



Office Use:

Size

Wait / Trans / Sect 5 / Other

Ref

HOUSING APPLICATION FORM

You

Title (Mr, Mrs, Miss etc)

First Name

Surname or Family Name



PHOTO I.D. REQUIRED

Date of Birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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National Insurance Number

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

Mobile

Email Address

Current Address and Postcode

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



PROOF REQUIRED

Date You Moved In

Correspondence address (if different from above)

Joint Applicant

Title (Mr, Mrs, Miss etc)

First Name

Surname or Family Name



PHOTO I.D. REQUIRED

Date of Birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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National Insurance Number

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

Mobile

Relationship to Main Applicant

Current Address and Postcode

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



PROOF REQUIRED

Date You Moved In

Correspondence address (if different from above)

Sensitive Allocations need to be made in certain circumstances (eg to minimise risk to the applicant) This is the purpose of the following question, which must be answered by all applicants for rehousing.

Office Use:

Do you or anyone on your application form have to register with the police as a relevant offender under the Sexual Offences Act 2003?

No Yes

If you or any member of your household must register under the Sexual Offenders Act 2003, you should send your form directly to

**Tenancy Services Manager, Govanhill Housing Association,
79 Coplaw Street, Glasgow G42 7JG. marked Private & Confidential (P&C)**

This does not mean that your application will get any less favourable treatment than you would otherwise receive.

Please tick the box which best describes your current living circumstances

Owner	<input type="checkbox"/>	Staying care of friends/relatives	<input type="checkbox"/>
Housing Association Tenant	<input type="checkbox"/>	In homeless accommodation	<input type="checkbox"/>
Lodger	<input type="checkbox"/>	Supported Accommodation	<input type="checkbox"/>
Private Residential Tenancy	<input type="checkbox"/>	Leaving Armed Forces	<input type="checkbox"/>
In a tied house	<input type="checkbox"/>	Short Scottish Secure Tenancy	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>		

Specific Housing

Do you want or need any of the following types of accommodation?

Housing for Older People (Aged 55 or over) Housing with access for wheelchairs General housing

Would your new home need any adaptations to meet your needs?

No Yes If yes, please provide details below

Support

Office Use:

Do you want to move to either receive or provide support?

No

Yes

If yes, please give details

Name of person you support
or who supports you

Relationship to you

Address

Phone number

Please detail the support arrangements

**Do you receive support from a social worker,
health professional or other support provider?**

No

Yes

If yes, please give details

Their name

Occupation

Organisation

Address

Phone number

What support do they
provide?

**Do you need to move closer to work, further education,
or receive training?**

No

Yes

If yes, please give details

Asylum and Immigration

Office Use:

Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, we must find out if a person qualifies for help provided from public funds, including housing.

You

Are you under immigration control?

No Yes

IF YES PROOF
REQUIRED 

Are there any conditions or limits to your permission to stay in the uk?

No Yes Please provide details

Joint Applicant

Are you under immigration control?

No Yes

IF YES PROOF
REQUIRED 

Are there any conditions or limits to your permission to stay in the uk?

No Yes Please provide details

Medical Priority

Priority A

Is your current accommodation potentially life-threatening or causing severe aggravation to your medical condition and is re-housing extremely urgent. (This refers to housebound applicants, applicants in hospital awaiting an offer of accommodation before discharge or cases where there is severe difficulty accessing the accommodation).

Yes No

Priority B

Is your current accommodation causing serious aggravation to your medical condition. This refers to situations where there is difficulty getting to and from the accommodation or the internal layout is unsuitable.

Yes No

Priority C

Is your current accommodation causing a significant degree of discomfort to your medical condition.

Yes No

In the case of joint applicants who both have medical needs two sets of points may be awarded.

An applicant where a move will not alleviate or address a medical issue, will receive no medical points.

If YES to any please provide details

Office Use:

Name of person 1

Disability Medical Condition

How will rehousing alleviate the medical condition

Name of person 2

Disability Medical Condition

How will rehousing alleviate the medical condition

Name of person 3

Disability Medical Condition

How will rehousing alleviate the medical condition

How many steps are in your current property?

How many steps outside your current property?

How many steps can your household manage?

Where a move will not alleviate or address a medical issue no medical points will be awarded.

Who Is Living With You

Office Use:

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--

Date they moved in

Gender

Male Female

Will they be moving with you

Yes No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--

Date they moved in

Gender

Male Female

Will they be moving with you

Yes No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--

Date they moved in

Gender

Male Female

Will they be moving with you

Yes No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--

Date they moved in

Gender

Male Female

Will they be moving with you

Yes No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--

Date they moved in

Gender

Male Female

Will they be moving with you

Yes No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

Date they moved in

Gender

Male

Female

Will they be moving with you

Yes

No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

Date they moved in

Gender

Male

Female

Will they be moving with you

Yes

No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

Date they moved in

Gender

Male

Female

Will they be moving with you

Yes

No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

Date they moved in

Gender

Male

Female

Will they be moving with you

Yes

No

Full name

Relationship to you

Date of Birth (DD/MM/YYYY)

Date they moved in

Gender

Male

Female

Will they be moving with you

Yes

No

Office Use:

Please list the details of anyone else who is to be rehoused with you, including planned family reunions

Office Use:

Full name

Current address and postcode

Date of Birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Estimated reunion date

Relationship to you

Male Female

Full name

Current address and postcode

Date of Birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Estimated reunion date

Relationship to you

Male Female

Full name

Current address and postcode

Date of Birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Estimated reunion date

Relationship to you

Male Female

Full name

Current address and postcode

Date of Birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Estimated reunion date

Relationship to you

Male Female

Do you or anyone listed above

Own any property

No Yes

Have a tenancy with a housing association/Co-op or Local authority

No Yes

Property ownership will not, in itself, disbar an application for rehousing. In such instances applications will be assessed, consistent with other applications for housing. If you have answered "yes" at either point above, please advise how many bedrooms are in the property?

Previous Addresses — Main Applicant

Office Use:

Please list your addresses over the last **five years**, starting with your most recent first.
You **do not** need to list your current address.

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Previous Addresses — Joint Applicant

Office Use:

Please list your addresses over the last **five years**, starting with your most recent first.
You **do not** need to list your current address.

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Address

Date moved in (DD/MM/YYYY)

Date moved out (DD/MM/YYYY)

Postcode

Landlord's name and address (if applicable)

Why did you move out?

Your Current Amenities

Office Use:

Tick the boxes to show if you don't have or share (with people who are not part of your household) any of these amenities in your current home:

	Do not have	Share		Do not have	Share
Living room	<input type="checkbox"/>	<input type="checkbox"/>	Cold water supply	<input type="checkbox"/>	<input type="checkbox"/>
Hot water supply	<input type="checkbox"/>	<input type="checkbox"/>	Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>
Bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>			

If you share amenities with others, how many people do you share with?

What type of heating do you have? Please tick one box:

Gas central heating	<input type="checkbox"/>	Electric central heating	<input type="checkbox"/>	Electric fire only	<input type="checkbox"/>
Gas fire only	<input type="checkbox"/>	Other (please give details)	<input type="checkbox"/>		

Your Current Circumstances — Applicant

Please tick **one box** that best describes your present circumstances.

Are you?:

A Govanhill Housing Association tenant	<input type="checkbox"/>	An owner occupier	<input type="checkbox"/>
A tenant with another housing association	<input type="checkbox"/>	In hospital	<input type="checkbox"/>
A council tenant	<input type="checkbox"/>	Living in a caravan	<input type="checkbox"/>
Living with friends or relatives	<input type="checkbox"/>	In prison or another institution	<input type="checkbox"/>
A lodger	<input type="checkbox"/>	Living in accommodation provided by your job	<input type="checkbox"/>
Living in a hostel or bed and breakfast	<input type="checkbox"/>	No fixed abode	<input type="checkbox"/>
Serving in HM forces	<input type="checkbox"/>	Supported accommodation	<input type="checkbox"/>
Renting from a private landlord	<input type="checkbox"/>	Date you will leave the forces	<input type="text"/>
Living with parents	<input type="checkbox"/>		

PROOF REQUIRED


Current Tenure

If you are a tenant, please provide details of your current landlord

Name

Address

Do you have a tenancy agreement?

PROOF REQUIRED


What type of property are you living in? Please tick one box:

Flat (ground floor)	<input type="checkbox"/>	Basement flat	<input type="checkbox"/>	Multi-storey flat	<input type="checkbox"/>
Flat (upper floor)	<input type="checkbox"/>	Attic flat	<input type="checkbox"/>	Four in a block (ground floor)	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	House (mid terrace)	<input type="checkbox"/>	Four in a block (upper flat)	<input type="checkbox"/>
Sheltered housing	<input type="checkbox"/>	House (end terrace)	<input type="checkbox"/>	Maisonette (ground floor)	<input type="checkbox"/>
Amenity housing	<input type="checkbox"/>	House (three storey)	<input type="checkbox"/>	Maisonette (upper floor)	<input type="checkbox"/>
		House (semi-detached)	<input type="checkbox"/>	Studio flat	<input type="checkbox"/>

Office Use:

How many bedrooms do you have access to?

Single Double

Have you been given a date to leave your present accommodation?

No Yes

If yes, on what date do you need to move out? (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please tell us why you need to move:

Is there a closing order over your present accommodation?

No Yes

IF YES, PROOF REQUIRED



If there are any faults in your home that makes it not fit to live in, tell us about them in the box below. This could include structural faults, dampness, unsafe electrics, dry rot and so on. We may need to assess any problems.

Social factors

Office Use:

Do you need to move because you or someone living with you is experiencing harassment or domestic abuse?

No

Yes

Give further details below. We will keep the information confidential.

You may need to provide extra documents to support this information.

Do you have access to children who may come and stay with you?

No

Yes

IF YES, PROOF
REQUIRED



Please provide details

Are you, or anyone who is living with you expecting a baby?

No

Yes

PROOF
REQUIRED OF
DUE DATE

If yes, who is expecting the baby?

When is the baby due?

Anti-social Behaviour

Office Use:

Has action for anti-social behaviour ever been taken against you or anyone who will live with you?

No Yes (If yes, please answer the questions below)

Was court action taken?

No Yes Date of case

Name of court

Was other action taken?

No Yes

Was an anti-social behaviour order (ASBO) made?

No Yes

Street Choices

Office Use:

Street	✓	Street	✓
Aikenhead Road		Jamieson Court (sheltered housing complex), including Jamieson Path and Cathcart Road	
Albert Road			
Allison Street (west of Cathcart Road)		Jamieson Street	
Allison Street (east of Cathcart Road)		Kingarth Street	
Annandale Street		Langside Road (north of Calder Street)	
Annette Street		Langside Road (south of Calder Street)	
Ascog Street		Preston Street	
Ardbeg Street		Riccarton Street	
Bankhall Street		Seath Street	
Batson Street (north of Govanhill Street)		South Annandale Street	
Batson Street (south of Govanhill Street)		Victoria Road	
Bennan Square		Westmoreland Street	
Bowman Street		Merrylee	
Boyd Street		Ashmore Crescent	
Brereton Street		Ashmore Road	
Butterbiggins Road		Burrelton Road	
Calder Street (west of Cathcart Road)		Cherrybank Road	
Calder Street (east of Cathcart Road)		Friarton Road	
Carfin Street		Glasserton Place	
Cathcart Road (north)		Glasserton Road	
Cathcart Road (south)		Merrylee Road	
Coplaw Court		Muirsketh Crescent	
Coplaw Street		Muirsketh Place	
Cuthbertson Street		Muirsketh Road	
Daisy Street		Newlands Road	
Dixon Avenue			
Dixon Road		Housing For Older People	
Garturk Street		Aged over 50	
Govanhill Street (east of Cathcart Road)		200 Butterbiggins Road	
Govanhill Street (west of Cathcart Road)		Aged over 55	
Hickman Street (north of Calder Street)		103 – 105 Butterbiggins Road	
Hickman Street (south of Calder Street)		3 – 8 Butterbiggins Court	
Hickman Terrace		Aged over 60 (with Alert a call – provides a remote “warden call” type service via a self service touchscreen)	
Hollybrook Street (north of Govanhill Street)		Jamieson Court	
Hollybrook Street (south of Govanhill Street)		Jamieson Path	
Inglefield Street		Cathcart Road (401 – 409)	

The Housing You Want

Office Use:

What size of property would you consider?

The Association's allocation policy will decide what property size you are eligible for.

Would you consider a bedsit?

No

Yes

Would you consider a combined living room/kitchen?

No

Yes

What kind of heating would you accept?

Gas central heating

Electric central heating

What cooking facilities do you prefer?

Either

Gas cooking

Electric cooking

What type of property do you want?

Four in a block
(ground floor)

Flat (ground floor)

Maisonette

Four in a block
(upper floor)

Flat (upper floor)

House

Which floor levels would you accept?

Please tick:

Ground

First

Second

Third

Four or more with a lift

Other Information

Please detail any other information you feel may be relevant to your application

Other information (continued)

Office Use:

[Empty rectangular box for providing other information]

[Empty rectangular box for Office Use]

Declaration

Are you related to a committee member or an employee of Govanhill Housing Association? (please tick)

No

Yes

If yes, what is their relationship to you?

Please provide their name and address

Name

Address

Privacy Notice

Govanhill Housing Association Limited has registered under the Data Protection Act 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 the 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 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 Govanhill 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, police and other statutory bodies but only if they have a legal entitlement to the information. We may also share this information with local authorities in respect of matters relevant to a tenancy, or if you are claiming or receiving housing benefit.

By returning this form to us you consent to processing personal data about you in accordance with the Data Protection Act 1988.

Please read this declaration carefully

- I confirm that the details I have given on this application form are true and accurate.
- I understand that if my circumstances change, I must tell the Association.
- I understand that if I give any false or misleading information, my application will be cancelled.
- If I get a tenancy based on false or misleading information, I understand the Association may take court action to evict me.
- I understand that the Association can ask for a reference from any landlord or mortgage lender I have had. I authorise these landlords or mortgage lenders to provide any information required in connection with my application.
- 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, you will cancel my application.

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

Your signature Date

Joint applicant's signature Date

Proof Required



Please ensure all documentation is provided, otherwise we cannot fully assess your housing requirements and your application will be returned to you.

Please see below types of proof we will accept:

Applicant 1	Photo identification (e.g. passport, driving licence)	Office Use:
Applicant 2	Photo identification (e.g. passport, driving licence)	
Applicant 1	Proof of address x 2 (e.g. bank statement, benefits award letter, utility bill)	
Applicant 2	Proof of address x 2 (e.g. bank statement, benefits award letter, utility bill)	
Applicant 1	* If required, proof of immigration status. All documentation from the UK Home Office	
Applicant 2	* If required, proof of immigration status. All documentation from the UK Home Office	
Applicants or members of household who are pregnant	Proof of estimated due date	
Other household members	Proof of Address	
Applicant address	proof of tenancy / ownership at current address	

We will consider the following examples of types of documentary proof:

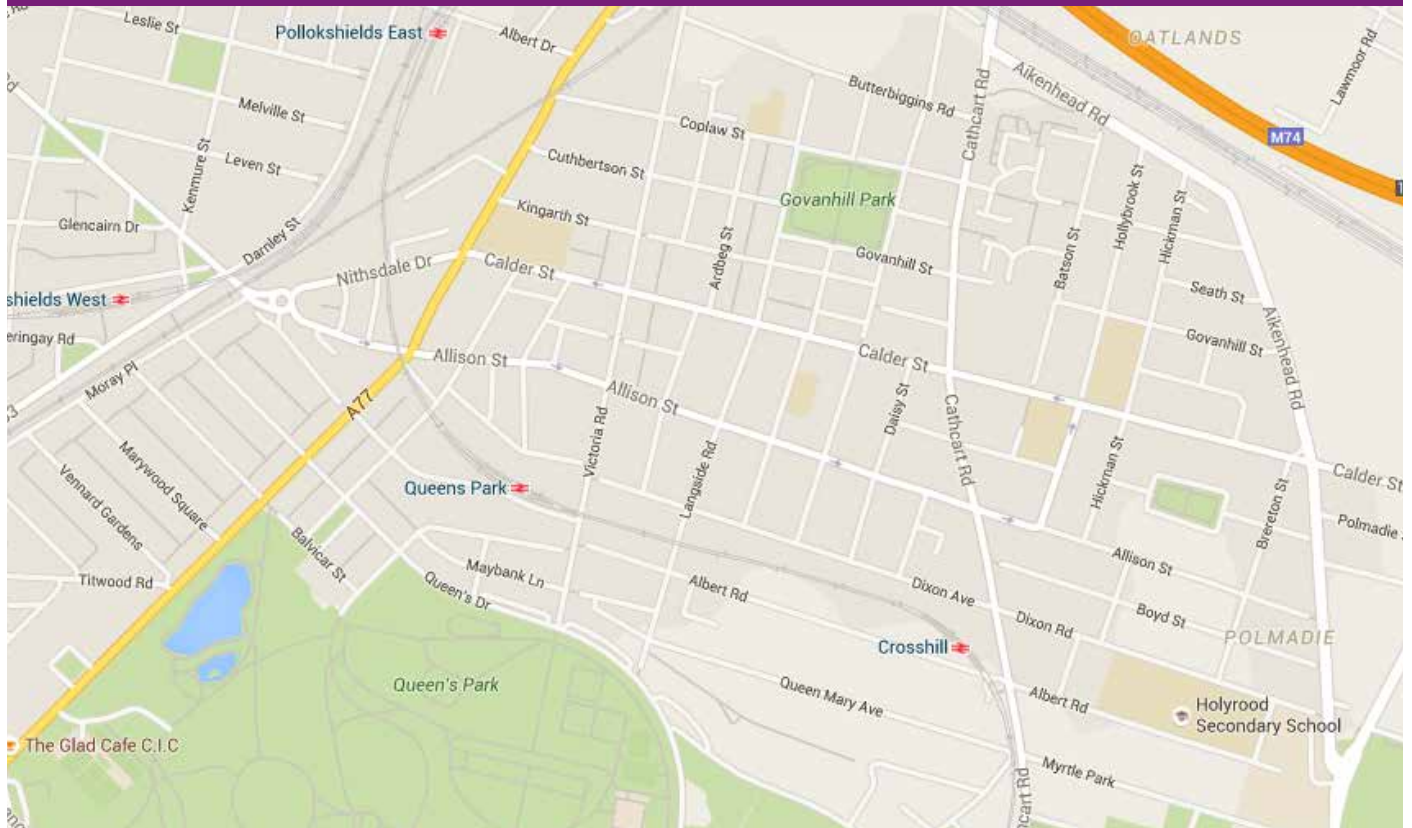
Utility Bill, Tax Credit letter, Child Benefit letter, Medical Card, Job Seekers Allowance letter, Council Tax letter, Bank Statement, Drivers Licence, NHS letters (Hospital Appointments), HM Revenue and Customers — Tax for year, Payslips, Invoice receipt, Housing Benefit letter.

All documents **must** be from the address you are applying for housing.

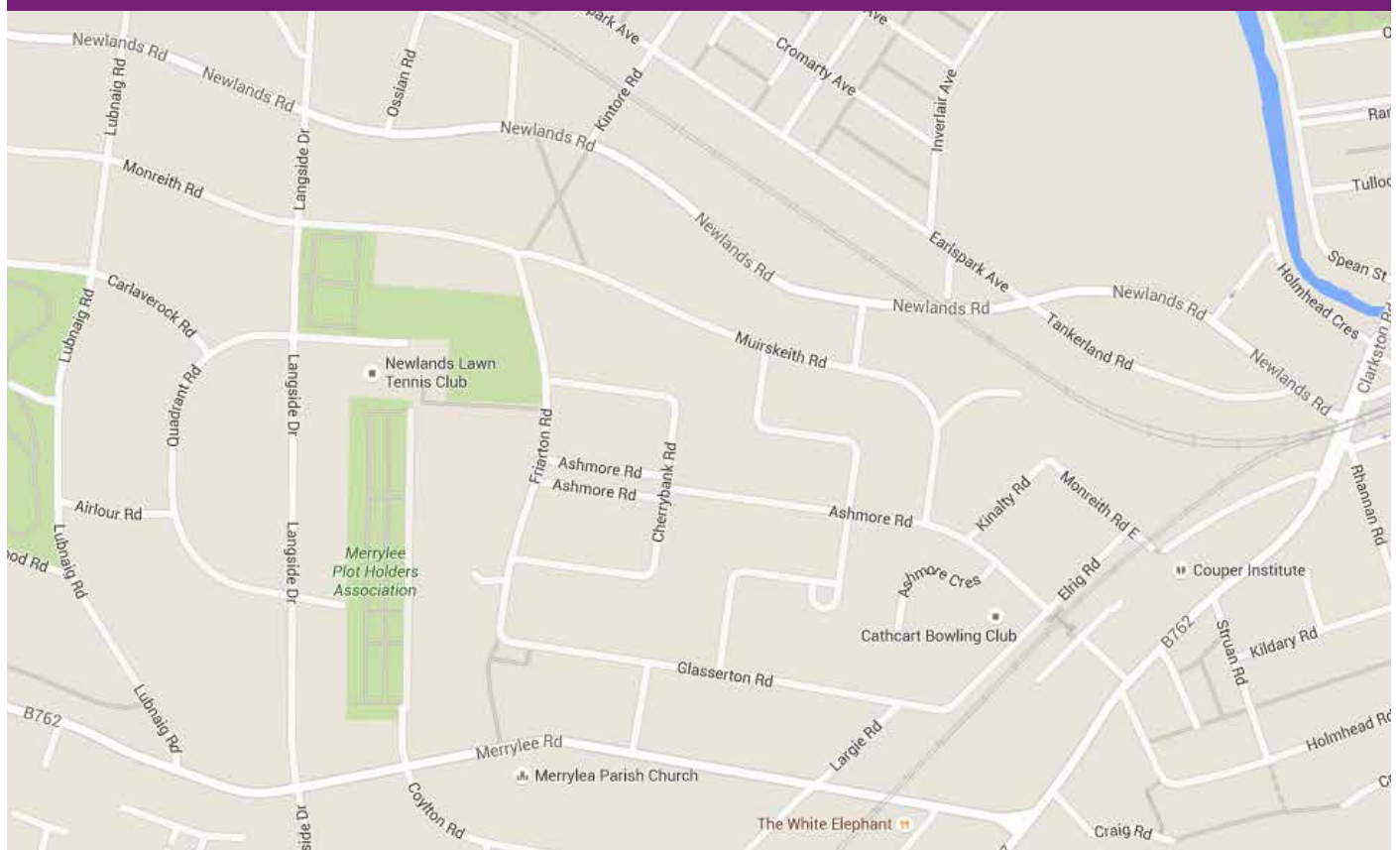
You must fill in as much detail as possible to make sure we assess your housing need correctly. Where you see this symbol, it means you are required to provide two forms of documentation as evidence. We require photographic identification (eg passport or full driving licence). We also require proof of address. For example, full driving licence or bank statements.



Govanhill lies to the south of the City Centre, to the east of Pollokshaws Road, close to Queens Park



Merrylee lies to the south of the City Centre, between Cathcart Road and Kilmarnock Road, close to Cathcart and Shawlands



Govanhill
HOUSING ASSOCIATION

Govanhill Housing Association
Samaritan House, 79 Coplaw Street, GLASGOW, G42 7JG

General Enquiries - 0141 636 3636

Govanhill Housing Association is a Registered Charity No. SCO10307

