 1:

Date:

Applicant 2:

Date:

The form must be signed by the applicant(s), or someone having Power of Attorney. If signed by Power of Attorney, please give details below:

Name:

Address:

Postcode:

Telephone:

E-mail address:

Relationship to Applicant(s):

Please note, a copy of the Power of Attorney authorisation must be provided with this application.

Please return completed form to the addresses given at the end of form.

Trust Housing Association wishes to ensure that none of its policies or procedures discriminate against any person on the grounds of ethnic group, disability or gender. For this reason, we keep statistical records of these details for all applicants. It would be helpful if you could answer the following questions:

8.1 Choose one section from A to E and tick the appropriate box to indicate your ethnic background

| | APPLICANT 1 | APPLICANT 2 |
|--|--------------------------|--------------------------|
| A. WHITE | | |
| Scottish | <input type="checkbox"/> | <input type="checkbox"/> |
| Other British | <input type="checkbox"/> | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other White background (please specify) | | |
| <hr/> | | |
| B. MIXED | | |
| Any Mixed background (please specify) | | |
| <hr/> | | |
| C. ASIAN, ASIAN SCOTTISH or ASIAN BRITISH | | |
| Indian | <input type="checkbox"/> | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other Asian background (please specify) | | |
| <hr/> | | |
| D. BLACK, BLACK SCOTTISH or BLACK BRITISH | | |
| Caribbean | <input type="checkbox"/> | <input type="checkbox"/> |
| African | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other Black background (please specify) | | |
| <hr/> | | |

SECTION 8: Equal Opportunities Questionnaire (Cont'd)

E. OTHER ETHNIC BACKGROUND

Any other background (please specify) _____

8.2 Please complete to indicate the ethnic background of any other household members who are to be rehoused with you

ANY OTHER HOUSEHOLD MEMBER(S)

Ethnic origin, if different to applicant/joint applicant: _____

8.3 Please state if you are male or female:

| | APPLICANT 1 | APPLICANT 2 |
|---------------|--------------------------|--------------------------|
| GENDER | | |
| Male | <input type="checkbox"/> | <input type="checkbox"/> |
| Female | <input type="checkbox"/> | <input type="checkbox"/> |

8.4 Please tell us if you consider yourself to have a disability:

| | APPLICANT 1 | APPLICANT 2 |
|---|--------------------------|--------------------------|
| DISABILITY | | |
| I consider myself to have a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| I do not consider myself to have a disability | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for taking the time to complete this questionnaire

For more information concerning accommodation or allocations in other areas managed by Trust Housing Association, please contact:

**Wishaw & District Housing
Trust Housing Association Ltd
55 Kirk Road
Wishaw
ML2 7BL
Tel: 01698 377200**

E-mail: info@trustha.org.uk

Website: www.trustha.org.uk