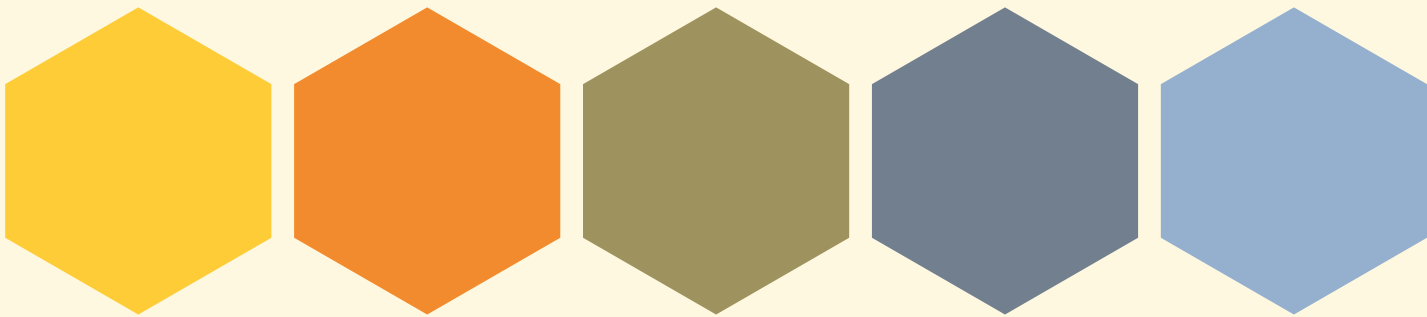




Housing Application Form



About you – main applicant

| | | | |
|---------------------------|----------------------|------------|----------------------|
| Title | <input type="text"/> | First name | <input type="text"/> |
| Family name/surname | <input type="text"/> | | |
| Date of birth | <input type="text"/> | | |
| National insurance number | <input type="text"/> | | |

Please provide proof (e.g. passport, photo-card driving licence, etc.)



| | | | |
|---------------------------|-------------------------------|---------------------------------|--|
| Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> |
| Are you pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| If yes, expected due date | <input type="text"/> | | |

Please provide proof (e.g. Form Mat B1)



Please tick this box if this person is related to a member of Bield's Board or an employee:

| | |
|---|----------------------|
| If you ticked this box, please state relationship | <input type="text"/> |
|---|----------------------|

Person 1

| | | | | |
|---------------------------|-------------------------------|---------------------------------|--|--|
| Joint applicant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Title | <input type="text"/> | First name | <input type="text"/> | |
| Family name/surname | <input type="text"/> | | | |
| Date of birth | <input type="text"/> | | | |
| National insurance number | <input type="text"/> | | | |
| Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Prefer not to say <input type="checkbox"/> | |
| Is this person pregnant? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| If yes, expected due date | <input type="text"/> | | | |

Please provide proof (e.g. Form Mat B1)



Please tick this box if you are related to a member of Bield's Board or an employee:

| | |
|---|----------------------|
| If you ticked this box, please state relationship | <input type="text"/> |
|---|----------------------|

Relationship with main applicant

Person 2

| | | | |
|---------------------------|----------------------|------------|----------------------|
| Title | <input type="text"/> | First name | <input type="text"/> |
| Family name/surname | <input type="text"/> | | |
| Date of birth | <input type="text"/> | | |
| National insurance number | <input type="text"/> | | |
| Sex | Male | Female | Prefer not to say |
| Is this person pregnant? | Yes | No | |
| If yes, expected due date | <input type="text"/> | | |

Please provide proof (e.g. Form Mat B1)



Please tick this box if this person is related to a member of Bield's Board or an employee:

If you ticked this box,
please state relationship

Relationship with main applicant

Person 3

| | | | |
|---------------------------|----------------------|------------|----------------------|
| Title | <input type="text"/> | First name | <input type="text"/> |
| Family name/surname | <input type="text"/> | | |
| Date of birth | <input type="text"/> | | |
| National insurance number | <input type="text"/> | | |
| Sex | Male | Female | Prefer not to say |
| Is this person pregnant? | Yes | No | |
| If yes, expected due date | <input type="text"/> | | |

Please provide proof (e.g. Form Mat B1)



Please tick this box if this person is related to a member of Bield's Board or an employee:

If you ticked this box,
please state relationship

Relationship with main applicant

Person 4

Title

First name

Family name/surname

Date of birth

National insurance number

Sex

Male

Female

Prefer not to say

Is this person pregnant?

Yes

No

If yes, expected due date

Please provide proof (e.g. Form Mat B1)



Please tick this box if this person is related to a member of Bield's Board or an employee:

If you ticked this box,
please state relationship

Relationship with main applicant

Main Applicant's Address Details

Current address

Flat number

Building number

Building name

Street

Town

Postcode

Put a tick in the box if this is your main address

Please provide proof (e.g. recent utility bill, recent credit card or bank statement, council tax bill for the current year, etc.)



Address type

Main residence

Temporary Address

Correspondence Address

Put a tick in this box if this is your postal address

If you want your mail to go to
a different address, please add
it here:

Postcode

Joint Applicant Address Details

Is any joint applicant currently living at a different address to the main applicant? Yes No

If yes, please provide their current address including postcode:

Postcode

How long have they lived at this address? Years Months

Do they have outstanding housing debt at this address? Yes No

If yes, how much is the outstanding housing debt?

Your contact details

Home phone

Work phone

Mobile phone

Email

Preferred Home Work Mobile Email

Language and format preferences

What is your preferred language?

Preferred language type? Written Spoken

Would you like us to send future correspondence in this language? Yes No

If we have to contact or visit you, do you need an interpreter? Yes No

If yes, please provide details:

Do you need future correspondence in a different format, for example, large font, audio or braille? Yes No

If yes, please provide details: Large print Community language
Other Audio Braille

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

Representative

Do you want us to deal with someone else on your behalf (a representative) in relation to your application?

Yes

No

If yes, please provide their details below.

Name

Address

Telephone No

Email

Relationship to you

Power of Attorney

Is this person your Power of Attorney (POA)?

Yes

No

If yes, please tell us the Power of Attorney type

Financial

Welfare

Financial and Welfare

If there is an active Power of Attorney, please provide a copy of this document and, if required, evidence that the granter has been deemed to have lost capacity.



Anti-Social Behaviour

Have you, or anyone applying with you, ever had a warning or court action taken against you for anti-social behaviour?

Yes

No

Managed Offenders

Does anyone included in this application have a requirement to register under the Sex Offenders Act 1997 or Sexual Offences Act 2003 or any other license?

Yes

No

If yes, please state the full name of the person who has this requirement:

Immigration Control

Are you, or anyone included on this application, 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:

Armed Forces

Have you served in the armed forces or any military service? Yes No

Accommodation History

How long have you lived at your current address? Years Months

If renting, please give landlord's name and contact details:

Do you have outstanding housing debt at this address? Yes No

How much is the outstanding housing debt?

If you have lived at your current address for three years or longer, please proceed to the **Current Circumstances** section. If you have lived at your current address for less than three years, please provide your previous residences. Failing to provide a complete history will result in a delay to your application being processed.

Previous address 1

Flat number

Building number

Building name

Street

Town

Postcode

Duration at address:

Years

Months

If rented, please give landlord's name and contact details:

Do you have outstanding housing debt at this address?

Yes

No

Reason for leaving:

Previous address 2

Flat number

Building number

Building name

Street

Town

Postcode

Duration at address:

Years

Months

If rented, please give landlord's name and contact details:

Do you have outstanding housing debt at this address?

Yes

No

Reason for leaving:

Previous address 3

Flat number

Building number

Building name

Street

Town

Postcode

Duration at address:

Years

Months

If rented, please give landlord's name and contact details:

Do you have outstanding housing debt at this address?

Yes

No

Reason for leaving:

Current Circumstances

Please tell us your current living arrangements

- | | |
|--|--|
| <input type="checkbox"/> Owner occupier | <input type="checkbox"/> Sharing owner / shared equity |
| <input type="checkbox"/> Council or housing association tenant | <input type="checkbox"/> Private landlord tenant |
| <input type="checkbox"/> Living with family and it is not your own home | <input type="checkbox"/> Living with friends and it is not your own home |
| <input type="checkbox"/> Sleeping rough | <input type="checkbox"/> Lodgings |
| <input type="checkbox"/> Temporary accommodation | <input type="checkbox"/> Living in a hostel |
| <input type="checkbox"/> Living in a caravan, motorhome, chalet or houseboat | <input type="checkbox"/> In prison |
| <input type="checkbox"/> In residential care | <input type="checkbox"/> In HM Forces |
| <input type="checkbox"/> In long stay hospital | <input type="checkbox"/> Tied accommodation |

Homelessness

Have you, or anyone to be housed with you, been assessed as statutorily homeless by the Council, or are you likely to be made homeless within the next 2 months?

Statutorily Homeless

Homeless within the next 2 months

You will need to provide evidence, e.g. a copy of the decision letter, Notice to Quit, Notice of Proceedings, Court Order, etc.



What date are you expected to leave your current accommodation if you are going to be homeless within the next 2 months?

Delayed discharge from hospital

Are you currently in hospital and fit for discharge except your home is no longer suitable?

Yes No

Please share a letter from the hospital or your social worker.



Current Circumstances (continued)

Worsening circumstances

Do you feel your current living arrangements are being made worse because of a breakdown in relations with the other occupants? Yes No

If 'yes', please provide details:

Impact of illness or disability

Do you or anyone in your household have an illness or disability made worse by the type of property you live in? Yes No

If yes, what is the nature of the illness or disability?

Briefly, how does your current home affect this?
(Please note - we will visit you to verify this.)

Current property details

Has your property been declared as 'Below Tolerable Standard' by your local Council? Yes No

If yes, you will need to provide evidence of this.



Does your home have serious maintenance or repair problems, e.g. structural problems, subsidence, rot, etc. Yes No

If 'yes', please provide details:

Do you have the following in your current home?

| | Yes | No |
|------------------------|--------------------------|--------------------------|
| Hot water | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold water | <input type="checkbox"/> | <input type="checkbox"/> |
| Mains electricity | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathroom / shower room | <input type="checkbox"/> | <input type="checkbox"/> |
| Indoor toilet | <input type="checkbox"/> | <input type="checkbox"/> |

Does your home have damp and/or mould? Yes No

If yes, you will be visited to confirm the presence of this or asked to provide evidence.



Does your home have (please tick one box only)

Full central heating Partial central heating No central heating

Bedroom spaces

If you are a Council or Housing Association tenant, are you currently lacking any bedrooms? Yes No

If yes, how many bedrooms are you lacking?

If you are a Council or Housing Association tenant, are there any bedrooms which are currently unoccupied? Yes No

If yes, how many bedrooms are underoccupied?

Shared facilities

Do you share any of the following facilities with anyone not included on your application form?

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

If 'yes', please provide details:

Accessibility

External stairs

Does your current home have external stairs (i.e. stairs on the outside of your home)?

Yes No

If yes, what impact does the external stairs have on you or anyone in your household in relation to going out?

No impact Makes it difficult Makes it impossible

Internal stairs

Does your current home have internal stairs?

Yes No

If yes, what impact does the internal stairs have on you or your household in accessing essential rooms in your home, such as the bathroom or bedroom/s?

No impact Makes it difficult Makes it impossible

Accessing bath / shower

What impact does your mobility have on your ability to access a bath or shower?

No impact Makes it difficult Makes it impossible

Personal safety

Anti-social behaviour

Are you experiencing anti-social behaviour or do you have fears about safety at your current address or in the surrounding neighbourhood?

Yes No

If 'yes', please provide details:

Please note - we will visit you to verify this.

Domestic abuse

Are you experiencing **domestic abuse**, including **coercive / controlling behaviour**? Yes No

Violence and harassment

Are you experiencing personal harassment, which is life-threatening harassment which necessitates urgent rehousing? This could involve situations where there is immediate physical danger or threat to life due to severe abuse or harassment.

Yes No

If yes, please indicate the type of harassment this relates to:

- | | |
|--|--|
| <input type="checkbox"/> Age (because you are old) | <input type="checkbox"/> Race (because of your race or ethnicity) |
| <input type="checkbox"/> Disability (either a physical or learning disability) | <input type="checkbox"/> Religion or belief (because of your religion or belief) |
| <input type="checkbox"/> Gender (because you are male or female) | <input type="checkbox"/> Sexual orientation (because of your sexual orientation) |
| <input type="checkbox"/> Gender reassignment (because you identify as a different gender from what you were born as) | <input type="checkbox"/> Pregnancy (because you are pregnant) |
| <input type="checkbox"/> Marriage or civil partnership | <input type="checkbox"/> Other |

If other, please provide details:

Personal safety (continued)

Are the harassment incidents threats of abuse or physical abuse? Yes No

Are the incidents verbal harassment? Yes No

Are the incidents hate incidents? Yes No

If you suffer from violence or harassment linked to where you live then please use this section to tell us about your situation. This may be violence or harassment from a near neighbour or from anyone else who is targeting you and knows where you live.

***Please provide details if someone can confirm your claim
e.g. Police, social work, support service, etc.***



Name

Address

Phone no

Email

Needs and Preferences

Social Circumstances

Do you need to move nearer to family or friends to give or receive support? Yes No

Do you need to move to make it easier to access amenities, e.g. shops, doctors, places of worship, etc? Yes No

Do you need to move because of a marriage or partnership break-up? Yes No

Do you need to move to be closer to family / friends? Yes No

Do you need to move as you are vulnerable due to diminished cognitive capacity? Yes No

If yes, how do you think living in a Bield home will help?

Do you need to move as you are vulnerable due to diminished physical capacity? Yes No

If yes, how do you think living in a Bield home will help?

Applicants may be visited by a Bield member of staff to confirm their current circumstances and to assess if a Bield home is the best place for you.

Housing choice

Please tell us which developments you want to be considered for, in order of preference:

| | Town | Development | Service Type |
|---|------|-------------|--------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

How many bedrooms do you need?

If this includes an extra bedroom because of a health problem or disability, please provide details.

Some people make small changes in their homes to help make them safe and independent, e.g. level access shower, ramps, wider doorways to accommodate wheelchairs and mobility aids.

Would you need an adaptation or modification to make your home more accessible? Yes No

If yes, please select the adaptation(s) or modification(s) required

- Adapted kitchen
 Automatic door
 Wheelchair accessible
 Wheelchair adapted
 Widened doors

What bathing facilities do you require?

- Bath only
 Bath and overhead shower
 Level access or wet floor shower
 Shower cubicle

What floor level(s) would be suitable for you?

Please tick all those you would accept

Lower ground
 First
 Third
 Ground
 Second
 Fourth+

Please indicate what types of property you would consider

Please tick all those you would accept.

Bungalow
 Flat
 Maisonette
 Cottage
 Flatlet
 Studio
 Please note, not all property types are available at each development.
 Cottage flat
 House

Would you be interested in our meals service? Yes No

Equality

How would you describe your ethnicity?

White

- Scottish
- British
- Irish
- Polish
- Lithuanian
- Ukrainian
- Other white background

Black / African / Caribbean

- African
- Caribbean
- Other Black / African / Caribbean background

Middle Eastern

- Arab
- Iranian
- Other Middle Eastern Background
- Other ethnic group
- Prefer not to say

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background

Mixed / multiple ethnic

- White and black Caribbean
- White and Black African
- White and Asian
- Other mixed / multiple ethnic background
- Kurdish
- Turkish

Please select your gender

- Male
- Transgender Male
- Gender neutral
- Female
- Transgender Female
- Prefer not to say
- Other

Please select your sexual orientation

- Heterosexual / straight
- Homosexual / gay
- Asexual
- Bisexual
- Pansexual
- Questioning
- Other
- Prefer not to say

How did you hear about Bield Housing & Care?

- Friend or relative
- Social worker or carer
- GP
- Press advert or flyer
- Council
- Internet
- Advice centre
- Local development / complex
- I am already a tenant
- Other

Declaration

I agree to the following statements to enable you to process my application for housing:

- I understand that the information contained within my application will be used to enable my application for housing to be assessed. I am aware that Bield has a Privacy Notice that gives details of how my information will be used.
- I am aware that it may be necessary to seek more information about my application either from myself or from other such as current / previous landlords.
- The details on this form are true.
- I have provided or will provide the proof needed.
- I understand that if I have given false information, or withheld any relevant information, my application may be withdrawn, or my tenancy put at risk.
- I understand that I should tell you immediately about any changes in my circumstances that may affect my application for housing.
- I understand that, if I get a tenancy using false or incomplete information, Bield can end the tenancy and repossess the property.
- I understand that I can withdraw my application for housing at any time and as a result it will be destroyed.

Applicant

Signed:

Print:

Date:

Joint Applicant

Signed:

Print:

Date:

Privacy statement

The information you provide on this form is held by Bield Housing and Care [Bield]. Bield have a Privacy Notice which is available on Bield's website. We will process your information fairly and lawfully and you are entitled to know how we intend to use the information you provide. It will be made available to authorised support agencies for the following purposes:

- To decide if you are eligible for housing
- To enable authorised support agencies to provide advice and guidance regarding your housing options
- To award you priority for housing in accordance with our points system
- To enable us to match your needs and preferences with available properties
- To enable us to decide if a property will be offered to you
- To enable our Allocation Team to contact your landlord or former landlords for information about you
- To enable our Allocation Team to use the information for administrative purposes, reporting statistical analysis or for strategic planning
- The sensitive personal data collected on this form in relation to protected characteristics will be monitored in relation to our Equality Policy
- To access physical or mental health data required to assess your need for housing.

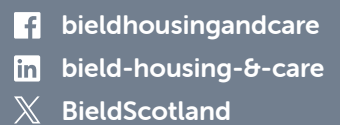
Read our full Privacy Notice at <https://www.bield.co.uk/privacy-notice/>

Completed forms should be sent to:

Bield Housing Applications
Bield Housing and Care
Craighall Business Park
7 Eagle Street
Glasgow
G4 9XA

Alternatively, hand this application form into any Bield development.

Please contact communications@bieldd.co.uk if you require this document in a different format or language.



Bieldd Housing & Care

Registered Office
79 Hopetoun Street
Edinburgh EH7 4QF
Tel: 0131 273 4000

Craighall Business Park
7 Eagle Street
Glasgow G4 9XA
Tel: 0141 270 7200

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

Email: info@bieldd.co.uk
Website: www.bieldd.co.uk
Scottish Charity SC006878
Property Factor Registration
PF000146

