

SHOP: HOUSING OPTIONS

Application Form

Applicant:

Joint Applicant:

**For Office Use Only -
Development(s):**

Reference No:



CONTENTS

	PAGE
Section 1	Applicant's Details 1
Section 2	Housing Choice 5
Section 3	Current Housing Circumstances 7
Section 4	Harassment and Abuse 12
Section 5	Social Factors 13
Section 6	Health and Mobility Factors 17
Section 7	Housing Support Needs 23
Section 8	Doctor's Details 26
Section 9	Power of Attorney 26
Declaration	27
Association Contact Details	28

Section 1 – Applicant(s) Details

1a. Please complete details of applicant(s) below:

Title (Mr, Mrs, Miss, Ms)	First name(s)	Surname	Date of birth	National Insurance no.	Relationship

Address:

Postcode:

E-mail address:

Telephone no:

Mobile no:

Would you prefer to be contacted at a different address and telephone number from those stated above?

Yes ✓	No ✓

If 'Yes', please provide contact details:

Address:

Postcode:

Telephone no:

1b. Details of all the other people who you want to be housed with you:

Title (Mr, Mrs, Miss, Ms)	First name(s)	Surname	Date of birth	National Insurance no.	Relationship to you

Section 1 – Applicant(s) Details

Address (if different from yours):

Postcode:

Telephone no:

1c. Is anyone included in this application expecting a baby?

Yes ✓	No ✓

If 'Yes', please give the name of the person and the expected date on which the baby is due:

Name:

Expected date:

1d. If you would prefer us to discuss your application with a relative, friend or carer, please provide their details below:

Title (Mr, Mrs, Miss, Ms)	First name(s)	Surname	Telephone no.	Relationship to you

1e. Please tell us the first language of:

Applicant:

Joint applicant:

1f. If we have to contact or visit you, do you need an interpreter e.g. because of language difficulties or hearing difficulties?

Yes ✓	No ✓

If 'Yes', please provide details:

Section 1 – Applicant(s) Details

1g. Do you need future correspondence in a different information format?

Yes ✓	No ✓

If 'Yes', please tick which you would prefer:

Braille ✓	Large print ✓	Audio tape ✓	Community language ✓	Other ✓

If you have ticked 'Community language' or 'Other', please provide details:

1h. Are you in arrears with your rent or mortgage?

Yes ✓	No ✓

1i. If you are in arrears, do you have an agreed payment arrangement?

Yes ✓	No ✓

If 'Yes', please provide details:

1j. Do you or anyone on your application form have to register with the police as a relevant offender under the Sexual Offences Act 2003?

Yes ✓	No ✓

If 'Yes', please give full name:

Section 1 – Applicant(s) Details

- 1k. Have you, or anyone applying with you, ever had court action taken against you for anti-social behaviour?**

Yes ✓	No ✓

If 'Yes', please supply a copy of any court order with your application.

- 1l. Is any person included on this application form related to a Committee or Board member, or to an employee of any of the SHOP Landlords?**

Yes ✓	No ✓

If 'Yes', please provide details:

Full name:

Position held:

Landlord:

Relationship:

- 1m. Housing (Scotland) Act 2001, and the Asylum and Immigration Act 1999: Are you, or anyone included on this application form, subject to Immigration control?**

Yes ✓	No ✓

If 'Yes', are there any conditions or limits to your residence, or any restrictions on your access to public funds?

Yes ✓	No ✓

If 'Yes', please provide details:

Section 1 – Applicant(s) Details

1n. How did you hear about SHOP? (Please tick one box only)

Friend or relative	✓	
Social worker or carer	✓	
GP	✓	
Press advert or flyer or poster	✓	
Council	✓	
Internet	✓	
Advice Centre	✓	
Other	✓	

If you have ticked 'Other', please provide details:

Section 2 – Housing Choice

2a. Please tell us which developments you want us to consider you for, in order of preference:

(Please refer to list enclosed with your application pack)

Town	Development name	Type of housing i.e. amenity, sheltered, etc.
1.		
2.		
3.		
4.		
5.		

(Please continue on a separate sheet if necessary)

2b. Do you need an extra bedroom due to a health problem or disability?

Yes ✓	No ✓

If 'Yes', please provide details:

Section 2 – Housing Choice

- 2c. Some developments have studio flats for single people (for example, a combined living area and bedroom). Please tick below whether you would consider a studio flat:

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- 2d. Do you need a house which has been specially adapted (for example, accommodation adapted for a wheelchair user)?

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes', please provide details:

- 2e. Please tick which floor level you would prefer:

	<input checked="" type="checkbox"/>
Ground floor only	<input type="checkbox"/>
First floor and above	<input type="checkbox"/>
No preference	<input type="checkbox"/>

Do you need a lift?

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you want accommodation on the ground floor only, please provide details:

- 2f. Please tick whether you would prefer accommodation with:

	<input checked="" type="checkbox"/>
Bath only	<input type="checkbox"/>
Shower only	<input type="checkbox"/>
No preference	<input type="checkbox"/>

Section 3 – Current Housing Circumstances

**3a. Please tell us your current accommodation arrangements.
(Tick one box only):**

Tenure	✓	Tenure	✓
Owner occupier		Temporary accommodation	
Sharing owner		Sub tenant	
Council tenant		Living in caravan	
Housing Association or Co-Op tenant		In prison	
Tenant of private landlord		In HM forces	
Living with family		In residential care	
Living with family, but arrangement is unsatisfactory		In long stay hospital	
Living with friends		Tied accommodation	
Lodgings		Other	

If you have ticked 'Tied accommodation', please give employer's details:

Name:

Address:

Postcode:

Telephone no:

Employment end date:

If you have ticked 'Other', please provide details:

If you are renting your accommodation, please provide landlord's details:

Name:

Address:

Postcode:

Telephone no:

Section 3 – Current Housing Circumstances

3b. Are you, or anyone included in your application form, presently homeless? (i.e. you have been assessed by the Council as being homeless)

Yes ✓	No ✓

If 'Yes', please provide details:

3c. Are you being threatened with homelessness?

Yes ✓	No ✓

If 'Yes', what date are you expected to leave your current accommodation?

(Please provide evidence, for example a Notice of Proceedings or a Court Order, etc.)

3d. Has your property been declared as 'Below Tolerable Standard' by your local Council?

Yes ✓	No ✓

If 'Yes', please provide evidence.

3e. Does your home have serious maintenance or repair problems?

Yes ✓	No ✓

If 'Yes', please provide details:

Section 3 – Current Housing Circumstances

3f. Do you have the following in your current home?

	Yes ✓	No ✓		Yes ✓	No ✓
Hot water			Satisfactory kitchen facilities		
Cold water			Bath or a shower		
Mains electricity			Inside toilet		
Living area			Sink or a wash hand basin		
Separate kitchen					

3g. Does your home have central heating?

Yes ✓	No ✓

If 'Yes', is this: (please tick all the boxes that apply)

	✓
Full central heating	
Partial central heating	
Solid fuel heating	

Do you have difficulty using your heating system?

	Yes ✓	No ✓
Applicant		
Joint applicant		
Anyone else to be housed with you		

Section 3 – Current Housing Circumstances

Do you have satisfactory heating in the following places?

	Yes ✓	No ✓
Living room		
Bedroom		
Kitchen		
Bathroom		

3h. Does your home have dampness?

	Yes ✓	No ✓
Applicant		
Joint applicant		
Anyone else to be housed with you		

If 'Yes', does it affect your health?

	Yes ✓	No ✓
Applicant		
Joint applicant		
Anyone else to be housed with you		

3i. Does your home have condensation?

Yes ✓	No ✓

Section 3 – Current Housing Circumstances

- 3j. Please tell us whether you have to share any of the following with anyone *not* included on your application form:

	Yes ✓	No ✓
Living room		
Bedroom		
Kitchen		
Bathroom		
Toilet		

Please provide details of anyone who you are currently sharing the above accommodation with, but who will *not* be moving with you:

Name	Relationship to you

- 3k. Does your home have one or more bedrooms which are *not* used regularly?

Yes ✓	No ✓

- 3l. Please give the total number of bedrooms *people included on this application form* have exclusive use of:

Single	Double

Section 4 – Harassment and Abuse

4a. Are you, or a member of your household, experiencing any form of harassment or abuse?

Yes ✓	No ✓

If 'Yes', is it: (please tick all that apply)

	✓
Anti-social behaviour (e.g. noise or vandalism)	
Repeated break-ins	
Domestic abuse or physical assault	
Harassment (e.g. disturbance or threatening behaviour)	
Racial Harassment	

If 'Yes', how often does it happen?

	✓
Mild problems less than once a week	
Mild problems at least once a week	
Severe problems less than once a week	
Severe problems at least once a week	
Severe problems most days	

(Please provide any relevant documents which support your claim.)

Section 5 – Social Factors

5a. Do you need to move nearer to family or friends to give or receive support?

Yes ✓	No ✓

If 'Yes', and you *receive* support, who would be giving you this support?

Family ✓	Friends ✓

5b. Do your support needs mean you need to move nearer to facilities, e.g. hospitals, schools, etc?

Yes ✓	No ✓

5c. Do you need to move because of a relationship breakdown?

Yes ✓	No ✓

5d. Are you unable to meet mortgage or rent payments due to your financial circumstances?

Yes ✓	No ✓

5e. Have you been offered employment in your area of choice, or are you being transferred to the area by your current employer?

Yes ✓	No ✓

Section 5 – Social Factors

If 'Yes', please give details of employer's name, address and telephone number; and employment start date:

5f. Are you finding it difficult to travel to work from your current address because of financial reasons or because of the location?

Yes ✓	No ✓

If 'Yes', please give details of daily:

Travel time:

Distance:

Cost:

5g. Are there local amenities, e.g. shops, post office, etc, in your area?

Yes ✓	No ✓

5h. Are you or any member of your household prevented from gaining access to public transport or taking part in social activities because of where you live?

Yes ✓	No ✓

Section 5 – Social Factors

Do you have a car?

Yes ✓	No ✓

5i. Are you isolated from friends or relatives because of where you live?

Yes ✓	No ✓

5j. Do you have social contact with other people outwith your household?

	Applicant ✓	Joint applicant ✓	Anyone else to be housed with you ✓
Every day			
Most, but not all days			
At least once a week			
Less than once a week			
No social contact			

5k. Are there any other reasons why you wish to move (for example, lifestyle clashes or very exceptional needs)?

Yes ✓	No ✓

If 'Yes', please give details:

Section 6 – Health & Mobility Factors

6b. Are any of your health problems made worse by your current accommodation?

	Yes ✓	No ✓
Applicant		
Joint applicant		
Anyone else to be housed with you		

If 'Yes', please provide details:

How would you describe the level of your health problem(s)?

	Applicant ✓	Joint applicant ✓	Anyone else to be housed with you ✓
Low			
Medium			
Urgent			
Exceptional			

6c. Please complete the table below:

	Applicant		Joint applicant		Anyone else to be housed with you	
	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓
I take medication regularly						
I have difficulty managing my medication						
I have problems with my balance and sometimes faint/fall						

Section 6 – Health & Mobility Factors

6d. Please tick which of the following apply to you:

	Applicant		Joint applicant		Anyone else to be housed with you	
	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓
Difficulty with hearing						
Profoundly deaf						
Difficulty with eyesight						
Registered blind						

6e. Do you have difficulty walking?

	Yes ✓	No ✓
Applicant		
Joint applicant		
Anyone else to be housed with you		

If 'Yes', do you need to use any of the following aids?

	Applicant		Joint applicant		Anyone else to be housed with you	
	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓
Walking stick						
Walking frame / crutches						

6f. Do you use a wheelchair?

	Applicant		Joint applicant		Anyone else to be housed with you	
	Yes ✓	No ✓	Yes ✓	No ✓	Yes ✓	No ✓
Indoors						
Outdoors						

Section 6 – Health & Mobility Factors

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

Yes ✓	No ✓

If 'Yes', please give details:

6g. Does your current accommodation have internal or external stairs?

Yes ✓	No ✓

If 'Yes', do you have difficulty managing these?

Yes ✓	No ✓

If 'Yes', please tick which of the following apply to you

	Applicant ✓	Joint applicant ✓	Anyone else to be housed with you ✓
Have difficulty accessing a bathroom or bedroom due to internal stairs			
Cannot access a bathroom or bedroom without assistance due to internal stairs			
Have difficulty going out due to external stairs			
Cannot go out without assistance due to external stairs			

Section 6 – Health & Mobility Factors

6h. If you live in a flat which is not on the ground floor, is there a lift in the building?

Yes ✓	No ✓

6i. Do you have difficulty with any of the following?

Applicant:

Activity	None ✓	A little ✓	Quite a lot ✓	A great deal ✓
Housework				
Shopping				
Bathing				
Preparing meals				
Getting in and out of the bath or shower				
Getting on and off the toilet				

Joint Applicant:

Activity	None ✓	A little ✓	Quite a lot ✓	A great deal ✓
Housework				
Shopping				
Bathing				
Preparing meals				
Getting in and out of the bath or shower				
Getting on and off the toilet				

Section 6 – Health & Mobility Factors

Anyone else to be housed with you:

Activity	None ✓	A little ✓	Quite a lot ✓	A great deal ✓
Housework				
Shopping				
Bathing				
Preparing meals				
Getting in and out of the bath or shower				
Getting on and off the toilet				

6j. Do you have a garden?

Yes ✓	No ✓

If 'Yes', are you responsible for looking after it?

Yes ✓	No ✓

Please tell us below how you manage this?

	Applicant ✓	Joint applicant ✓	Anyone else to be housed with you ✓
Easily			
Difficult to manage			
Very difficult to manage			
Impossible to manage			

Section 7 – Housing Support Needs

Guidance Notes

If you are applying for general needs housing only, this section is not applicable. Please go to Section 8.

You *must* fill it in if you are applying for amenity, sheltered, very sheltered, supported, retirement or shared equity housing.

‘Housing Support’ relates to various factors which allow people to remain independent in their own home. This can be everyday things like advice or help with cleaning, shopping, dealing with bills, collecting pensions, and arranging repairs.

Advice or help may be provided formally by agencies such as social services, or informally by family and friends.

Questions relate to everyone included on the application form. If anyone needs specific support, you should tick ‘Yes’ in the first part of the question, **even if this support is being provided by another member of the household**. For example, if a husband needs support with shopping, and his wife provides this, the husband still needs the support, so ‘Yes’ should be ticked.

If you receive support from someone, you should tick ‘Yes’ to the second part of the question. However, if you need support with something, but you do **not** receive it, then you should tick ‘No’ to the second part of the question.

7a. Safety and security

Do you need advice or help to be safe and secure in your home, for example, locking up at night, controlling access to your home, or moving around indoors?

Yes ✓	No ✓

If ‘Yes’, do you currently receive this advice or help?

Yes ✓	No ✓

Section 7 – Housing Support Needs

7b. Looking after your home

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

Yes ✓	No ✓

If 'Yes', do you currently receive this advice or help?

Yes ✓	No ✓

7c. Managing money

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

Yes ✓	No ✓

If 'Yes', do you currently receive this advice or help?

Yes ✓	No ✓

7d. Daily living

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

Yes ✓	No ✓

Section 7 – Housing Support Needs

If 'Yes', do you currently receive this advice or help?

Yes ✓	No ✓

7e. Getting out and about

Do you need help with going shopping, or using other services such as the post office, library, or chemist?

Yes ✓	No ✓

If 'Yes', do you currently receive this help?

Yes ✓	No ✓

7f. Socialising

Do you need help to maintain regular social contact with family and/or friends?

Yes ✓	No ✓

If 'Yes', do you currently receive this help?

Yes ✓	No ✓

Section 7 – Housing Support Needs

7g. General welfare and communication

Do you need advice or help to communicate with other people or get companionship, or do you need someone to check on your well-being or visit you in the evening?

Yes ✓	No ✓

If 'Yes', do you currently receive this advice or help?

Yes ✓	No ✓

Section 8 – Doctor's Details

8a. Please provide your doctor's details:

Name:

Address:

Postcode:

Telephone no:

Section 9 – Power of Attorney

9a. If this form is being signed by someone who has Power of Attorney for you, please provide details:

Name:

Address:

Postcode:

Telephone no:

Please note, if this applies please provide a copy of the Power of Attorney authorisation with this application.

DECLARATION

- I have completed the form with answers that are true and correct. I understand that you may end a tenancy, or withdraw an offer of tenancy, if any answers or statements are found to be false or misleading.
- I am aware that the information I have given on this form will be used by the SHOP Landlords (the “Data Controllers” in terms of the Data Protection Act 1998) to process my application. You may pass the information to other agencies, such as the Council and NHS providers, to ensure that my housing needs and housing support needs are efficiently dealt with. I understand that the information I have provided will be used for these purposes only.
- I give permission for the SHOP Landlords to make any tenancy, financial, and medical enquiries considered necessary to previous landlords, employers, mortgage lenders, Social Work agencies or health professionals. I understand that I may have to pay any fees or other costs which may be charged for this purpose.
- I have the right to ask for a copy of the information that the SHOP Landlords hold about me, and I may have to pay a small fee to obtain this. I also have the right to have any inaccuracies in the information corrected.

Signature

Date

(Applicant)

Signature

Date

(Joint applicant)

Landlord Contact Details

Bield Housing Association Ltd

Registered Office

79 Hopetoun Street
Edinburgh EH7 4QF
Tel: 0131 273 4000
Fax : 0131 557 6327

Glasgow Office

Unit 6
Craighall Business Park
7 Eagle Street
Glasgow G4 9XA
Tel: 0141 270 7200
Fax: 0141 331 2686

Dundee Office

1 Bonnethill Gardens
1 Caldrum Terrace
Dundee DD3 7HB
Tel: 01382 228911
Fax: 01382 224088

E-mail: info@bield.co.uk
Web Site: www.bield.co.uk

Scottish Charity No SC006878

Trust Housing Association Ltd

Registered Office

12 New Mart Road
Edinburgh EH14 1RL
Tel: 0131 444 1200
Fax: 0131 444 4949

West Regional Office

Pavilion 5 (First Floor)
Watermark Business Park
345 Govan Road
Glasgow G51 2SE
Tel: 0141 227 1994
Fax: 0141 427 6479

E-mail: info@trustha.org.uk
Web Site: www.trustha.org.uk

Scottish Charity No SC009086

Hanover (Scotland) Housing Association Limited

Eastern Area Office

95 McDonald Road
Edinburgh EH7 4NS
Tel: 0131 557 7404
Fax: 0131 557 1280

Western Area Office

Pavilion 5 (First Floor)
Watermark Business Park
345 Govan Road
Glasgow G51 2SE
Tel: 0141 553 6300
Fax: 0141 553 6329

Northern Area Office

12 Institution Road,
Elgin IV30 1QX
Tel: 01343 548585
Fax: 01343 549519

E-mail: admin@hsha.org.uk
Web Site: www.hsha.org.uk

Scottish Charity No SC014738

