

# Application Form



Applicant:	<input type="text"/>	For office use only - Development(s):	<input type="text"/>
Joint Applicant:	<input type="text"/>		<input type="text"/>
Reference no:	<input type="text"/>		<input type="text"/>

These notes are provided as a basic guide to assist you with your Home For You application.

By following this simple guidance, you will ensure that your application is assessed as accurately as possible and you are matched to accommodation which is most suitable for your needs.

**It is important that you only apply when actively looking to move, as we may contact you regarding a property quickly.**

- Please complete the form in full, answering all questions. The information you provide will be used to assess your application and determine your need for housing according to our joint allocations policy
- This form is an application for all types of housing, therefore there may be some questions which you believe do not apply to you. If this is the case, please tick 'No' or write 'not applicable'.  
**Do not leave any questions blank.**
- If any questions have not been completed, then this may delay your application being processed. We may even have to return the form to you. It could also mean your application is not correctly assessed.
- Please provide further details where this is requested on the form.
- Please note that the questions apply to everyone included in your application. That is, yourself and also anyone else who will be moving with you - so please remember to take everyone into account when answering the questions.
- Once fully completed, the form should be signed, dated and returned to the office of the landlord responsible for your first choice development.
- The form can only be signed by the applicant, or someone holding Power of Attorney for them. If it is being signed by someone having Power of Attorney, then a copy of the legal authorisation must be provided with the application.
- In signing the declaration at the end of the form, you are confirming that the information you have given is true and correct. You should be aware that if you provide false or misleading information, then this could result in us ending your tenancy, or withdrawing an offer of tenancy.
- If you have any difficulty in completing the application form, or require further information, please contact any of the offices listed at the end of these guidance notes and a member of staff will be happy to assist you.
- **Council Nominations** - in most areas, there is a nomination agreement between the Home For You landlords and the local Council for the allocation of some types of housing. This means that the Council is normally asked to nominate applicants from its own housing list for every second vacancy which arises. It is recommended, therefore, that as well as completing your Home For You application form, you also make an application to your local Council to maximise your opportunity to be rehoused.

- The information you provide in your form will be treated as confidential. It will be used for the purposes of assessing your application and held on the Home For You database.
- Only the Home For You landlords will have access to your information, however please note that this may be disclosed to other agencies, such as the Council or NHS providers, to ensure your housing needs and housing support needs are efficiently dealt with. The information will be used for these purposes only.
- You have the right to ask for a copy of the information held about you by the Home For You landlords. A standard fee, to cover administrative costs, is payable for the provision of such information.

### How is my application assessed?

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- Your application will be assessed according to the joint allocations policy based on the answers you provide in the form. This is why it is important for you to complete the form as fully and as accurately as possible, providing any additional information where requested.
- A copy of the joint allocations policy is available on the Home For You website or on request from any of the landlords offices.
- Should you wish to discuss any aspect of an allocations policy or how your application has been assessed, please contact one of the individual landlords concerned at the addresses listed.

### What type of housing will I be considered for?

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- Under the terms of the Housing (Scotland) Act 2014, anyone aged 16 and over can apply to be added to the Home For You housing list. However, you should be aware that the design of some types of housing, and the support or care services provided, make them more suitable for some people than others. Each landlord provides housing and support services mainly for older people, and will allocate their housing in accordance with the joint allocations policy.
- Based on the information you provide, we may decide that the housing in the area for which you have applied is not suited to your needs. If this is the case, we will contact you to discuss other housing options as part of your application.
- The types of housing provided by the Home For You landlords are described in the List of Developments included in your application pack. Some developments may have more than one type of housing. On your application form at Question 2a, please specify the type of housing (i.e. sheltered, amenity, general needs etc.), as well as the development(s) you are applying for.

## What happens next?

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- Once your completed application form has been returned, it will be input onto the Home For You system where it will be assessed in accordance with the joint allocations policy.
- The landlord will be responsible for administering your application will be the one which deals with your first choice development. If necessary, your form will be forwarded to the appropriate office.
- You will receive a letter within 28 days confirming that your application has been added to the housing list and advising you of your points. Please note that we may request additional information if it is felt necessary to fully assess your application.
- If you are being considered for a vacancy or if you are amongst the top pointed applicants on the list, then a home/ telephone assessment may be carried out. The purpose of the assessment is to verify the details provided in your form and to ensure that no information relevant to your application has been missed and provide information on the development and the vacancy.
- Any assessment will be arranged with you in advance for a mutually convenient time. It will be considered to be a joint assessment for all landlords. This means that if you have already been visited recently by one Home For You landlord, then you will not normally require another assessment from another Home For You landlord.

## How long will I have to wait?

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- For each landlord this may be different. It will depend on a number of factors:
  - a) the number of points you are awarded;
  - b) the areas you have chosen;
  - c) how many suitable properties become vacant.
- **No account is taken of the length of time you have been on the list, except in the case where two applicants have equal points.**

## How long will my name stay on the list?

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- You will be contacted annually to check that you want your name to remain on the housing list. This date is known as your 'review date'.
- If you do not respond, a reminder letter will be sent to you. If there is still no response, we will assume you are no longer interested. Your name will then be removed from the list and your Home For You application will be withdrawn.
- As applications are assessed on need, and waiting time is not taken into account, this will not have disadvantaged your application for housing should you then reapply at a later date.

## What if my circumstances change?

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- It is important that you inform us as soon as possible of any changes in your circumstances, as this may affect how your application is assessed, and the points you have been awarded may change.
- Depending on the circumstances, it may be necessary for you to complete a new application form, for example if you have changed address.
- If you do not tell us about a change, this may result in you being made an offer of tenancy which you should not have received. If the offer has been made on the basis of incorrect information, then it may be withdrawn.

## Appeals & complaints

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- Appeals will be dealt with as required under the joint allocations policy. Each landlord has its own complaints policy.
- Each landlord has their own Appeals Process and Complaints Policy. Any appeals or complaints received will be dealt with in accordance with the procedures of the landlord concerned. A copy of each landlord's Complaints Policy is available on request.
- If you are unhappy about any aspect of the Home For You process or how your application has been dealt with, or if you wish to appeal a decision taken regarding your application, then please contact the individual landlord concerned.
- After you have gone through a Home For You landlord's own complaints procedure, if you are still unhappy with the response then you have the right to take your complaint to:  
  
Scottish Public Services Ombudsman,  
4 Melville Street, Edinburgh EH3 7NS,  
or FREEPOST EH641, Edinburgh, EH3 0BR  
  
**Telephone:** 0800 377 7330  
**Web:** [www.spsso.org.uk](http://www.spsso.org.uk)

Section 1: Current housing circumstances

**1a.** Please complete details of applicant below:

	Applicant	Joint Applicant
Title: (Mr, Mrs, etc.)		
First name:		
Surname:		
Date of birth:		
Gender:		
National Insurance no:		
Relationship to applicant:		

**1b.** Applicant address details:

	Applicant	Joint Applicant (if different from applicant)
Address 1:		
Address 2:		
Town/City:		
Postcode:		
Telephone no:		
Mobile no:		
E-mail address:		

If you would prefer correspondence to be sent to a different address from your current home, please provide details below:

	Applicant
Name:	
Address 1:	
Address 2:	
Town/City:	
Postcode:	
Telephone no:	
Mobile no:	

**1c.** How long have you lived at your current home?

- 1 year or less                       3 – 5 years  
 1 – 2 years                               More than 5 years  
 2 – 3 years

If less than 3 years, please provide details of your previous addresses for the last 3 years: (Please continue on a separate sheet if necessary.)

Address	From (mm/yy)	From (mm/yy)	Landlord Contact Details (if applicable)	Reason for Leaving

**1d.** Are there any other people currently housed or to be rehoused with you?

Title (Mr, Mrs, etc.)	First Name	Surname	Date of Birth	Gender	National Insurance no.	Relationship to Main Applicant

Please provide their address (if different from main applicant):

Name:	
Address 1:	
Address 2:	
Postcode:	
Telephone Number:	

Section 1: Current housing circumstances

**1e.** 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:

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

	1st Contact Person	2nd Contact Person (if applicable)
Title: (Mr, Mrs, etc.)		
First name:		
Surname:		
Contact telephone no:		
Mobile no:		
E-mail address:		
Relationship to applicant:		

**1g.** Please tell us the first language of:

Applicant:

Joint Applicant:

**1h.** 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:

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

Yes ✓	No ✓

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

- Large print
  Community language
  Other  
 CD
  Braille

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

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

Yes ✓	No ✓

If 'Yes', do you have an agreed payment arrangement?

Yes ✓	No ✓

If 'Yes', please provide details:

Section 1: Current housing circumstances

**1k.** 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:

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

Yes ✓	No ✓

If 'Yes', please provide details:

**1m.** Is any person included on this application form related to a Committee or Board member, or to an employee of any of the Home For You Landlords?

Yes ✓	No ✓

If 'Yes', please provide details of the employee/Committee member:

Title:	
Full Name:	
Position Held:	
Landlord:	
Relationship to Applicant:	

**1n.** 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:

**1o.** How did you hear about Home For You? (Please tick one box only)

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

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

**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 e.g. Amenity, Sheltered, etc.
1.		
2.		
3.		
4.		
5.		

**2b.** Do you need an extra bedroom on a permanent basis because of a health problem or disability?

Yes ✓	No ✓

If 'Yes', please provide details:

**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 ✓

**2d.** Do you need a house which has been specially adapted? For example, hearing adaptations, specialised smoke detectors, specialised door alarms and any other specialised tele alarm systems.

Yes ✓	No ✓

If 'Yes', please provide details:

**2e.** Which floor level would be suitable for you? (Please tick all that apply)

- Ground floor
- Basement, 1st floor or above with a lift
- Basement, 1st floor or above without a lift

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

**2f.** Which type of bathing facility would be suitable for you? (Please tick all that apply)

- Bath only
- Shower only
- No preference



Section 3: Current housing circumstances

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

- |  |   |
|--|---|
| <input type="checkbox"/> Owner occupier                                    | <input type="checkbox"/> Sharing owner / Shared equity                    |
| <input type="checkbox"/> Council tenant                                    | <input type="checkbox"/> Housing Association or Co-op tenant              |
| <input type="checkbox"/> Tenant of private landlord                        | <input type="checkbox"/> Living with family,<br>& it is not your own home |
| <input type="checkbox"/> Living with friends,<br>& it is not your own home | <input type="checkbox"/> Lodgings   |
| <input type="checkbox"/> Rough sleeper                                     | <input type="checkbox"/> Hostel   |
| <input type="checkbox"/> Temporary accommodation                           | <input type="checkbox"/> Sub tenants                                      |
| <input type="checkbox"/> Living in a caravan                               | <input type="checkbox"/> In prison  |
| <input type="checkbox"/> In HM forces                                      | <input type="checkbox"/> In residential care                              |
| <input type="checkbox"/> In long stay hospital                             | <input type="checkbox"/> Tied accommodation                               |
| <input type="checkbox"/> Living alone in family owned property             | <input type="checkbox"/> Other  |

If you are living in rented or tied accommodation, please provide current landlord's details:

Name:	
Address 1:	
Address 2:	
Town/City:	
Postcode:	
Telephone no:	

If 'Other', please provide details:

**3b.** 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:

**3c.** Have you, or anyone to be housed with you, been assessed as statutorily homeless by the Council? (The Council will have confirmed this to you in writing and we will need to see this evidence.)

Yes ✓	No ✓

If 'Yes', please provide details:

**3d.** Are you likely to be made homeless within the next two months?

Yes ✓	No ✓

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

Please provide more details:

(We will ask you for evidence of this, e.g. a Notice of Proceedings, Court Order, etc.)

Section 3: Current housing circumstances

**3e.** Has your property been declared as 'Below Tolerable Standard' by your local Council? (If 'Yes' we will ask you for a copy of this.)

Yes ✓	No ✓

**3f.** Does your home have serious maintenance or repair problems (e.g. structural problems, subsidence, rot, etc.)?

Yes ✓	No ✓

If 'Yes', please provide details:

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

	Yes ✓	No ✓
Hot water		
Cold water		
Mains electricity		
Kitchen		
Bathroom / shower room		
Indoor toilet		

**3h.** Does your home have: (Please tick one box only)

- full central heating
- partial central heating
- no central heating

**3i.** Does your home have dampness?

Yes ✓	No ✓

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

	Yes ✓	No ✓
Bathroom/Toilet		
Kitchen		
Living room		

If 'Yes', please provide details:

**3k.** How many bedrooms are there at your current address?

Single	Double

How many of the bedrooms does your household have exclusive use of?

Single	Double

Section 4: Harassment and abuse

4a. At your current address do you suffer from:

	Yes ✓	No ✓
Racial harassment		
Domestic abuse /physical assault		
Personal harassment *		

\* 'Personal harassment' is repeated offensive behaviour, where someone is singled out and intentionally targeted; it is not general, anti-social behaviour in the area, which is addressed at question 5a.

If 'Yes', please provide details:

Section 5: Social factors

5a. 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:

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

Yes ✓	No ✓

5c. Do you need to move to be nearer amenities or facilities, such as schools, hospitals, shops, clubs, etc?

Yes ✓	No ✓

5d. Do you need to move because of a marriage or partnership break-up?

Yes ✓	No ✓

5e. Do you need to move to be nearer current or future employment, or for employment opportunities?

Yes ✓	No ✓

5f. Do you have social contact with other people outwith your household?  
(Please tick whichever applies.)

	Every day ✓	At least once per week ✓	Less than once per week ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

**6a.** Do you have any health problems?

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

If 'Yes', please list health problems:

Applicant	Joint applicant	Anyone else to be housed with you

(Please continue on a separate sheet if necessary)

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

	Difficulty with hearing ✓	Profoundly deaf ✓	Difficulty with eyesight ✓	Registered blind ✓
Applicant				
Joint applicant				
Anyone else to be housed with you				

**6c.** Do you or anyone to be housed with you require a wheelchair adapted property?

Yes ✓	No ✓

If 'Yes', please provide details:

Is your current property wheelchair adapted?

Yes ✓	No ✓

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

(i) Can you access your bathroom on your own?

	Yes, easily ✓	Yes, but with difficulty ✓	No, not without assistance ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

(ii) Can you access your bedroom on your own?

	Yes, easily ✓	Yes, but with difficulty ✓	No, not without assistance ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

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

(iii) Can you get out of your house on your own?

	Yes, easily ✓	Yes, but with difficulty ✓	No, not without assistance ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

(iv) Can you get in and out of your bath/shower on your own?

	Yes, easily ✓	Yes, but with difficulty ✓	No, not without assistance ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

(v) Can you look after your garden on your own?

	Yes, easily ✓	Yes, but with difficulty ✓	No, not without assistance ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

**7a.** Please tick which of the following apply to you:

(i) Can you do your housework on your own?

	Yes, easily ✓	Yes, but with difficulty ✓	No, not without assistance ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

(ii) Can you do your shopping on your own?

	Yes, easily ✓	Yes, but with difficulty ✓	No, not without assistance ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

(iii) Can you prepare your meals on your own?

	Yes, easily ✓	Yes, but with difficulty ✓	No, not without assistance ✓
Applicant			
Joint applicant			
Anyone else to be housed with you			

Section 7: Housing Support needs

**7b.** Please tell us if you feel you would benefit from support in any of the following areas: (Tick all that apply)

	Yes ✓	No ✓
Budgeting your household bills, shopping, other expenses, etc.		
Dealing with your correspondence and paperwork		
Keeping your home safe and secure		
Keeping your home in a good state of repair		
Having a 24 hour call centre available to get help in an emergency		

Section 8: Doctor's details

**8a.** Please provide your doctor's details:

	Applicant	Joint Applicant (if different from applicant)
Name:		
Address 1:		
Address 2:		
Town/City:		
Postcode:		
Telephone no:		

Section 9: Power of Attorney/Guardianship

**9a.** Does someone have active Power of Attorney or Guardianship for you?

Yes ✓	No ✓

If 'Yes', please provide details:

Title: (Mr, Mrs, etc.)	
First name:	
Surname:	
Telephone no:	
Mobile no:	
E-mail address:	
Address 1:	
Address 2:	
Town/City:	
Postcode:	

If 'Yes', please tell us the Power of Attorney type:

- Financial
- Welfare
- Financial & Welfare

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

**10a.** If there is any other information you want to tell us in relation to your application that has not already been covered elsewhere in this form, please note below:

Section 11: Equal Opportunities

The Home for You landlords aim to promote equality and diversity and ensure that they adhere to the Equality Act 2010 in all aspects of their business, including the allocation of their housing.

This means that no individual or group of people will be treated differently or less favourably because of certain characteristics listed in the Act, including

race, disability, or gender. To help monitor our performance in this area, all applicants are asked to complete this simple questionnaire.

Please be assured that this information will be treated as strictly confidential and will be used for monitoring and statistical purposes only.

**11a.** Please tell us your ethnic background:

	Applicant ✓	Joint Applicant ✓
White - Scottish		
White - Other British		
White - Irish		
White - Gypsy/Traveller		
White - Polish		
White - Any other white background		
Mixed or multiple ethnic background		
Asian, Asian Scottish, Asian British - Indian		
Asian, Asian Scottish, Asian British - Pakistani		
Asian, Asian Scottish, Asian British - Bangladeshi		
Asian, Asian Scottish, Asian British - Chinese		
Asian, Asian Scottish, Asian British - Any Other Asian Background		
Black, Black Scottish, Black British - Caribbean		
Black, Black Scottish, Black British - African		
Black, Black Scottish, Black British - Any Other Black Background		
Other Ethnic Background - Arab, Arab Scottish or Arab British		
Other Ethnic Background - Any other background		
Prefer not to answer		

**11b.** Do you consider yourself to have a disability?

Applicant		Joint Applicant	
Yes ✓	No ✓	Yes ✓	No ✓

## Declaration

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- 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 Home For You 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 Home For You 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 Home For You 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:  
(Applicant)

Date:

Signature:  
(Joint Applicant)

Date:





*Bield, Hanover & Trust working together*

### **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:** 0131 444 1200

**Fax:** 0131 444 4949

**Email:** [info@trustha.org.uk](mailto:info@trustha.org.uk)

**Website:** [www.trustha.org.uk](http://www.trustha.org.uk)

A recognised Scottish Charity  
Scottish Charity No SC 009086

### **Hanover (Scotland) Housing Association Limited**

#### **East Area Office:**

95 McDonald Road  
Edinburgh EH7 4NS

**Tel:** 0131 557 7404

**Fax:** 0131 5571280

#### **West Area Office:**

Pavilion 5 (Ground Floor)  
Watermark Business Park  
345 Govan Road  
Glasgow G51 2SE

**Tel:** 0141 553 6300

**Fax:** 0141 553 6329

#### **North Area Office:**

12 Institution Road  
Elgin IV30 1QX

**Tel:** 01343 548585

**Fax:** 01343 549519

**Email:** [admin@hanover.scot](mailto:admin@hanover.scot)

**Website:** [www.hanover.scot](http://www.hanover.scot)

A recognised Scottish Charity  
Scottish Charity No SC 014738

### **Bield Housing & Care**

#### **Registered Office:**

79 Hopetoun Street  
Edinburgh  
EH7 4QF

**Tel:** 0131 273 4000

**Email:** [info@bield.co.uk](mailto:info@bield.co.uk)

**Website:** [www.bield.co.uk](http://www.bield.co.uk)

#### **Glasgow Office:**

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

