

Application Form

Applicant:

Joint Applicant:

(For office use only)

Developments:

(For office use only)

Ref. number:



Guidance Notes

These notes are provided as a basic guide to assist you with your Trust application for housing.

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.



Completing the form

- 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 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 Trust's head office:**

**12 New Mart Road,
Edinburgh, EH14 1RL**
- 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 us and a member of staff will be happy to assist you.
- **Council Nominations** - in most areas, there is a nomination agreement between Trust 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 this application form, you also make an application to your local Council to maximise your opportunity to be rehoused.**

Confidentiality and Data Protection

- The information you provide in your form will be treated as confidential. It will be used for the purposes of assessing your application.
- Only Trust Housing Association 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. A standard fee, to cover administrative costs, is payable for the provision of such information.

What type of housing will I be considered for?

- Under the terms of the Housing (Scotland) Act 2014, anyone aged 16 and over can apply to be added to the 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. Trust provides support services mainly for older people, and allocate housing in accordance with the 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 Trust can be found on our website, under 'Find a Home'. Some developments may have more than one type of housing. On your application form, please specify the type of housing (i.e. sheltered, amenity, general needs etc.), as well as the development(s) you are applying for.

How is my application assessed?

- Your application will be assessed according to the 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 allocations policy is available on our website or on request.
- Should you wish to discuss any aspect of an allocations policy, please contact us directly.
- Once your completed application form has been returned, it will be input onto the application system where it will be assessed in accordance with the allocations policy.
- 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 will 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.

How long will I have to wait?

- This 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?

- 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 application will be withdrawn.
- As applications are assessed on need, and waiting time is not taken into account, this will not disadvantage your application for housing should you then reapply at a later date.

What if my circumstances change?

- 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 and complaints

- Any appeals or complaints received will be dealt with in accordance with our complaints policy. A copy of the Complaints Policy is available on request.
- If you are unhappy about any aspect of the application process or how your application has been dealt with, or if you wish to appeal a decision taken regarding your application, then please contact us directly.
- After you have gone through the 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

1. 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:	X	

2. Applicant address details:

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

3. Please tell us which developments you want us to consider you for, in order of preference: *(Please refer to our website under ‘Find a Home’ to search for the best developments for your needs)*

Town	Development name	Type of housing
1.		
2.		
3.		
4.		
5.		<i>(E.g.: sheltered, amenity...)</i>

4. Is your current address in the UK, Channel Islands, or Isle of Man? ✓

Yes	No

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

Name:	
Address 1:	
Address 2:	
Town/City:	
Postcode:	
Preferred tel no.:	
E-mail address:	

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

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

7a. How long have you lived at your current home? ✓

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

7b. 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)	Until (mm/yy)	Landlord contact details (if applicable)	Reason for leaving

8a. Are there any other people currently housed or to be rehoused with you?

Title	First name	Surname	Date of birth	Gender	NI number	Relationship to main applicant

8b. Please provide their address: *(If different from main applicant)*

Address 1:	
Address 2:	
Town/City:	
Postcode:	
Preferred tel no.:	

9a. Is anyone included in this application expecting a baby? ✓

Yes	No

9b. If 'Yes', please give the name of the person and the expected date on which the baby is due:

Name:	
Expected date:	

10a. Do you need future correspondence in a different information format? ✓

Yes	No

10b. If 'Yes', please tick which you would prefer: ✓

Large print	
CD	
Community Language	
Other	

10c. If you have ticked 'Community language' or 'Other', please provide details:

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11. Please tell us the first language of:

Applicant:	
Joint applicant:	

12a. If we have to contact or visit you, do you need an interpreter, e.g. because of language difficulties or hearing difficulties? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

12b. If 'Yes', please provide details:

13a. Have you, or anyone applying with you, ever had court action taken against you for anti-social behaviour? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

13b. If 'Yes', please provide details:

14a. Are you in arrears with your rent or mortgage? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

14b. If 'Yes', do you have an agreed payment arrangement? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

14c. If 'Yes', please provide details:

15a. 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

15b. If yes, please give full name:

16a. Are you, or anyone included on this application form, subject to immigration control? ✓

Yes	No

16b. If 'Yes', are there any conditions or limits to your residence, or any restrictions on your access to public funds? ✓

Yes	No

16c. If 'Yes', please provide details:

17a. Is any person included on this application form related to a Committee or Board member, or to an employee of any of the SHOP Landlords? ✓

Yes	No

17b. If 'Yes', please provide details of the employee/Committee member:

Full name:	
Position held:	
Landlord:	
Relationship to applicant:	

18. How did you hear about Trust Housing Association? (Please tick one box only): ✓

Friend or relative	
Social worker or carer	
Press advert/flyer/poster	
Council	
Internet	
Advice centre	
Local scheme/complex	
I am already a tenant	
Other	<i>If 'other', please specify here</i>

19a. Do you need an extra bedroom on a permanent basis because of a health problem or disability? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

19b. If 'Yes', please provide details:

20a. 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
<input type="checkbox"/>	<input type="checkbox"/>

20b. If 'Yes', please provide details:

21a. Do you feel your current living arrangements are being made worse because of a breakdown in relations with the other occupants? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

21b. If 'Yes', please provide details:

22. 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
<input type="checkbox"/>	<input type="checkbox"/>

23. Which type of bathing facility would be suitable for you? ✓

Bath	<input type="checkbox"/>
Shower	<input type="checkbox"/>
No preference	<input type="checkbox"/>

24. Which floor level would be suitable for you? ✓

Ground floor	<input type="checkbox"/>
Basement, 1st floor or above, with a lift	<input type="checkbox"/>
Basement, 1st floor or above, no lift	<input type="checkbox"/>

25a. Please tell us your current accommodation arrangements: (Tick one box only) ✓

Owner occupier	Temporary accommodation
Sharing owner/shared equity	Sub tenant
Council tenant	Living in a caravan
Housing Association/Co-op tenant	In prison
Tenant of private landlord	In HM Forces
Lodgings	In residential care
Rough sleeper	In long stay hospital
Hostel	Tied accommodation
Living with family (not your home)	Living with friends (not your home)
Living alone in family-owned property	Other

25b. If you are living in rented or tied accommodation, please provide landlord's details:

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

25c. If you have ticked 'Other', please provide details:

26a. 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
<input type="checkbox"/>	<input type="checkbox"/>

26b. If 'Yes', please provide details:

27. Are you threatened with Homelessness due to Domestic Abuse? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

28a. Are you likely to be made homeless within the next two months? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

28b. If 'Yes', what date are you expected to leave your current accommodation?

28c. Please provide more details: *(We will ask you for evidence of this, e.g. a Notice of Proceedings, Court Order, etc.)*

29. 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
<input type="checkbox"/>	<input type="checkbox"/>

30a. Does your home have serious repair problems or lack facilities (e.g.: cold water, hot water, dampness, no/partial central heating)? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

30b. If 'Yes', please provide details:

31a. Please tell us whether you have to share any of the following 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"/>

31b. If 'Yes', please provide details:

32. How many bedrooms are there at your current address?

Single	Double
<input type="checkbox"/>	<input type="checkbox"/>

33a. At your current address do you suffer from: ✓

	Yes	No
Racial harassment	<input type="checkbox"/>	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>
Physical assault	<input type="checkbox"/>	<input type="checkbox"/>
Personal harassment*	<input type="checkbox"/>	<input type="checkbox"/>

* '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 36a.

33b. If 'Yes', please provide details:

34a. Are you experiencing anti-social behaviour or do you have fears about safety at your current address or in the surrounding neighbourhood? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

34b. If 'Yes', please provide details:

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

Yes	No

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

Yes	No

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

Yes	No

38. Do you need to move nearer to family or friends to give or receive support? ✓

Yes	No

39a. Do you or anyone to be housed with you require a wheelchair adapted property? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

39b. If 'Yes', please provide details:

39c. Is your current property wheelchair adapted? ✓

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

40. Please provide your doctor's details:

	Applicant	Joint Applicant
Name:	<input type="text"/>	<input type="text"/>
Address 1:	<input type="text"/>	<input type="text"/>
Address 2:	<input type="text"/>	<input type="text"/>
Town/City:	<input type="text"/>	<input type="text"/>
Postcode:	<input type="text"/>	<input type="text"/>
Telephone no.:	<input type="text"/>	<input type="text"/>

41a. Power of Attorney

If this form is being signed by someone who has active Power of Attorney or Guardianship for you, please provide details: *(Please only complete if this is someone who is currently responsible for making decisions on your behalf)*

Title:	
First name:	
Surname:	
Telephone no.:	
Mobile no.:	
E-mail address:	
Address 1:	
Address 2:	
Town/City:	
Postcode:	

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

41b. Type of Power of Attorney ✓

Welfare only	<input type="checkbox"/>
Financial only	<input type="checkbox"/>
Both Financial & Welfare	<input type="checkbox"/>

42. 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			

43a. Do you have any health problems? ✓

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

43b. If 'Yes', please list health problems: (Continue on a separate sheet if necessary)

Applicant	Joint applicant	Anyone else to be housed with you

Please tick which of the following apply to you: ✓

44. Hearing:

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

45. 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			

46. 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			

47. 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			

48. 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			

49a. Do you have a garden?

Yes	No

49b. If 'Yes', 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			

50. 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			

51. 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			

52. Can you prepare your meals on your own?

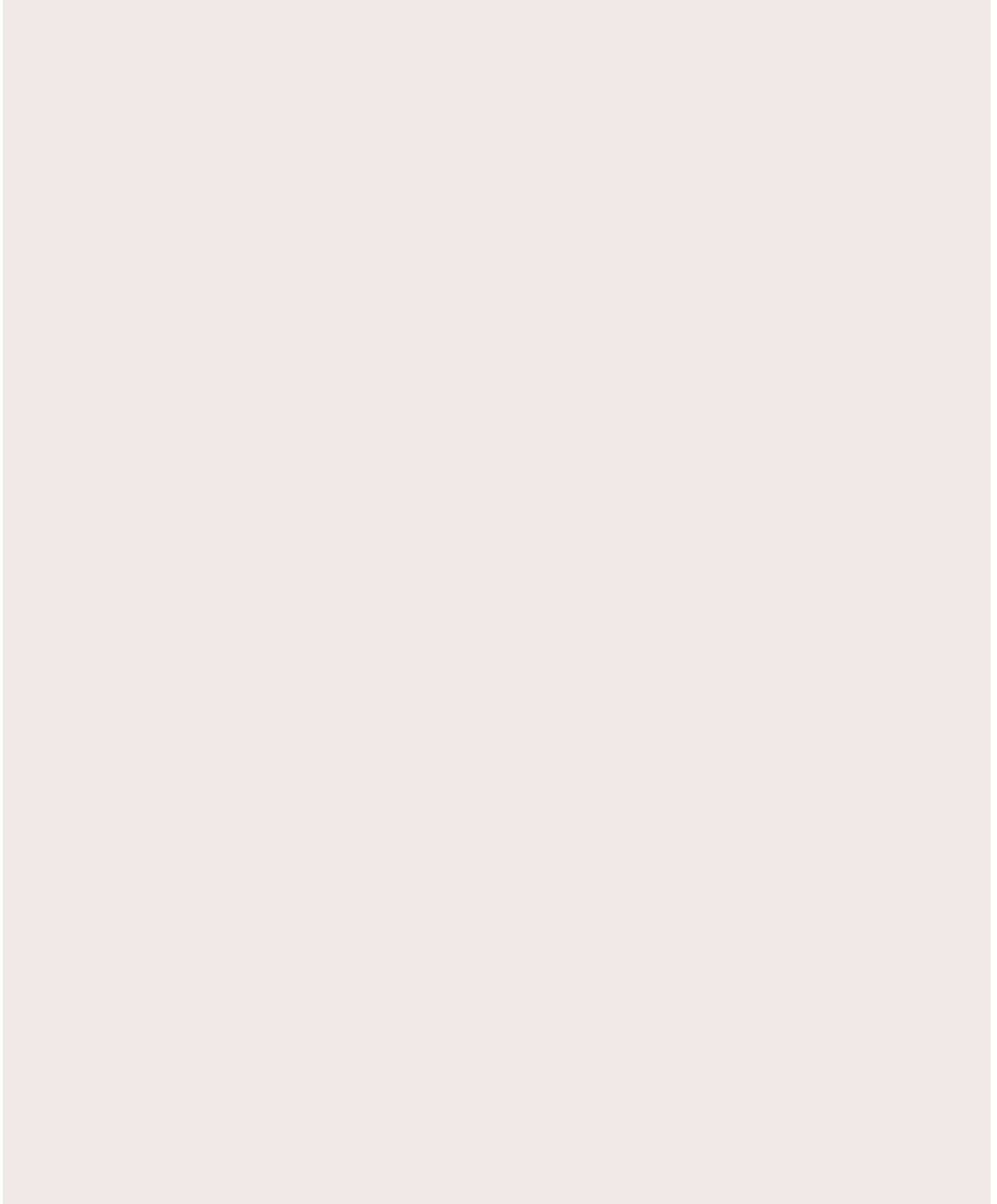
	Yes, easily	Yes, but with difficulty	No, not without assistance
Applicant			
Joint applicant			
Anyone else to be housed with you			

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

	Applicant	Joint applicant	Anyone else to be housed with you
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 24hr call centre available to get help in an emergency			

54. Additional Information

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:



55. Declaration

- ✓ 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 Trust Housing Association (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 Trust Housing Association 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 Trust Housing Association 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	



Once complete, please return this form to:

Trust Housing Association
12 New Mart Road
Edinburgh, EH14 1RL

trustha.org.uk

