To submit your application, **you must include the following documents**:

If applying without a Joint Applicant*:

- ☐ **2 proofs of address dated within 3 months for yourself**
- ☐ **1 photo ID for yourself**

If applying with a Joint Applicant*:

- ☐ **2 proofs of address dated within 3 months for yourself**
- ☐ **2 proofs of address dated within 3 months for Joint Applicant**
- ☐ **1 photo ID for yourself**
- ☐ **1 photo ID for Joint Applicant**

Please refer to the applicant guide (included in application) for more information about acceptable documents and general guidance.

* **Without a Joint Applicant**: All applicants who are applying for themselves and any other residents who they do not want to become an official co-tenant

* **With a Joint Applicant**: Any applicant who applies with someone they want to become an official co-tenant

Glasgow West Housing Association
Applicant Quick Guide

Anyone aged 16 years or over is entitled to register their name onto our housing list. Our allocations policy determines the points awarded to your application and the property type required. Our policy is available on our website: www.gwha.org.uk or can be printed upon request.

We do not offer emergency accommodation. If you are homeless or about to be, you should contact your nearest community homeless team. We cannot guarantee rehousing within a certain timescale.

If your circumstances, including your address or family composition, change after you have applied for re-housing, you must fill in a change of circumstances form.

As you near the top of our waiting list, we will write to you to arrange a house visit or case conference at our office to verify the information submitted in your application. No offer of accommodation will be made without this meeting taking place.

You will be entitled to 2 offers of housing, although there is no guarantee of any offers. Should you refuse both offers your application will be suspended for a period of 6 months.

Any false or misleading information submitted will result in your application being suspended for a period of 6 months. If you have already been offered a tenancy or signed a tenancy agreement then action will be taken to recover the tenancy from you.

Returning your application

Please ensure the following information is included with your application or it will not be processed and may be returned to you:

- Copy of **Photo ID** (for Main Applicant and Joint Applicant). If not available, please submit a passport-sized photo ☐
- **2 proofs of current address** dated within last three months, such as bills/letters, and from two different sources (e.g., one from your bank and one from your energy supplier) ☐
- Copy of statutory homeless letter if applicable (or caseworker contact information if letter not available). ☐
- Address history completed in full for at least the past 5 years ☐
- Area selection form completed in full ☐
- Further information mandate signed ☐
- Medical form completed for any medical conditions and endorsed by GP or other healthcare professional ☐

If you require an application pack in larger print or translated into a different language, please contact us on 0141 331 6650 or email housingapplications@glasgowwestha.co.uk

Useful Contact Information & Advice:

We recommend that you apply to as many housing associations as possible to maximise your chances of housing. Other local housing associations:

Wheatley Homes
https://www.wheatleyhomes-glasgow.com/find-a-home

West Of Scotland Housing Association
40 Barrowfield Dr, Glasgow, G40 3QH Tel: 0141 550 5600

Partick Housing Association
10 Mansfield Street, Glasgow, G11 5QP. Tel: 0141 357 3773

Yorkhill Housing Association Ltd
1271 Argyle St, Glasgow, G3 8TH. Tel: 0141 285 7910

Queens Cross Housing Association
45 Firhill Road, Glasgow, G20 7BE, 0141 945 3003

Bield Housing Association *(may be able to provide sheltered or specially adapted accommodation)*
Craighall Business Park, 7 Eagle Street, Glasgow, G4 9AX. Tel: 0141 270 7200

Trust Housing Association *(may be able to provide sheltered or specially adapted accommodation)*
Pavilion 5 (1st Floor), Watermark Business Park, 345 Govan Road, Glasgow, G51 2SE. Tel: 0141 444 1200

If you are homeless or about to be and require immediate assistance, you should approach your nearest community homeless team: https://www.glasgow.gov.uk/article/5204/7-Where-to-turn

The out of hours emergency homeless team is based at Glasgow City Mission, 20 Crimea Street, Glasgow, G2 8PW and can be contacted on 0800 838 502.

Independent housing advice can be obtained from the following agencies:

Glasgow Centre for Inclusive Living
117 – 127 Brook Street, Glasgow, G40 3AP. Tel: 0141 550 4455

Positive Action in Housing
98 West George Street, Glasgow, G2 1PJ. Tel 0141 353 2220

If you need legal advice, a law centre will be able to help you:

- Ethnic Minorities Law Centre: 0141 204 2888, http://emlc.org.uk
- Legal Service Agency legal: 0141 353 3354, www.lsa.org.uk
- National Debtline, Freephone: 0808 808 4000, www.nationaldebtline.org

IMPORTANT:

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

Glasgow WEST HOUSING ASSOCIATION LIMITED
5 ROYAL CRESCENT
GLASGOW G3 7SL
TEL: 0141 331 6650
FAX: 0141 331 6679

1. YOUR PERSONAL DETAILS

Title (Mr/Ms/Mx/Miss/Mrs.): _____

First name: _____ Surname: _____

Address: _____ Flat Position: _____

City: _____ Postcode: _____ Date moved in: _____

Landlord / Association name: _____

Contact Tel. Number: _____ Mobile: _____

Email: _____ Date of Birth: _____

Reason for seeking re-housing: _____

_____

Postal address (if different from above): _____

Please choose **ONE** Contact Preference:

Main Applicant: Email ☐ Phone ☐ Text ☐ Letter ☐

Joint Applicant (if applicable): Email ☐ Phone ☐ Text ☐ Letter ☐

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

Owner	☐	Staying care of friends/relatives	☐
Housing association tenant	☐	In homeless accommodation	☐
Lodger	☐	Supported accommodation	☐
Private residential tenancy agreement	☐	Leaving armed forces	☐
In a tied house	☐	OTHER (please specify):	
Short assured tenancy agreement	☐		
Assured tenancy agreement	☐		

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 severe ☐ ☐

Ongoing rodent and/or insect infestation confirmed by Local Authority ☐ ☐

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 ARANGEMENTS 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

Glasgow WEST HOUSING ASSOCIATION LIMITED
5 ROYAL CRESCENT
GLASGOW G3 7SL

TEL: 0141 331 6650
FAX: 0141 331 6679

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 (1st Applicant): _____

Date: _____

Signed (2nd Applicant): _____

Date: _____

AREA SELECTION FORM

Application Ref No: _____

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 – 14th Floor) Yes ☐ No ☐

Would you accept a maisonette property? (Deck access) Yes ☐ No ☐

What is the minimum stair level you would accept? _____

What is the maximum stair level you would accept? _____

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	7apt	Turn Over	Tick Box
ANDERSTON/FINNIESTON (G2 &G3)								
Argyle Street (640-650)		29	12	6	2		Higher	
Argyle Street (930-1172)		30	8				Low	
Beltane Street	3	16	7				Medium	
Berkeley Street		22	34	12			Medium	
56 Blythswood Court – Dalriada ***(multi-storey)***		100					Higher	
323 Blythswood Court – Columba ***(multi-storey)***		107					Higher	
421 Blythswood Court – Davaar ***(multi-storey)***		102					Higher	
Breadalbane Street		22	23	7			Medium	
Brechin Street		17	39	13			Higher	
Cheapside Street		6	5				Low	
Claremont Street			5	2			Low	
Cleveland Street	1	8	9	5			Medium	
Corunna Street		4	9	2			Low	
Derby Street	8	9	6	1			Low	
Dorset Street	4	9	6	2			Medium	
Dover Street		22	26	7	1		Medium	
Elderslie Street		18	7	4			Higher	
Kelvingrove Street						1	Low	

Kent Road		9	9	4	1		Medium		
McIntyre Street		1	7				Low		
Pembroke Street		11	9	2			Low		
St Vincent Crescent	5	16	3	1			Low		
St Vincent Street		5	11				Medium		
St Vincent Terrace (maisonette/deck access)			175				Higher		
TOTAL STOCK IN AREA = 1,020	**21**	**545**	**391**	**58**	**5**	**1**			

	1apt	2apt	3apt	4apt	5apt	7apt	Turn Over	Tick Box
HYNDLAND/PARTICK (G11 & G12)								
Crown Road North (55yrs or over only)		14					Low	
Dowanhill Street (55yrs or over only)	11	1					Low	
Gardner Street		3					Low	
Highburgh Road (55yrs or over only)	11						Low	
Hyndland Road (55yrs or over only)		18					Low	
Keith Court		22	4	2			Medium	
Peel Street			1	1			Low	
Prince Albert Road (55yrs or over only)	9	43					Medium	
Princes Place (55yrs or over only)		17					Low	
Walker Court		3	3	6			Low	
White Street		13					Low	
TOTAL STOCK IN AREA = 182	**31**	**134**	**8**	**9**				
WEST END (G4, G12 & G20)	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			Low	
Burnbank Gardens		4	29	2			Medium	
Burnbank Terrace		13	3	4			Low	
Byres Road		10	15	15	3		Medium	
Colebrooke Street			11				Low	
Dalhousie Street		1					Low	
Great Western Road			6	3			Low	
Hillhead Street	1	21		4			Low	
Kew Terrace	2	2	3				Low	
Napiershall Street		15	5				Medium	
North Woodside Road		2	3				Low	
Oakfield Avenue					3		Low	
Otago Street		2					Low	
Park Road			2				Low	
Rupert Street				1			Low	
South Woodside Road			2				Low	
St George's Road			1				Low	
University Avenue		14	5	1			Medium	
University Place			4	3			Low	
West Graham Street		1					Low	
West Princes Street				1			Low	
Woodlands Road		1	3		1		Low	
TOTAL STOCK IN AREA = 274	**6**	**117**	**107**	**36**	**8**			

GLASGOW WEST HOUSING ASSOCIATION – MEDICAL FORM

Glasgow WEST HOUSING ASSOCIATION LIMITED
5 ROYAL CRESCENT
GLASGOW G3 7SL
TEL: 0141 331 6650
FAX: 0141 331 6679

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 herby 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;
- promote equality objectives across our services;
- identify and address our customers' needs, and improve our services; and
- 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;
- restricting access only to relevant staff members;
- retaining equality information only as long as necessary;
- 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:

African	
African, African Scottish or African British	☐
Other African background (please specify)	
Asian, Scottish Asian or British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	☐
Indian, Indian Scottish or Indian British	☐
Pakistani, Pakistani Scottish or Pakistani British	☐
Chinese, Chinese Scottish or Chinese British	☐
Other Asian background (please specify)	
Black or Caribbean	
Caribbean, Caribbean Scottish or Caribbean British	☐
Black, Black Scottish or Black British	☐
Other Caribbean or Black background (please specify)	
Mixed Groups	
Mixed or multiple ethnic group (please specify)	

White			
English	☐	Roma	☐
Gypsy Traveller	☐	Scottish	☐
Irish	☐	Welsh	☐
Polish	☐	Other British	☐
Other group (please specify your ethnic group)			
Prefer not to say	☐		

Please tell us about any communication needs:

Do you require an interpreter?	Yes	☐	No	☐
If yes, please specify which language				

Sex

What is your sex?	Female	☐	Male	☐
	Intersex	☐	Other	☐
If other, please specify				
Prefer not to say				☐

General

Please mark this box if there are any issues that you want to discuss with us in confidence	☐
Please use the space below to advise us if you have any particular requirements	

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)	