

NORTH VIEW Housing Association

North View is a registered Scottish charity – charity registration number SC032963

All North View policies and publications can be made available on tape, in Braille, large print and community languages.

For further details please contact us on 0141 634 0555 or email us on enquiries@nvha.org.uk

INTERNAL HOUSING APPLICATION FORM



INVESTOR IN PEOPLE

NORTH VIEW HOUSING ASSOCIATION LTD
29A Stravanan Road, Castlemilk, GLASGOW G45 9LY
Tel:- 0141 634 0555 Fax:- 0141 631 3231
e-mail:- enquiries@nvha.org.uk



A: ABOUT YOU

1. The Applicant

First Name:		Last Name:	
Other Names:		Title:	
Date of Birth:		National Insurance No:	
Present Address:			Postcode: <input type="text"/>
Telephone Numbers:	<i>Home</i>	<i>Work</i>	<i>Mobile</i> <input type="text"/> <i>Other</i> <input type="text"/>

2. Do you wish any house offered to you to be in joint names (please tick)?

(a) no

tick

(b) yes

If yes, please provide the details of the joint applicant:

First Name:		Last Name:	
Other Names:		Title:	
Date of Birth:		National Insurance No:	

3. IMPORTANT: Please give YOUR reasons for applying for housing. In particular, give details of any SPECIAL or URGENT circumstances or problems that you are experiencing which could be helped by rehousing (for example, if you are a victim of domestic abuse, racial harassment/victimisation or involved in a relationship breakdown):

4. **Has anyone ever taken action against you, or anyone included in your application, for anti-social behaviour?**

- (a) no **tick**
- (b) yes, court action was taken
- (c) yes, less formal action was taken (for example, written warning)

Has an Anti Social Behaviour Order been granted against you or anyone included in your application?

- (a) no **tick**
- (b) yes
- If yes, please supply full name: _____

PLEASE NOTE: IF YOU HAVE RENT ARREARS OR OWE MONEY TO THE ASSOCIATION, THIS CAN AFFECT YOUR INTERNAL APPLICATION FOR HOUSING. SPEAK TO YOUR HOUSING OFFICER.

5. **Has anyone ever taken action against you, or anyone on your application, for rent arrears?**

- (a) no **tick**
- (b) yes, court action was taken
- If yes, please supply full name: _____
- (c) yes, less formal action was taken (for example, written warning)

6. **Are you or anyone on your application required to register with the police under the Sex Offenders Act 1997?**

- (a) no **tick**
- (b) yes, court action was taken
- If yes, please supply full name: _____

7. Please provide details of everyone who lives at your current accommodation and indicate whether they will be moving with you.

First Name	Last Name	Relationship	Date of Birth	Male/ Female	Moving with You?	Do they live with you now?

8. Is there anyone else moving with you that do not currently live with you?

(a) yes

tick

(b) no

Please provide details:

Name:

Address:

Relationship:

9. Are you or anyone who will be housed with you more than 20 weeks pregnant?

(a) yes

tick

(b) no

10. Do you want to leave your house because of a relationship breakdown?

(a) yes

tick

(b) no

Has your relationship broken down, but you still reside in the same home as your estranged partner/husband/wife?

(a) yes

tick

(b) no

B: YOUR HOME

1. Has your current accommodation been adapted to your medical needs?

(a) yes

tick

(b) no

If yes, please give details:

2. What level is your home on (first/second/third etc)? _____

3. How many bedrooms are there in your current accommodation? _____

4. How many bedrooms are not used? _____

5. Do you currently share any of the following with another family/people who you do not want to be rehoused with?

	tick	
	yes	no
Kitchen		
Toilet		
Living Room		
Bathroom/Shower room		
Shower		

C: MEDICAL ISSUES

1. Do you or does anyone in your family have a health problem or disability? (please tick the box which best describes your condition).

	tick
Mental Health Problems	
Physical Disability	
Blind or Partially sighted	
Hearing Difficulties	
Learning Difficulties	
Other problems	

If you have indicated that you have a health problem or disability, please tell us if the condition is made worse by your current housing conditions?

2. If you are not in your home, are you unable to return due to a health problem/disability?

(a) yes tick

(b) no

If yes, please provide details

D: MOBILITY

1. Do you or the affected member of your household have a mobility problem?

(a) yes tick

(b) no

2. If you require the use of a wheelchair, do you use it:

(a) indoors tick

(b) outdoors

(c) both

3. Is your current home wheelchair adapted?

(a) yes tick

(b) no

4. How many steps do you have to climb to your front door/ in your house to get upstairs?

_____ steps

5. How do you manage these steps?:

	tick
With the use of handrails	
Cannot manage at all	
Need help to manage steps	
Can manage with difficulty	
Have no problem with steps	

6. What floor level are you requesting because of your medical needs? _____

7. What facilities does your bathroom have and what would you require?:

	At Present	Requirement
Bath		
Overbath shower		
Separate shower unit		
Wet floor area		

If your current heating affects your medical condition, please provide details below:

8. Do you have a garden?

- (a) yes **tick**
- (b) no

If yes, how do you cope with this?

	tick
No problem	
With difficulty	
Need help	
Currently get help	
Cannot manage	

9. Does your illness or disability require you to have an extra bedroom?

- (a) yes **tick**
- (b) no

If yes, please provide details

10. How do you feel rehousing will improve or alleviate your medical condition?
(please provide details)

12. How urgent is your need to move on medical grounds? (please provide details)

13. When did your condition start and how is likely to get worse in the future?

14. If your health problem is not covered by any of the questions above, please tell us how your housing affects your illness or disability and how you feel a move would help.

15. What benefits, if any, do you receive to help you with your health problems or disability? (please circle)

DLA (Mobility)	<i>Lower Rate</i>	<i>Middle Rate</i>	<i>Higher Rate</i>
DLA (Care Component)	<i>Lower Rate</i>	<i>Middle Rate</i>	<i>Higher Rate</i>
Attendance Allowance			
Incapacity Benefit			
Employment Support Allowance			
Personal Independent Payment (Daily Living)	<i>Standard Rate</i>	<i>Enhanced Rate</i>	
Personal Independent Payment (Mobility)	<i>Standard Rate</i>	<i>Enhanced Rate</i>	
Other			

16. Please tell us WHY you have been awarded health related benefits (for example, mobility problems etc).

17. What is the name and address of the medical practitioner who gives you medical support?

18. Do you get support from any other medical specialist (for example, a Community Psychiatric Nurse, an organisation which provides support etc)?

- (a) yes tick
- (b) no

If yes, please provide name of person you deal with and why and contact number.

19. Do you take medication for your health problems?

- (a) yes tick
- (b) no

If yes, please tell us what medicine you take and why you take it:

20. Do you have a carer?

- (a) yes tick
- (b) no

If yes, how does your carer help you?

E: SIZE OF HOUSING YOU WANT

1. If you have a child/children who do not live with you but you have access arrangements which state your child/ children stay overnight with you for at least 3 nights a week, you may apply for an additional bedroom to allow access for your children.

Do you wish to be considered for a property which has an additional bedroom?

- (a) yes tick
- (b) no

F: ADDITIONAL INFORMATION

1. Are you, or any member of your household, related to or otherwise connected with a member of the Management Committee or staff of North View Housing Association Ltd?

- (a) yes tick
- (b) no

If yes, please give details of that person:

Name: _____

Relationship to you: _____

Please note that this does not prevent you from applying in the normal way but does require the Association to follow certain procedures laid down in the Housing Act 2001.

2. Are you interested in being sent information about Shared Ownership/Shared Equity?

- (a) yes tick
- (b) no

3. Do you wish future correspondence to be provided in another language and/or larger print?

(a) yes

tick

(b) no

If yes, which language? _____

4. Is there anything else that you feel is relevant to your application? If so, please give details:

DECLARATION

I consent to the appropriate enquiries being made to verify the information contained in this application.

I also agree to advise the Association of any change in circumstances, which may affect this application.

I confirm that I have made a full and true disclosure of all information sought by the Association.

I understand that if I have provided any false or misleading information or have deliberately withheld any information which may have affected my application then this may result in one of the following:

- my application being cancelled;
- the offer of tenancy being withdrawn;
- where a tenancy has been granted, the Association/Co-op will seek repossession.

All information contained within this application will be treated confidentially.

Signature of applicant:

Date:

Signature of joint applicant:

Date:

IMPORTANT: Where a joint application is being made BOTH applicants must sign each form that is submitted even if they are not currently live together. If you are unable to do this please give reasons:

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For official use only
Application Received
(time and date):-

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Application for Aspirational Move

Name of Tenant:

Name of Joint Tenant (if relevant):

Date(s) of Birth:

National Insurance Number(s):

Address:

Home Telephone Number:

Mobile Telephone Number:

When did you move to your present house?:

How many bedrooms do you have in your present house?:

Please list below the names, dates of birth and the relationship to you of all the people that stay in your home permanently (if you have a joint tenancy, please include the joint tenant in the list):

Name	Date of Birth	Relationship to Tenant

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Are there any adaptations (for example, a shower or ramp) fitted in your present house because you or someone in your family have a medical condition that needs these?

Yes

No

If yes, please tell us about them:

Are you (or anyone to be rehoused with you) required to register with the Police under the Sex Offenders Act 1997?

Yes

No

If yes, please give details below:

Name of person: _____

Details: _____

Please indicate below which street (or streets) that you would wish to move to:-

	<i>tick</i>		<i>tick</i>
Ardencraig Road		Dunagoil Street	
Ardmaleish Road		Lenihall Drive	
Ardmaleish Street		Lenihall Terrace	
Ardmaleish Terrace		Stravanan Court	
Birgidale Road		Stravanan Gardens	
Cassiltoun Gardens		Stravanan Place	
Castlemilk Drive		Stravanan Road	
Castlemilk Terrace		Stravanan Street	
Dunagoil Gardens		Stravanan Terrace	
Dunagoil Place		Viewglen Court	
Dunagoil Road			

Please indicate below the type (or types) of property that you would like to move to:-

	<i>tick</i>
Any type	
'five apartments'	
Tenement - ground floor	
Tenement - intermediate floors (first or second floor)	
Tenement - top floor	
New build cottage flat - ground floor	
New build cottage flat - upper floor	
New build flat - ground floor	
New build flat - first floor flat (in a three storey block)	
New build flat - top floor	
New build end terraced house (or semi-detached)	
New build terraced house	

Please make sure that the house type you have chosen is available in the area you have chosen. If you need any assistance with your choice, please make an appointment to speak to your Housing Officer.

Please list below any other information that you think is relevant to your application:

I confirm that I wish to be considered for an aspirational move and I have received information about the Association's Aspirational Policy and I am aware of its content.

I understand that the Association may have to contact other people in relation to the processing of this application and hereby give my explicit consent for others to release to North View any information pertinent to my application.

I hereby confirm that the information I have given in this form is accurate and I understand that any offer will be withdrawn if I am found to have withheld information or given false information.

signed: _____
tenant

date: _____

signed: _____
joint tenant (where applicable)

date: _____

