



# Housing Application Form

Clydebank Housing Association Ltd  
 Editable Version 2017

## For Office Use Only

Date of Application:			
Processed by:		Checked by:	
Date:		Date:	
Category	Group	Computer No.	Points Total

Please complete the application form as fully as possible to allow us to give your application proper consideration. **If the second applicant lives at a different address, please ask for an extra application form and return them together.**

If you require this form in a different format please let us know.

### Equal Opportunities Statement

The Association will not discriminate on the grounds of age, disability, gender reassignment, marriage, and civil partnership, pregnancy & maternity, race, religion or belief, sex, and sexual orientation, in line with the 2010 Equalities Act.

### 1) First Applicant's Details:

Title (Miss/Mr/Mrs/Ms) .....

Surname .....

First Name .....

Address .....

Flat position (if applicable) .....

Type of property .....  
 (e.g. flat/multi storey flat)

Town .....

Postcode .....

### Second Applicant's Details:

Title (Miss/Mr/Mrs/Ms) .....

Surname .....

First Name .....

Address .....

Flat position (if applicable) .....

Type of property .....  
 (e.g. flat/multi storey flat)

Town .....

Postcode .....

### Clydebank Housing Association Ltd

77-83 Kilbowie Road  
 Clydebank  
 G81 1BL

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 Fax 0141 941 3448

info@clydebank-ha.org.uk  
 www.clydebank-ha.org.uk

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First Applicant's Details (continued):		Second Applicant's Details (continued):	
Name		Name	
Tel no.		Tel no.	
Email address		Email address	
Date of birth		Date of birth	
National Insurance no.		National Insurance no.	
Do you have any pets? <i>Dogs are not allowed in our multi-storey properties</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please detail: .....	Do you have any pets? <i>Dogs are not allowed in our multi-storey properties</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please detail: .....
Do you have access to the internet on a computer or mobile device?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have access to the internet on a computer or mobile device?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Relationship between 1st & 2nd applicant (e.g. sister/brother/spouse/partner etc.)	
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Please complete the following details for the **FIRST** applicant only. Give all details for your **current** accommodation only. If your circumstances are about to change, advise us of this when it happens.

What date did you move to this address?	
Are you a tenant, a lodger, living with parents or an owner?	
If a tenant, please tell us the full name and address of your landlord. If a lodger, please tell us who the householder is and their relationship to yourself	
Why do you want to move?	

2) Please now tell us what your living circumstances have been in the last 5 years, before you moved to your current address.

Address of where you lived	Name and address of landlord or owner of property	From	To

### 3) Current Household Details

Please give full details of everyone who stays in the same house with you. Please include your own details in row 1. This information is essential to calculate any points you are entitled to.

Name	Date of Birth	Sex	Relationship to You	Moving with You (Yes/No)
1. (You)			Self	Yes
2.				
3.				
4.				
5.				
6.				
7.				

### 4) Details of Present Accommodation

How many bedrooms are there at your present address?	
Do you live in a bedsit?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Does your accommodation have the following available for your use? (please tick)

	Yes	No
Inside toilet, hot water, shower or bath, kitchen facilities	<input type="checkbox"/>	<input type="checkbox"/>
If no, please detail .....		

### 5) Accommodation Required

Please tick the type of properties you are interested in (please tick)

	Yes	No
Flat	<input type="checkbox"/>	<input type="checkbox"/>
Multi storey flat (see enclosed leaflet)	<input type="checkbox"/>	<input type="checkbox"/>
Tenement	<input type="checkbox"/>	<input type="checkbox"/>
4-in-a-block	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	<input type="checkbox"/>
House	<input type="checkbox"/>	<input type="checkbox"/>
If yes to flat/tenement, <i>please tick</i> floor levels acceptable to you Ground <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		
If yes to multi storey flat, what is the highest level you would consider?		

Do you need any of the following? (please tick)

	Yes	No
1 bedroom amenity housing (for over 60 years old or those with medical conditions who require this type of accommodation)	<input type="checkbox"/>	<input type="checkbox"/>
1 bedroom ambulant disabled housing (for people who use a wheelchair outdoors only)	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair housing (adapted housing for wheelchair users)	<input type="checkbox"/>	<input type="checkbox"/>

Please give any further comments if it is ESSENTIAL for you to have certain amenities (e.g. garden, particular type of heating). Please note you will only be considered for properties containing the amenities you have stated.

**6) Other Relevant Information**

Please state if you have any other needs in relation to the type of property you require. If you have a longstanding and serious medical condition, which is being made worse by your housing situation, please complete our Medical Assessment Form. If you are homeless record that here. You will then be asked to call for an interview to provide further information.

Are you a member of the Management Committee or staff of the Association or have you been in the last 12 months? Yes  No

If yes, give details .....

As far as you know, are you related to a current or past (last 12 months) member of the Management Committee or staff of the Association? Yes  No

If yes, give details .....

**7) Sex Offenders Act 1997**

Are you or anyone in this application required to register with the Police under the Sex Offenders Act 1997? Yes  No

If yes, please supply the full name(s) of the person(s): .....

**8) Your Views on Our Service**

We value your opinion so occasionally we may ask for your views on the service we provide to you. Is this ok? Yes  No


Would you be interested in becoming a member of a focus group which may discuss policies which affect you, such as our Allocations Policy? Yes  No

### Areas Covered by Clydebank Housing Association


Please find below a map of the majority of areas covered by Clydebank Housing Association. You can select which areas you wish to be considered for on the table on page 7. We code each area/street as shown on the table and have marked these codes on the map below to assist you in your selection. More detailed information can be found by clicking on the area name or street code. Please note this map is for illustration purposes only and is not to scale.




## Selection of areas you wish to be considered for


Please tick any streets you wish to be considered for. The less streets you tick the less likely it is that we will be able to offer you suitable housing. **You will be put on the waiting list for all streets/ areas you select.** You will not be put on the waiting list for any areas you have not ticked. For your information, we have listed the number of properties we have in each street.  We do not have every property size available in every street. [Click on street name to view on our website.](#)


Please tick here if you wish to be considered for ALL of our properties

Map Code	Linnvale - mixture of properties		<input checked="" type="checkbox"/>
20	Attlee Avenue	42	
20	Attlee Place	18	
20	Bevin Avenue	3	
20	Cripps Avenue	2	
20	Dalton Avenue	4	
20	Greenwood Quadrant	5	
20	Jowitt Avenue	2	
20	Kirkwood Avenue	67	
20	Kirkwood Quadrant	2	
20	Livingstone Street	8	
20	McNeil Avenue	5	
20	Morrison Quadrant	5	
20	Shinwell Avenue	8	
20	Silkin Avenue	1	
20	Strauss Avenue	4	
20	Westwood Quadrant	19	

Map Code	Central		<input checked="" type="checkbox"/>
4/8/9	Dumbarton Road - flats	41	
11/12	Glasgow Road - flats	65	
6	Bon Accord Square - flats	33	
6	Cart Street - flats	40	
3	Kilbowie Road - flats	20	
1	Alexander Street - flats	30	
14	Bannerman Place - amenity	28	
15	Bannerman Place - flats	18	
15	Cumbræ Court - flats	7	
15	Montrose Street - flats	6	
22	Crown Avenue - flats	22	
22	Graham Avenue - flats	44	
23	Hume Street - flats	24	
10	Janetta Street	4	
24	Barrie Quadrant	1	

Map Code	Whitecrook		<input checked="" type="checkbox"/>
2	Whitecrook Street - flats	41	
5	Forth Street - flats	22	
13	Ian Smith Court - flats	34	
13	King Street	1	
13	Fleming Avenue - flats	8	
17	Bell Street	23	
17	East Barns Street	2	
17	McGregor Street	9	
17	White Street	4	
21	John Knox Street - flats	1	
13	Brown Avenue	1	

Map Code	Radnor Park ****		<input checked="" type="checkbox"/>
18	Castle View - multi storey	56	
18	Cowal View - multi storey	55	
18	Erskine View - multi storey	56	
18	Lennox View - multi storey	56	
18	Leven View - multi storey	55	
18	Lomond View - multi storey	56	
18	Lusset View - multi storey	56	

Map Code	Mountblow		<input checked="" type="checkbox"/>
24	Lilac Avenue	1	

Map Code	Drumry		<input checked="" type="checkbox"/>
7	Jean Armour Drive - flats	23	
19	Riddell Street	1	
16	Melfort Court	8	
10	West Thomson Street	7	
19	Onslow Road	1	

\*\*\*\* Information regarding our Radnor Park multi storey flats: We generally do not let these properties to applicants with children under 12 years of age, as they have been deemed an unsuitable environment for young children.

## 9) Low Cost Home Ownership

From time to time, we have shared ownership flats available for offer on a part rent, part mortgage basis. If you are in a position to consider buying and would be interested in joining the Reserve List for shared ownership properties, please request a Reserve List Form from our office.

## 10) Declaration

- I certify that the information contained in this application form is true to the best of my knowledge. I agree to notify you in writing of any change to the information given by me, as this may affect my position on the waiting list.
- I understand that any false or misleading information given or relevant information withheld now or at any time may result in any tenancy granted being terminated or my application being suspended.
- I agree that Clydebank Housing Association Ltd may make enquiries regarding any current or former tenancies I have held. I agree that Clydebank Housing Association Ltd may make enquiries regarding any tenancy related support needs I have.
- I agree that my information, including my name and address, can be used for statistical purposes by Clydebank Housing Association Ltd and other local housing providers.
- I understand that the information I have provided will be treated as confidential. The information I have provided is covered by the Data Protection Act 1998. Clydebank Housing Association Ltd will not discuss this information with any third party unless I have given written permission to do so.

Signature (First Applicant): please type name*		Signature (Second Applicant): please type name*	
Address:		Address:	
Date:	(dd/mm/yyyy)	Date:	(dd/mm/yyyy)

**Please now read the information on pages 8, 9 and 10 overleaf and complete as you wish.**

Please return the completed form by email or post as follows:

**Email to:** [applications@clydebank-ha.org.uk](mailto:applications@clydebank-ha.org.uk)\*. You will receive an automated acknowledgement. \*

Please note you will be asked to sign your application prior to any offer of housing.

**Post to:** Clydebank Housing Association Ltd, 77-83 Kilbowie Road, Clydebank G81 1BL. Postage information is contained within the enclosed "You and Your Application" booklet. It will cost more to send in a large envelope.

**Appeal:** Applicants not satisfied with the way their application has been dealt with may appeal in writing to the Housing Management and Maintenance Sub Committee. Applicants can ask for a copy of the Association's Complaints Handling Procedure or download it from our website. This explains how to make a complaint.



# Equal Opportunities Questionnaire

Clydebank Housing Association aims to ensure a commitment to equal opportunities.

All applicants are asked to complete this form which will be used only for the purposes of equal opportunities monitoring. Your application for housing will not be affected if you do not complete this part.

Please tick as appropriate.

1. Are you: Male  Female

2. Do you consider yourself to be have a disability. By this we mean a condition which has a long term and substantial effect on your ability to carry out normal day to day activities?

Yes  No

If yes, it is:

Physical	<input type="checkbox"/>	Mental Ill-Health	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Other	<input type="checkbox"/>

Please specify .....

3. How would you describe the ethnic origin of your household?

**White:**

Scottish

Other British

Irish

Gypsy/traveller

Polish

Any other white background

**Mixed or multiple ethnic background**

**Asian, Asian Scottish, Asian British:**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

**Black, Black Scottish, Black British:**

Caribbean

African

Any other black background

**Other ethnic background:**

Arab, Arab Scottish or Arab British

Any other group

Thank you for your co-operation.

## Do you need information in a different way?

We are able to provide information in different formats to applicants with disabilities. Please select which format you prefer.

1. Do you have a medical condition or poor eyesight which means you require information in a larger than normal size? If yes, please select which size (please circle):

18pt     20pt     22pt     24pt     26pt

Information which is not available on computer / disk will be photocopied to enlarge the print.

*Please tick*

2. I would prefer information on audio CD.
3. I would prefer all information by email.
4. I would prefer all information in Braille.
5. I would prefer all information in another language.

Please specify, for example, Gaelic, Urdu, Polish .....

6. I require a Sign Language interpreter:
- a) British Sign language
- b) Sign Supported language
- c) Lip Speaker

7. Any other requirements: .....
- .....



