



Housing Application Form

*We aim to provide good quality
affordable housing for people who want to live
in Abronhill by giving a high quality housing
service controlled by local people.*



Are you homeless or could you soon become homeless?

Contact North Lanarkshire Council at Cumbernauld First Stop Shop on 01236 632726. They will assess your situation and advise you of what your housing options are.

Data Protection Act 1998

We will treat all the personal information you give us for this application as confidential and we will keep to the Data Protection Act 1998. We will store your information securely and we will only use it to work out if you are eligible for housing and to work out your housing need. You can find out how we assess your housing need by reading our allocations policy. Copies are available at our office.

Applying for housing with Abronhill Housing Association

You can apply for housing with Abronhill Housing Association using this form, if you are aged 16 or over. This includes people applying from inside and outwith North Lanarkshire as well as Abronhill Housing Association tenants who want to transfer to other accommodation with the Association.

If you wish to be considered for accommodation with North Lanarkshire Council or other landlords within North Lanarkshire you will need to contact them directly.

Assistance to complete this form

If you require assistance to complete this application form please contact the Association on 01236 457948 to arrange assistance. This application form can be provided to you in another language or supplied in large print or other format, please contact us to discuss your needs.

Part One: Your Details

Personal Details

If you are applying for a joint tenancy, please make sure you fill in the joint applicant's details as well as yours. You must provide proof of identity and address for both the main and joint applicant.

	Applicant	Joint Applicant
Title (Mr/Mrs/Ms/Miss/Other)		
First Name		
Last Name/Family Name		
Date of Birth		
Current Address		
Postcode		
National Insurance Number		
Contact Telephone Number		
Mobile Number		
Email Address		

Please provide contact details if you want us to contact to you at a different address to the one you gave above.



Part Two: Address Details

Please list your previous addresses for the last five years (or from the age of 16). Please begin with your current address, then list in most recent order. Please continue on a separate piece of paper if necessary.

Main Applicant

Address and Postcode	Start date	End date	Reason for leaving	Who was the landlord? Please give the name and address of landlord

Joint Applicant

Address and Postcode	Start date	End date	Reason for leaving	Who was the landlord? Please give the name and address of landlord

Part Three: Current Accommodation

Which of the following best describes your present housing circumstances?

A tenant of a council		Staying with other relatives or friends	
A tenant of a house that you live in because of your job		Staying in a hostel	
A tenant of a private landlord		A lodger	
A tenant of a housing association or co-operative		Staying in bed and breakfast	
A shared owner of a house with a housing association		Living with a partner you wish to leave	
An owner occupier		Staying in supported accommodation	
Staying in a mobile home or caravan		Currently in prison	
Staying with parents		Being looked after and accommodated by a local authority	
Staying in homeless accommodation		In HM forces tied accommodation	
Staying in hospital		Staying in residential care	

If none of the above apply, please give details here:

How many bedrooms are there at your current address?

Double Bedrooms		Single Bedrooms	
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	YES	NO
Has the property you currently live in been declared below the 'tolerable standard'? (Below the 'tolerable standard' means that the property has been inspected by Environmental Services and does not meet the standards in the Housing (Scotland) Act 1987, and is not in a good enough condition for you to live in). Written evidence of this will be required.		
Are you or a member of your household experiencing domestic abuse?		
Have you been given written notice to leave your current accommodation? If you have answered 'yes', please provide a copy of the notice.		
Have you been issued with a letter from the Local Authority confirming your homeless status? If you have answered 'yes', please provide a copy of the letter.		
Has a court order for possession been granted on your present accommodation? If you have answered 'yes' please provide a copy of the order.		
Do you owe rent?		
Are any members of your household experiencing disturbance or harassment where you are living?		
If yes, please explain in more details:		
If yes, have you reported these incidents to the police? If yes please provide incident numbers		
If yes, have you reported these incidents to the Anti-social task force?		
If yes, have you reported these incidents to your landlord?		
Has anyone ever taken action against you or anyone on your application for anti-social behaviour?		
If you have answered yes, what action was taken and who was it taken against?:		
Have you or anyone on your application received an anti-social behaviour order?		



To help us assess your application, please give us as much detail as possible about your reasons for wishing a move.

A large, empty rectangular box with a thin black border, intended for the applicant to provide detailed reasons for wishing to move.



Part Four: Your Household

Please give us full details of everybody **living with you**. Please start with yourself. For all children under the age of 16 please provide copy of birth certificate or proof of child benefit received.

Name	Date of Birth	National Insurance number	Sex (male/female)	Relationship to you	Will this person move with you?	
					YES	NO

Please give details of everyone who is **not living with you**, but who wants to be housed with you. Please continue on a separate sheet of paper if required.

Name	Date of Birth	National Insurance number	Sex (male/female)	This person's current address	Relationship to you	Reason why this person is not living with you now

Does anyone regularly stay with you overnight, for example a child from a previous relationship or a carer? You must provide written proof of access/custody arrangements from a solicitor, social worker or other relevant source. If you require an overnight carer you must provide written confirmation from a medical professional.

Name	Date of Birth	Sex (male/female)	Relationship to you	Current Address	How often do they or will they stay with you overnight?

If you or a member of your household need to move to or remain within Abronhill for health, care social or support needs please complete details below. Written confirmation is required to confirm details

	You	Other person's name
Do you or somebody moving with you have a health problem/ disability which you feel would improve by a move? Please complete the medical part of this form to give further details		
Do you or someone living with you require to move to or remain within the Abronhill area to give or receive support to a relative/ close friend?		
Do you or somebody living with you require to move to or remain within the Abronhill area for educational or employment reasons?		
Please give further details:		



Part Five: Accommodation Required

Which type of housing would you consider living in? (please tick all that apply)

House		Studio	
Ground floor flat		Upper floor flat	
Ground floor maisonette		Upper floor maisonette	

Part Six: Required information

	YES	NO
If you have come to live in the UK from abroad, under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999 local authorities must find out if you qualify for public help, including housing. Are you and all members of your household British citizens?		
If you have answered 'No' please tell us their nationality:		
Do you or anyone on the application need to register with the police under the Sex Offenders Act 1997?		
Are you, or anyone you want housed with, closely related to any member of the Associations management committee, or any employee of the Association. This information will not affect your application in anyway, but we need it to keep to the conditions of the Housing (Scotland) Act 2001.		

Part Seven: Declaration

Please read through the following statements and sign at the bottom to show that you understand and agree with them. **These statements apply to you and anybody included in this application.**

- I have read and understand the section on data protection on page 2 and agree with the conditions.
- I am eligible for housing with Abronhill Housing Association and I will inform the Association if my circumstances change
- All the information I have given on this application form is true. I understand that if I give false information or withhold information you have asked for my application may be suspended or cancelled.
- If I am offered housing because I have given false information or have withheld information you have asked for, I understand you may end my tenancy and evict me from my home.

Permission to share Information

- You can contact my doctor, hospital consultant, health visitor or social worker, the police or any other relevant person if you need more information for my housing application.
- You can contact my current or previous landlords for a reference.

Signature of applicant: _____ Date _____

Signature of joint applicant: _____ Date _____

Application Checklist

Before handing in this form please ensure you have provided all the following supporting evidence if applicable.

Photographic identification and proof of address for main and all joint applicants	
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If you have stated your property is below tolerable standard please provide written documentation from the environmental health department confirming this.	
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If you have stated you have been asked to leave your property please provide your evidence i.e. repossession order; notice to quit or letter from Council confirming your homeless status.	
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Please provide a copy of the birth certificate or proof of child benefit for all children under 16 who live with, for children who you have overnight access to please provide proof of access/custody arrangements.	
--	--

If you have completed this form stating you have to move to or remain in Abronhill to give or receive support or for education or employment reasons please provide written confirmation of this.	
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If you or someone moving with you has a health problem or disability that you feel would improve by a move please complete the medical section on page 13 of this form.	
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Please now complete the confidential survey overleaf and then hand in your completed form and supporting evidence to Abronhill Housing Association or alternatively please post however please ensure correct postage is used.



Confidential Survey

Abronhill Housing Association aims to encourage equal opportunities and diversity, responding to your different needs, whatever your sex, disability, age, nationality, marital status, ethnic background, religious beliefs, sexuality or gender re-assignment.

You do not have to fill in the following information. This information will not affect your housing application.

I do not wish to give this information. Please tick

Please choose one box which best describes your ethnic group or background

Ethnic Origin	Main Applicant	Joint Applicant
White Scottish		
White British		
White Irish		
White Gypsy/Traveller		
White Polish		
Any other white background		
Mixed or multiple ethnic background		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Any other Asian background		
Caribbean		
African		
Any other black background		
Arab, Arab Scottish or Arab British		
Any other group		

Do you consider yourself to have a disability?

	Main Applicant	Joint Applicant
Yes		
No		



Medical Assessment Form

*We aim to provide good quality
affordable housing for people who want to live
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MEDICAL ASSESSMENT FORM

If you have told us you need a new home because you or someone who lives with you has a medical condition, please complete the following part of this form to support your request. You should provide as much information as you can. This will help us to make a decision as quickly as possible. **Please note that completion of this medical information does not guarantee you will be awarded medical points. Your application will be assessed by a suitably qualified medical professional engaged by the Association.**

Medical points are not awarded simply because an illness or disability is severe but only if rehousing can help significantly.

If more than one person in your household has a medical need to move, each of you should fill in a medical assessment form. Please contact the Association to request additional forms if required.

Name of main applicant on application form	
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Please now complete the remainder of this form based on the person whom the medical assessment relates to

Name of person with medical need	
Date of birth	

Describe in your own words what health problem/s or disability is suffered.

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How long have you suffered these health problems

--



**Do you/they regularly attend a hospital/clinic or similar for support with your/their condition?
If so, please provide details below.**

Name of hospital or similar	
How often do you attend	
Name of doctor, consultant or similar	

Do you consider yourself to be disabled?

YES NO

I have difficulty hearing

I am profoundly deaf

I have difficulties with my eyesight

I am registered blind

I have a mobility problem

I use a wheelchair or mobility aids

I have a mental health problem

Is your current accommodation suitable for your medical needs?

YES NO

If no, please provide details, and explain how a move would improve your health or ability to cope with your disability?



Do you have difficulty getting around?

YES

NO

If yes, please provide details, and explain how a move would improve your health or ability to cope with your disability?

Do you find it difficult to use stairs?

YES

NO

If stairs are an issue please complete the boxes below

How many stairs or steps are there in your current home?

Inside		Outside	
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How many stairs or steps can you manage easily?

Inside		Outside	
--------	--	---------	--

Has your current home been specially adapted for your needs?

YES

NO

If yes, please provide details of the adaptations



Do you get regular help from any of the following people or organisations?

A relative or friend

Name and Address of relative/friend

An Occupational Therapist

A Social Worker

A Health Visitor

A Home Help

A District Nurse or Community Psychiatric Nurse

A voluntary organisation or church

Other type of assistance? (Please specify)



Do you require an additional bedroom for your health condition? Please note evidence is required.

YES

NO

If yes, please provide details

If there is any other relevant information regarding your medical condition you wish to tell us please tell us here.



Protecting your information

We will store the information you give in this form, and any documents connected with it electronically. Staff will use this information to assess your housing need and will use it in line with the Data Protection Act 1988.

Declaration

After you have completed this medical information, please read through the following statements and sign to show you understand and agree.

- You can contact my doctor, hospital consultant, health visitor, social worker or any other support professional if you need more information for my application for housing.
- I will tell you if my circumstances change.
- All the information I have given you is true. If I give false information or do not tell you about any relevant information, you may suspend my application.
- If you give me a property because I have given you false information or I have not told you about any relevant information, you may end my tenancy
- I have read and understand the section above on the use and care of my information in line with the data protection Act 1988

Signature of applicant with medical need (or parent/guardian if under 16):

.....

Date:



This application form can be provided to you in another language or supplied in large print or other format, please contact us to discuss your needs.