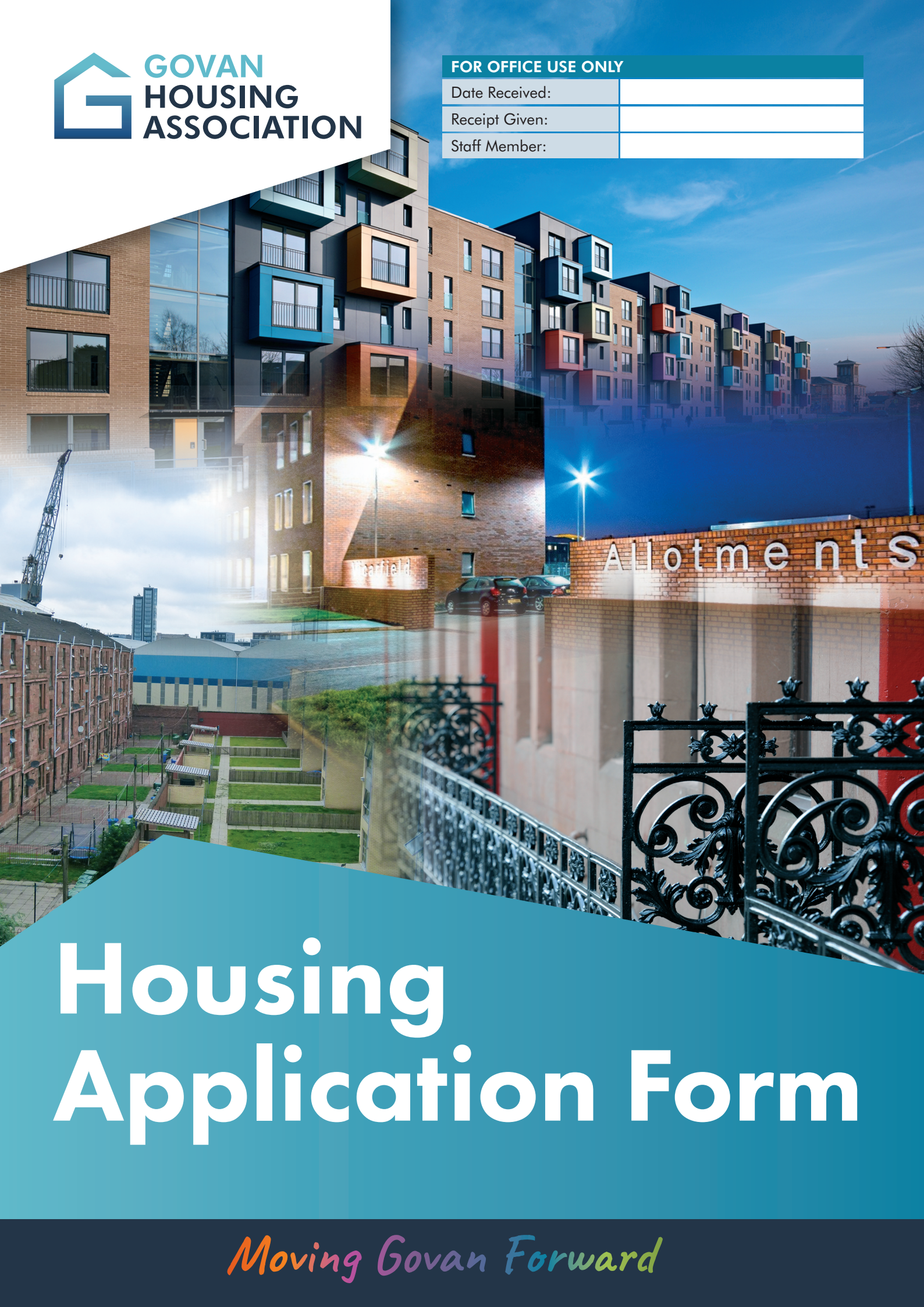


FOR OFFICE USE ONLY

Date Received:

Receipt Given:

Staff Member:



Housing Application Form

Moving Govan Forward

Supporting Information

You must enclose all relevant documentation when you submit your application form.

The information we require is:

- **Right to Reside** – If you are not a UK National, please provide proof of your right to reside e.g. national identity card.
- **Photographic identification is required for the applicant and anyone that has to be rehoused with you (where applicable)** – documents such as passport or driving licence are acceptable as well as birth certificates if no photographic identity is available (copies or digital copy).
- **Proof of residence for the applicant and any joint applicant (where applicable)** – documents should be dated within last 3 months and have the current address. Utility bills, bank statements, Council Tax or Benefits letters, Insurance documents.
- **Proof of ownership/tenancy of the current address** – documents we accept include Tenancy Agreement, Occupancy Agreement, contract, Lease Agreement, Mortgage statement, Factor's invoice, Council Tax letter or Buildings Insurance document.
- **Pregnancy** – if anyone included in the application is pregnant we require to see proof, such as the Maternity Certificate which confirms the Expected Week of Confinement.
- **Employment** – if you or anyone that is looking to be rehoused with you is moving to the Govan area for employment purposes, you should provide proof such as a wage slip or contract of employment.
- **Children** – if you have children who live with you on a part time basis, please provide proof of this e.g. a letter from your child's other parent/guardian.
- **Homelessness** – if you are homeless or threatened with homelessness we require to see proof that an assessment has been made by the City Council's Community Casework Team so that this can be taken into account when assessing your application.

What happens next?

Once you have submitted your completed application form along with all required evidence, you will receive a receipt / acknowledgement of this on the same day. You will then be offered an appointment (either in person / telephone / digital) to discuss this further and to ensure that we have all relevant information in order to accurately assess your housing needs and ensure that the correct allocation points are awarded to you.

At this appointment you will be given the opportunity to review your application with a member of staff and this will also allow us to provide you with an understanding of our properties which you meet the requirements for.

Based on all of the information provided to us within your application form, along with any relevant supporting evidence, we will then assess your application and will advise you of any allocation points awarded to you in respect of your housing needs. We will confirm this in writing to you within 7 working days.

We may visit you at home or make contact with you to confirm your circumstances before an offer of housing is made to you.

Other Information

Language Preference

Govan Housing Association subscribes to the "Happy to Translate" service. If you require us to write to you in any language other than English, it would be helpful if you could indicate which language (and dialect, if appropriate) you would prefer us to use.

If required, with advance notice, we can also arrange an interpreter of your preferred language.

Preferred Language:

1 About You

Please complete your details below:

Title: (Mr, Mrs, Miss, Ms etc)		
First Name:		
Surname:		
Date of Birth:		
Current Address:		
When did you move there?		
Daytime Telephone No:		
Evening Telephone No:		
Mobile Telephone No:		
Email Address:		
National Insurance No:		
Are you a homeowner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Landlord's Name, Address and Postcode:		

2 About your Joint Applicant (if applicable)

If you are applying jointly with another person, please complete their details below:

Title: (Mr, Mrs, Miss, Ms etc)	
First Name:	
Surname:	
Date of Birth:	
Current Address: (If different from your address)	
When did you move there?	
Daytime Telephone No:	
Evening Telephone No:	
Mobile Telephone No:	
Email Address:	
National Insurance No:	

3 Household Details

Please give details of all those who live in your current address and mark whether they have to be rehoused with you (if more than 5 people, please continue on separate paper):

Name	Date of Birth	Gender	Relationship to you	To be re-housed with you?	
				Yes	No
Person 1					
Person 2					
Person 3					
Person 4					
Person 5					

If you have included children, do they:

Live with you all of the time? Yes ☐ No ☐

Live with you part time? Yes ☐ No ☐

If they live with you part time, please give details of the arrangement:

4 Others to be rehoused with you

Is there anyone who wishes to be rehoused with you who is not currently staying with you?
If so please give details below (if more than 4 people, please continue on separate paper)

	Name	Date of Birth	Gender	Relationship to you	Current Address	Do they hold a tenancy?	
						Yes	No
Person 1							
Person 2							
Person 3							

5 Pregnancy

Is anyone who is to be rehoused with you currently pregnant? If so, please give details below:

Name	
Expected date of delivery	

6 Leave to Remain

Do you have permanent leave to remain or a right to reside in UK?

Yes

☐

No

☐

Does your joint applicant (if applicable) have permanent leave to remain or a right to reside in the UK?

Yes

☐

No

☐

If you have answered no to the above question or are unsure, please arrange to speak with a member of staff when submitting your application.

7 Current Number of Bedrooms

How many bedrooms do you have in your current property?

8 Previous Addresses for yourself

Please list your addresses over the past 3 years starting with the most recent.

Address:				
Date moved in:				
Date left:				
At this address you were a:	Tenant	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
	Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>
Landlord's Name & Address:				
Reason for Leaving				

Address:				
Date moved in:				
Date left:				
At this address you were a:	Tenant	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
	Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>
Landlord's Name & Address:				
Reason for Leaving				

Address:				
Date moved in:				
Date left:				
At this address you were a:	Tenant	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
	Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>
Landlord's Name & Address:				
Reason for Leaving				

9 Previous Addresses for your Joint Applicant (if applicable)

Please list their addresses over the past 3 years starting with the most recent, only if different from yours.

Address:				
Date moved in:				
Date left:				
At this address they were a:	Tenant	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
	Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>
Landlord's Name & Address:				
Reason for Leaving				

Address:				
Date moved in:				
Date left:				
At this address they were a:	Tenant	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
	Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>
Landlord's Name & Address:				
Reason for Leaving				

Address:				
Date moved in:				
Date left:				
At this address they were a:	Tenant	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
	Owner	<input type="checkbox"/>	Other	<input type="checkbox"/>
Landlord's Name & Address:				
Reason for Leaving				

10 Current Home Owner

Do you currently own your home or any other property?

Yes ☐

No ☐

If you have answered yes to the above question, please arrange to speak with a member of staff when submitting your application.

11 Management Committee or Staff

Are you or anyone who will be living with you related to or otherwise connected with a Member of the Management Committee or Staff of Govan Housing Association? If so, give details below or write "none".

Committee/Staff member	
Member of Household who has relationship	
Relationship to household member	

12 Sexual Offences Act 2003

Are you (or any person who will be living with you) required to register with the police under part 2 of the Sexual Offences Act 2003?

Yes ☐

No ☐

If yes, please give the name of the person below:

13 Why are you applying for housing with Govan Housing Association?

Use this box to tell us why you are applying for housing. For example, please include any factors (if applicable) such as the following (please continue on a separate sheet if necessary):

- Threat of eviction
- Relationship breakdown
- Poor property condition
- Overcrowding
- Fleeing violence / harassment
- Caring responsibilities / needs
- Employment reasons
- Anti-social behaviour
- Medical needs

14 Disability

Do you (or anyone who is to be rehoused with you) have an illness or disability?

Yes

☐

No

☐

If yes, please tell us who and how this affects your housing needs (if any):

15 Accessibility

Do you need a property which is accessible by a wheelchair?

Yes

☐

No

☐

16 Sharing Amenities

Are you, or your household, currently sharing amenities with another household? For example, bathroom or kitchen facilities?

Yes

☐

No

☐

If so, please give details below:

16 Housing Choices

The following sections will be used to allow us to make a suitable offer of housing to you. Please complete all sections.

Street Choices

We need to know which streets you would prefer to live in. It is important that you only select streets where you will accept an offer of housing and we would advise familiarising yourself with our houses by visiting our website at www.govanha.org.uk

Street	Tick	Street	Tick	Street	Tick
Brand Street	<input type="checkbox"/>	Harley Street	<input type="checkbox"/>	Rathlin Street	<input type="checkbox"/>
Broomloan Crescent	<input type="checkbox"/>	Howat Street	<input type="checkbox"/>	Rosneath Street	<input type="checkbox"/>
Burndyke Court	<input type="checkbox"/>	Ibrox Street	<input type="checkbox"/>	Shaw Street	<input type="checkbox"/>
Burndyke Square	<input type="checkbox"/>	Langlands Road	<input type="checkbox"/>	Southcroft Street	<input type="checkbox"/>
Dunsmuir Street	<input type="checkbox"/>	Luath Street	<input type="checkbox"/>	Summertown Road	<input type="checkbox"/>
Elder Street	<input type="checkbox"/>	Merryland Place	<input type="checkbox"/>	Taransay Street	<input type="checkbox"/>
Elizabeth Street	<input type="checkbox"/>	Merryland Street	<input type="checkbox"/>	Vicarfield Place	<input type="checkbox"/>
Elphinstone Place	<input type="checkbox"/>	Middleton Street	<input type="checkbox"/>	Vicarfield Street	<input type="checkbox"/>
Golspie Street	<input type="checkbox"/>	Midlock Street	<input type="checkbox"/>	Wanlock Street	<input type="checkbox"/>
Govan Road	<input type="checkbox"/>	Paisley Road West	<input type="checkbox"/>	Wardrop Street	<input type="checkbox"/>

Property Choices

Tenement Flat	<input type="checkbox"/>	Maisonette Flat	<input type="checkbox"/>	Four in a Block	<input type="checkbox"/>
House	<input type="checkbox"/>	High Rise (5 or more floors served with a lift)			<input type="checkbox"/>

Floor Level Choices

1st floor with lift	<input type="checkbox"/>	6th floor with lift	<input type="checkbox"/>	4th floor – no lift	<input type="checkbox"/>
2nd floor with lift	<input type="checkbox"/>	Ground floor	<input type="checkbox"/>	Ground floor – 4 in a block	<input type="checkbox"/>
3rd floor with lift	<input type="checkbox"/>	1st floor – no lift	<input type="checkbox"/>	Upper floor – 4 in a block	<input type="checkbox"/>
4th floor with lift	<input type="checkbox"/>	2nd floor – no lift	<input type="checkbox"/>	Terraced Cottage	<input type="checkbox"/>
5th floor with lift	<input type="checkbox"/>	3rd floor – no lift	<input type="checkbox"/>		<input type="checkbox"/>

Please note that if we contact you by telephone / email to make an offer of housing or arrange a viewing of a property and you do not respond to us by 12pm the next working day, it is likely that the property will no longer be available to you.

Your Statement and Declaration

Please read this declaration carefully and sign below:

- I confirm that the information I have given on this application is true and accurate to the best of my knowledge;
- I understand that giving false or misleading information, or failing to provide relevant information may result in my application being cancelled;
- Any tenancy granted which is based on false or misleading information may lead to further action and your tenancy may be at risk;
- I understand that Govan Housing Association will contact me regularly to verify my application and failure to respond will lead to my application being cancelled. It is also my responsibility to make the Association aware of any changes in my circumstances when they occur;
- I give Govan Housing Association explicit consent to make any necessary enquiries in order to verify the circumstances in connection with my application, including permission to seek references from my current or previous landlords.

Signatures:

Applicant Name:

Please print clearly

Applicant signature:

Date:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Joint Applicant Name:

Please print clearly

Joint Applicant Signature:

Date:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Need more help?

If you need advice about finding a new home, becoming a Govan Housing Association tenant or if you have any comments or complaints, please just get in touch. We're here to help.



Visit our website:

www.govanha.org.uk



Send us an email:

general@govanha.org.uk



Call us on:

0141 440 0308

Moving Govan Forward

GOVAN HOUSING ASSOCIATION

35 McKechnie Street • Glasgow G51 3AQ

Telephone **0141 440 0308** • Fax **0141 440 0637**

Email **general@govanha.org.uk** • Website **www.govanha.org.uk**



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Property Factor Registered Number PF000200

