

REF. NO.	DATE REC'D	1 <sup>st</sup> POINTED	2 <sup>nd</sup> POINTED
<b>For Office Use</b>			



**IMPORTANT**  
**THE ASSOCIATION MAY NOT BE ABLE TO ASSESS YOUR APPLICATION IF ANY SECTION OF THIS FORM IS INCOMPLETE.**

### 1. YOUR PERSONAL DETAILS

Name: \_\_\_\_\_ Title: (Mr/Mrs/Ms/Miss) \_\_\_\_\_

Address: \_\_\_\_\_ Flat Position: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Tel. Number \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

Landlord or Association name: \_\_\_\_\_

Reason for seeking re-housing: \_\_\_\_\_

Please tick the box that best describes your current living arrangements:

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 AGREEMENT	<input type="checkbox"/>	LEAVING ARMED FORCES	<input type="checkbox"/>
IN A TIED HOUSE	<input type="checkbox"/>	OTHER (please specify)	<input type="checkbox"/>
SHORT ASSURED TENANCY AGREEMENT	<input type="checkbox"/>		
ASSURED TENANCY AGREEMENT	<input type="checkbox"/>		

Postal address (if different from above) \_\_\_\_\_

## 2. ADDRESS HISTORY

Please give your full address history for at least the last 5 years. Continue on a separate page if necessary.

Previous Address (1) .....
Dates From: ..... To: .....
Were you the Tenant/Owner/Living care of/Other .....
Landlord .....
Reason for leaving .....

Previous Address (2) .....
Dates From: ..... To: .....
Were you the Tenant/Owner/Living care of/Other .....
Landlord .....
Reason for leaving .....

Previous Address (3) .....
Dates From: ..... To: .....
Were you the Tenant/Owner/Living care of/Other .....
Landlord .....
Reason for leaving .....

Previous Address (4) .....
Dates From: ..... To: .....
Were you the Tenant/Owner/Living care of/Other .....
Landlord .....
Reason for leaving .....

### 3. HOMELESS INFORMATION

Have you been assessed as Statutory Homeless by the Local Authority? Yes No

Statutory Homeless Reference number: \_\_\_\_\_

Date you were awarded Statutory Homeless status: \_\_\_\_\_

If YES - please provide a copy of your outcome letter following your application under the Housing (Scotland) Act 1987 – Homeless Persons (Part II), as amended by the Housing (Scotland) Act 2001 and the Homelessness etc. (Scotland) Act 2003

### 4. YOUR PRESENT ACCOMMODATION

What type of property is it? Tenement Flat House Multi-storey  
Bedsit/Studio Hostel room Other \_\_\_\_\_

What floor level is the property on? \_\_\_\_\_ is there a lift? Yes No

How many bedrooms are in your present accommodation?

Do you have the following facilities in your property?

Internal toilet	Yes	No
Washing facilities (i.e. bath or shower)	Yes	No
Piped hot water in bathroom and/or kitchen	Yes	No
A kitchen separate from your living room	Yes	No
Heating in living room and every bedroom	Yes	No
Double glazed windows	Yes	No
Exclusive use of kitchen, bathroom and/or living room if living in HMO property	Yes	No

Does your present accommodation have?

Confirmed severe dampness or direct water penetration in at least two rooms	Yes	No
A severe and ongoing rodent and/or insect infestation confirmed by Local Authority	Yes	No

Please provide further information:

Does your property have an Energy Performance Certificate (EPC) rating of E or F? Yes No

What percentage (%) of your total household income do you spend on gas/elec bills each month? \_\_\_\_\_

Have you carried out a utility comparison to check that you are on the most affordable tariff? Yes No

**\* Please note if answered yes to either of the above questions, you must provide proof of your income, EPC and tariff comparison check with this application to be assessed for Fuel Poverty points. \***

### 5. WHO LIVES IN YOUR PRESENT ACCOMMODATION?

NAME	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP TO YOU	IS THIS PERSON TO BE REHOUSED WITH YOU?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

IF YOU DO NOT HAVE FULL CUSTODY/ACCESS TO A CHILD THEN CUSTODY/ACCESS ARRANGEMENTS MUST BE CONFIRMED IN WRITING BY CHILD'S LEGAL GUARDIAN

### 6. PLEASE LIST THE DETAILS OF ANYONE ELSE WHO IS TO BE REHOUSED WITH YOU, INCLUDING PLANNED FAMILY REUNIONS

NAME	CURRENT ADDRESS	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP TO YOU	ESTIMATED REUNION DATE

### 7. DO YOU OR ANYONE LISTED ABOVE

- a) Own any property Yes No
- b) Have a tenancy with a housing association/Co-op or Local authority Yes No

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?

\_\_\_\_\_

**8. HAVE YOU APPLIED TO ANY OTHER HOUSING ASSOCIATIONS, CO-OPS OR LOCAL AUTHORITIES?**

Yes No

Please give details of the outcome of your applications and indicate if any offers of accommodation have been made.

---

---

**9. MEDICAL PRIORITY – Please also complete attached medical form**

Are you or a permanent member of your moving household awaiting hospital discharge and cannot return to their own accommodation due to an enduring medical condition? Yes No

Are you or a permanent member of your moving household terminally ill and require alternative accommodation as a matter of urgency? Yes No

Do you or a permanent member of your moving household have a disability or medical condition which makes present accommodation wholly unsuitable which cannot be adapted? Yes No

**If YES to any, please give details:**

Name of person (1) \_\_\_\_\_

Disability/Medical condition \_\_\_\_\_

Name of person (2) \_\_\_\_\_

Disability/Medical condition \_\_\_\_\_

**Have any adaptations been carried out within the home to assist with the disability/medical condition?**

Yes No

**If YES, please give details:**

---

How many steps are inside your current property? \_\_\_\_\_

How many steps are outside your current property? \_\_\_\_\_

How many steps can you manage? \_\_\_\_\_

**10. SUPPORT**

**Do you, or does anyone who is to be rehoused with you, need to move into the Association's area of operation (G3, G11, G12, G20) to receive specialist medical treatment which is only available in this area?**

Yes No

If YES, please give details:

## 11. GENERAL

Do you have arrears of rent/mortgage/repairs in your current or any previous addresses? Yes No

If YES give details: \_\_\_\_\_

Have you ever been evicted from accommodation? Yes No

If YES give details: \_\_\_\_\_

Are you related to any of the Association's staff or committee? Yes No

If YES give details: \_\_\_\_\_

## 12. SENSITIVE ALLOCATIONS

Sensitive allocations need to be made in certain circumstances (e.g. to minimise risk to the applicant). This is the purpose of the following question, which must be answered by all applicants for rehousing. Please note, all information supplied by the applicants is strictly confidential.

Have you ever received a criminal conviction for a sexual offence? Yes No

## 13. ADDITIONAL INFORMATION

If you wish to provide additional information relevant to your application, please give brief details here. Continue on a separate page if necessary.

\_\_\_\_\_  
\_\_\_\_\_

## 14. DECLARATION

**PLEASE READ THE FOLLOWING DECLARATION CAREFULLY BEFORE SIGNING THIS FORM. IF A JOINT APPLICATION IS BEING SUBMITTED, BOTH APPLICANTS MUST SIGN THE DECLARATION.**

I / we hereby certify that the information given in this form is true. If the information is found to be misleading or if relevant information is withheld, I / we understand the Housing Application Form may be cancelled and / or legal action may be taken to recover the Tenancy of any property offered.

Signed (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signed (Joint-Applicant) \_\_\_\_\_ Date \_\_\_\_\_

**Mandate for obtaining further information.**



By signing this mandate, I certify that Glasgow West Housing Association has permission to contact my former and current landlords and support services to confirm the information provided in this form is correct for the purpose of progressing my application.

**Name:**

**Signed (1<sup>st</sup> Applicant):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed (2<sup>nd</sup> Applicant):** \_\_\_\_\_

**Date:** \_\_\_\_\_

## AREA SELECTION FORM

### PLEASE COMPLETE ALL QUESTIONS

Would you accept a 1-apartment (bedsit property – no separate bedroom)?	Yes	No
Would you accept a property with combined living room/kitchen?	Yes	No
Would you accept a property in the basement?	Yes	No
Would you accept a multi-storey property? (Maximum height – 14 <sup>th</sup> Floor)	Yes	No
Would you accept a maisonette property? (Deck access)	Yes	No

What is the minimum floor level you would accept?

What is the maximum floor level you would accept?

What is the maximum floor level you would accept if the property has lift access?

Please note that no dogs are allowed within our multi-storey (Blythswood Court) properties or our maisonette/deck access (St Vincent Terrace) properties. As well as no dogs being allowed, there are also restrictions on other pets, please ask for more details.

Please list details of any pets you have: \_\_\_\_\_

The colour of the “tick box” indicates turnover of properties based on the number of flats that have become available in each street over the last 3 years ■ = low (less than 5 properties), ■ = medium (between 6 and 8 properties), ■ = higher (more than 8 properties).

Will you accept a property anywhere within GWhA stock? Yes  No   
If no, please tick below to select the streets you would accept.

	1apt	2apt	3apt	4apt	5apt	6apt	Turn Over	Tick Box
<b>ANDERSTON/FINNIESTON (G2 &amp; G3)</b>								
Argyle Street (640-650)		29	12	6	2		Higher	
Argyle Street (930-1172)		30	8				Higher	
Beltane Street	3	15	7				Higher	
Berkeley Street		24	34	12			Higher	
56 Blythswood Court – Dalriada ( <i>multi-story</i> )		105					Higher	
323 Blythswood Court – Columba ( <i>multi-story</i> )		111					Higher	
421 Blythswood Court – Davaar ( <i>multi-story</i> )		104					Higher	
Breadalbane Street		12	14	4			Higher	
Brechin Street		17	39	13			Medium	
Cheapside Street		6	5				Low	
Claremont Street		1	5	2			Low	
Cleveland Street	1	8	9	5			Medium	
Derby Street	8	9	6	1			Higher	
Dorset Street	4	9	6	2			Medium	
Dover Street		10	10	2	1		Low	
Elderslie Street		18	7	4			Medium	
Kelvingrove Street						1	Low	
Kent Road		16	9	4	1		Low	
McIntyre Street		1	7				Low	
Pembroke Street		11	9	2			Medium	
St Vincent Crescent	5	16	3	1			Medium	
St Vincent Street		5	16				Medium	



St Vincent Terrace (maisonette/deck access)			187				Higher	
<b>TOTAL STOCK IN AREA = 1021</b>	21	545	391	58	5	1		

	1apt	2apt	3apt	4apt	5apt	6apt	Turn Over	Tick Box
<b>HYNDLAND/PARTICK (G11 &amp; G12)</b>								
Crown Road North (55yrs or over only)		14					Low	
Dowanhill Street (55yrs or over only)	11	1					Medium	
Gardner Street		4	1				Low	
Highburgh Road (55yrs or over only)	11						Low	
Hyndland Road (55yrs or over only)		18					Low	
Keith Court		21	4	2			Medium	
Peel Street			1	1			Low	
Prince Albert Road (55yrs or over only)	9	44					Higher	
Princes Place (55yrs or over only)		17					Low	
Walker Court		3	3	6			Low	
White Street		14					Low	
<b>TOTAL STOCK IN AREA = 186</b>	<b>32</b>	<b>137</b>	<b>8</b>	<b>9</b>				
<b>WEST END (G4, G12 &amp; G20)</b>	1apt	2apt	3apt	4apt	5apt	6apt		
Athole Gardens (55yrs old or over only)	3	5					Low	
Baliol Street			3				Low	
Bank Street		17	3		1		Low	
Belmont Street		9	9	2			Medium	
Buccleuch Street			1				Low	
Burnbank Gardens		4	29	2			Higher	
Burnbank Terrace		13	3	4			Low	
Byres Road		10	15	15	3		Low	
Colebrooke Street			11				Low	
Dalhousie Street			1				Low	
Great Western Road			7	3			Low	
Hillhead Street	1	21		4			Higher	
Kew Terrace	2	2	3				Low	
Napiershall Street		15	5				Low	
North Woodside Road		2	3				Low	
Oakfield Avenue		4	2	2	1		Low	
Otago Street		1	1				Low	
Park Road			1				Low	
Rupert Street				1			Low	
South Woodside Road			2				Low	
St George's Road			1				Low	
University Avenue		14	5	1			Low	
University Place			4	3			Low	
West Graham Street		1					Low	
West Princes Street				1			Low	
Woodlands Road		1	2		1		Low	
<b>TOTAL STOCK IN AREA = 274</b>	<b>6</b>	<b>114</b>	<b>111</b>	<b>37</b>	<b>6</b>			

**GLASGOW WEST HOUSING ASSOCIATION – MEDICAL FORM**



**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**REFERENCE NO.** \_\_\_\_\_

---

**1. The exact nature of the patient's illness.**

\_\_\_\_\_  
\_\_\_\_\_

**2. Does the patient require specialist medical treatment?**

\_\_\_\_\_  
\_\_\_\_\_

**3. Where is this treatment provided?**

\_\_\_\_\_

**4. How has the illness affected the patient's life?**

\_\_\_\_\_  
\_\_\_\_\_

**5. Explain in detail why patient's current accommodation is unsuitable.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. How would rehousing alleviate the patient's medical condition?**

\_\_\_\_\_  
\_\_\_\_\_

**7. Could adaptations be completed to the patient's current property to meet the applicant's needs?**

\_\_\_\_\_  
\_\_\_\_\_

**8. What particular re-housing requirements does the patient have?**

---

---

---

**I/We hereby certify that the information given in this form is true. If information is found to be misleading, or if relevant information is withheld, I/We understand the housing application form (of which this form is part) may be cancelled and/or legal action may be taken to recover the tenancy of the property offered.**

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The above applicant(s) has/have applied to Glasgow West Housing Association for re-housing on medical grounds. In order that their application be accurately assessed, I would be grateful if you would verify the information noted on the form and confirm that re-housing will alleviate this person's medical condition. Please note that the information supplied will be treated in the strictest confidence.**

**Doctor:** \_\_\_\_\_

**Address: (Surgery Stamp)**

**Doctors Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## INFORMATION FOR THOSE COMPLETING THE FORM

### Why are we asking for equality information?

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations.

### What do we do with equality information?

We use equality information for a range of purposes, including to help us to:

- protect and promote your rights and interests;
- identify and address our customers' needs, and improve our services; and
- promote equality objectives across our services;
- identify and eliminate any form of discrimination.

### Do you need to answer every question?

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us. You may complete some questions and not others or you may complete parts of questions. The form has space for you to tell us more about your needs if you want.

We may ask for some information in other forms where this is required by law. For example, where we need to know your age if you are applying for a home as only those over 16 years old can be registered on our housing list.

### How do we process your equality information?

We process equality information strictly in line with data protection law, including by:

- processing your equality data confidentially;
- retaining equality information only as long as necessary;
- restricting access only to relevant staff members;
- sharing data only as lawfully permitted; and
- destroying data securely.

### Who do we gather equality information about?

We gather equality information from:

- existing tenants;
- new tenants;
- people on waiting lists;
- governing body members; and
- staff.

**Other formats:** We can provide this document in alternative formats, including large print or another language.

Name

Age

**Note:** We may request a specific date of birth in certain forms when this is required in law. For example, we need to know the age of housing applicants as a person can only be registered on our housing list/register if the person is 16 years of age.

What is your date of birth? (DD/MM/YYYY)

Prefer not to say

Disability

Are you a disabled person?

Yes

No

If yes, please tick the box which category you would use from the following list:

Autoimmune: (for example, multiple sclerosis; HIV; Crohns/ulcerative colitis)

Learning difficulties: (for example, Down's Syndrome)

Mental health issue: (for example, depression, bi-polar)

Neuro-divergent condition: (for example, autistic spectrum, Dyslexia, dyspraxia)

Physical impairment: (for example, wheelchair-user, cerebral palsy)

Sensory impairment – hearing impairment

Sensory impairment – visual impairment

Other: If none of the categories above apply to you, please specify the nature of your impairment below

Prefer not to say

Race/Ethnicity	
Please tick the box that best describes your particular ethnic group:	
<b>African</b>	
African, African Scottish or African British	<input type="checkbox"/>
Other African background (please specify)	<input type="checkbox"/>
<b>Asian, Scottish Asian or British</b>	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/>
Indian, Indian Scottish or Indian British	<input type="checkbox"/>
Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>
Chinese, Chinese Scottish or Chinese British	<input type="checkbox"/>
Other Asian background (please specify)	<input type="checkbox"/>
<b>Black or Caribbean</b>	
Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>
Black, Black Scottish or Black British	<input type="checkbox"/>
Other Caribbean or Black background (please specify)	<input type="checkbox"/>
<b>Mixed Groups</b>	
Mixed or multiple ethnic group (please specify)	<input type="checkbox"/>
<b>White</b>	
English	<input type="checkbox"/>
Gypsy Traveller	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Other British	<input type="checkbox"/>
Other group (please specify your ethnic group)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Please tell us about any communication needs:	
Do you require an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify which language	<input type="text"/>

Sex				
What is your sex?	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
	Intersex	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please specify		<input type="text"/>		
Prefer not to say		<input type="checkbox"/>		

General	
Please mark this box if there are any issues that you want to discuss with us in confidence	
<input type="checkbox"/>	
Please use the space below to advise us if you have any particular requirements	
<input type="text"/>	

## Consent

I consent to Glasgow West Housing Association Ltd collecting and processing the above data to help provide an appropriate service. This service involves using equality data to ensure that services address any form of discrimination, promote equality objectives and address my needs.

**Note:** If data processing is based on your consent, then you can withdraw consent at any time by telling us.

Signature

Date

GWHA  
Reference  
(For staff  
completion)