

# Housing Application Form

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Parkhead, Glasgow  
G31 4TF

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**www:** [www.parkheadha.org.uk](http://www.parkheadha.org.uk)  
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## Official use only

App No: \_\_\_\_\_

Date of App: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Apt Size: \_\_\_\_\_

Points: \_\_\_\_\_

Category: \_\_\_\_\_

App Rec'd By: \_\_\_\_\_



Thank you for your interest in housing with Parkhead Housing Association.

The Association operates an open access Allocations System, which provides the opportunity for anyone, aged 16 years or over to apply and be placed on the waiting list and have their application assessed.

We know searching for a new home can be a stressful time. Throughout this application you will note important information which will make applying for a home as quick and easy as possible.

## Completing your Housing Application Form

Please carefully read and answer all of the questions within this application even if you think that they do not apply to you including:

- Section 3: Asylum and Immigration & Non-UK Nationals
- Section 7: Declared Interests
- Section 8: Anti-Social Behaviour
- Section 9: Supervision Orders
- Section 12: Declaration

## Tips for Applying:

- Complete all parts of the application and answer “N/A” to questions which are not relevant to you
- Print in clear handwriting
- Provide all relevant proof documentation
- Sign and date the application on completion
- Please note, if your application is not signed it will not be processed
- To speed up the application process, you should provide us with as much information as possible regarding your circumstances. This is important as it allows us to assess your application accurately.



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Throughout the application the “Proof Logo” to the left-hand side will appear. This symbol outlines that proof is required when completing certain sections of your housing application. **Please note, applications without all the relevant proof will not be accepted.**

Your housing application is split into two main parts:

**Part One:** relates to your Household/Personal details, housing history and your need for housing. Please Note: your application will only be assessed using the information contained in section one.

**Part Two:** relates to information that is required for monitoring purposes only. This information has no weighting on the assessment of your application.

To speed up the application process, you should provide us with as much information as possible regarding your circumstances. This is important as it allows us to assess your application accurately.

## Supporting Information for your application

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You must enclose all relevant documentation when you submit your application form. The information we require is:

- **Photographic ID for applicant and or any joint application (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 address for the applicant, any joint application or anyone over the age of 16 (where applicable)** – documents should be dated within the 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 proof of pregnancy such as a maternity certificate which confirms the expected week of confinement.
- **Homelessness** – if you are homeless or threatened with homelessness we require to see proof that an assessment has been made by the Local Authorities' Community Casework Team so that this can be considered when assessing your application. If you have been issued with a Notice to Quit you should provide proof of this.
- **Employment** – if you or anyone that is looking to be rehoused with you is moving to the Parkhead 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.
- **Right to Reside** – if you are not a UK National, please provide proof of your right to reside e.g. national identity card.

## What next

Once we are in receipt of a completed housing application along with all relevant proofs, we will assess your application and seek a reference from your current landlord in addition to any other supporting information we require. **During this time, you do not need to contact us unless your circumstances or your contact details have changed.**

After your application has been assessed we will write to you to confirm how many points you have been awarded based on the information you have provided in part one of the application. Your application will be made live meaning you will be considered for offers of housing however we are unable to indicate a time-scale for you being rehoused. If your contact details change or you move address, please let us know straight away, especially telephone numbers.





# Section 1: Personal Details – Lead and Joint Applicants

## LEAD APPLICANT

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

When did you move there? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

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**Note:** Only complete the Joint applicant section, if there is going to be a joint applicant, if not please leave blank.

## JOINT APPLICANT

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Address: \_\_\_\_\_

q PROOF

\_\_\_\_\_

\_\_\_\_\_

When did you move there? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

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## Section 2: Household Details

Please give details of all those who live in your current address and mark whether they have to be rehoused with you

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Name	Date of Birth	Age	Relationship to main applicant	To be re-housed with you	
				Yes	No

If you have access to any children that are listed above, do they;

Live with you all the time?                      Yes ☐                      No ☐

Visit the lead applicant for overnight access?                      Yes ☐                      No ☐

If you have overnight access please tell us the arrangements that you currently have in place, along with proof of arrangement e.g. court arrangements or letter from co-parent.

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Is there anyone who wishes to be rehoused with you who is not currently staying with you?

Yes ☐ No ☐

If yes, please give details below:

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Name	Date of Birth	Current Address	Relationship to main applicant	Tenure Held*	

*Tenure held i.e. tenant, owner, lodger etc*

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

Name: \_\_\_\_\_

Expected delivery date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Section 3: Asylum and Immigration and Non-UK Nationals

Are you a British Citizen who has resided in the UK, Isle of Man, Channel Islands or Republic of Ireland for at least the past two years?

**Lead Applicant:** Yes ☐ No ☐

**Joint Applicant:** Yes ☐ No ☐

If no to the above, do you have indefinite or exceptional leave to remain in the UK?

**Lead Applicant:** Yes ☐ No ☐

**Joint Applicant:** Yes ☐ No ☐

If yes, please provide details:

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Do you have any restrictions on your access to public fund e.g. benefit support from the UK and or Scottish Governments?

**Lead Applicant:** Yes ☐ No ☐

**Joint Applicant:** Yes ☐ No ☐

If yes, please provide details:

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## Section 4: Previous Address history – Lead Applicant

Please list below your **address history for the past 5 years**, this should include any address out-with the UK, if applicable.

Full Address	Date		Landlord's Address	Reason for Leaving
	From	To		
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				



## Section 4B: Previous Address history – Joint Applicant

Please list below the address history of the **joint applicant** for the past 5 years, this should include any address out-with the UK, if applicable.

Full Address	Date		Landlord's Address	Reason for Leaving
	From	To		
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				
Were you the tenant lodger or owner of the above address?      Yes <input type="checkbox"/> No <input type="checkbox"/>				

## Section 5 - Your Current Home/Accommodation

Please tick one of the options below that best describes your current housing circumstances:

A	A tenant of a Local Authority / Council.	<input type="checkbox"/>	
B	A tenant of another Housing Association or Co-op.	<input type="checkbox"/>	
C	Living in temporary accommodation provided by Glasgow City Council or another council (please provide a copy of your letter from the local authority confirming homeless decision and occupancy agreement)	<input type="checkbox"/>	<a href="#">Q PROOF</a>
D	Tenant of a private sector landlord or a residential landlord ( <b>please provide a copy of your tenancy / lease agreement</b> )	<input type="checkbox"/>	<a href="#">Q PROOF</a>
E	Resident of Student Halls of Residence ( <b>please provide evidence</b> )	<input type="checkbox"/>	<a href="#">Q PROOF</a>
F	Living in a hostel.	<input type="checkbox"/>	
G	Living with parents or relatives.	<input type="checkbox"/>	
H	Living or lodging with friends.	<input type="checkbox"/>	
I	Living in a home I own, or of which I am a sharing owner.	<input type="checkbox"/>	
J	Living in tied accommodation ( <b>please include written confirmation</b> )	<input type="checkbox"/>	<a href="#">Q PROOF</a>
K	Living in a hospital ( <b>please include written confirmation</b> )	<input type="checkbox"/>	<a href="#">Q PROOF</a>
L	Living in residential care, including Through Care ( <b>please include written confirmation</b> )	<input type="checkbox"/>	<a href="#">Q PROOF</a>
M	In prison.	<input type="checkbox"/>	
N	Living in supported accommodation (please provide a copy of your occupancy agreement)	<input type="checkbox"/>	<a href="#">Q PROOF</a>
O	Other: please provide details in the box below	<input type="checkbox"/>	

**For tenants only, please provide details of your current landlord:**

Name of Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Please choose one of the follow options that best describes your current home/accommodation:**

- Flat (ground floor) ☐
- Flat (upper floor) ☐
- 4 in a block (ground) ☐
- 4 in a block (upper) ☐
- House ☐
- Bungalow ☐
- Sheltered Housing ☐
- Amenity Housing ☐
- Multi-storey flat ☐
- Maisonette (ground) ☐
- Maisonette (upper) ☐
- Bedsit ☐
- Other (Please provide details) ☐

How many bedrooms does your current accommodation have? \_\_\_\_\_

How many bedrooms does your current household have sole use off?

Single ☐      Double ☐



**Does your accommodation lack any of the following?**

- Kitchen or proper Kitchen area ☐
- Bath/Shower ☐
- Inside WC ☐
- Livingroom ☐
- Central Heating (including storage heaters) ☐

**Do you wish to add anything to the above?**

**Do you share any of the above amenities with people other than your own household?**

Yes ☐ No ☐

If YES, please provide further details:

**Have you been given notice to leave your current accommodation?**

Yes ☐ No ☐

If YES, on what date do you have to leave your current accommodation:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## Section 6: Your Housing Needs

Please indicate if you are applying for housing for any of the following reasons:

**1.** You or someone else in your household is at risk from Domestic Abuse if you remain in your present home.

If you would like to provide details about your current circumstances please do so below.

*All information you include will remain confidential unless we have your explicit permission to pass it on to other service providers. There may, however, be some circumstances where we would have to pass information on without seeking permission – this includes where there are children and/or adults at risk.*

**2.** You or someone else in your household is at risk to remain in your present home because of harassment or threats from another person.

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For tenants of a Housing Association, Co-Op or Council only – have you reported the incidents to your landlord?

Yes ☐      No ☐

## Additional Information

**1. You think that your accommodation is unsuitable for you or any member of your household on health grounds.**

Yes ☐ No ☐

If yes, please request a Medical Self-Assessment form on 0141 556 6226, or from our office, which you must complete and return. If more than one person in the household is affected, please complete a separate form for each person.

**2. Marriage/relationship breakdown.**

Yes ☐ No ☐

If yes, please provide written confirmation i.e. letter from solicitor or ex-partner.

**3. You are an owner occupier experiencing difficulties**

Yes ☐ No ☐

If yes, please provide written confirmation i.e. letter from building society or lender confirming repossession action.

**4. To give/receive daily support from close friends/relatives where support is not available in their/your current location**

Yes ☐ No ☐

If yes, please provide full details including a letter from the person giving/receiving the daily support (including their name and address)

**5. To move closer to your place of work.**

Yes ☐ No ☐

If yes, please provide the name and address of your employer:

**6. You wish to apply for Retirement Housing with Parkhead Housing Association (the Association has a stock of 59 Retirement Housing properties)**

Yes ☐ No ☐

If yes, please request a Retirement Housing application form. Please note that to access Retirement Housing you should be aged sixty or over.

**7. You wish to apply for disable adapted / wheelchair accommodation**

Yes ☐ No ☐

If yes, please request a Medical Self-Assessment form on 0141 556 6226, or from our office, which you must complete and return.



If you wish to provide any additional information please do so here:

## Section 7: Declared Interests

*This section must be completed by all applicants, if not fully completed your application will be returned.*

Are you related to a Committee Member or Employee of Parkhead Housing Association?

Yes ☐ No ☐

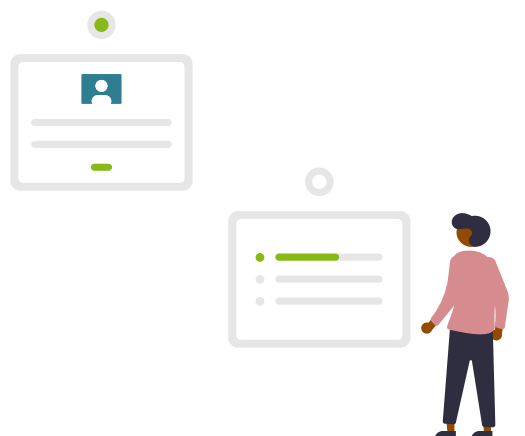
If YES, please provide details below:

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship to you: \_\_\_\_\_



## Section 8: Anti-Social Behaviour

*This section must be completed by all applicants, if not fully completed your application will be returned.*

Has action for anti-social behaviour ever been taken against you or anyone who will live with you?  
*Action includes being evicted for the behaviour, being subject of an Anti- Social Behaviour Order (ASBO) or a final warning either from the Police, Local Authority or your landlord.*

Yes ☐ No ☐

If yes, please provide details:

## Section 9: Supervision Orders

*This section must be completed by all applicants, if not fully completed your application will be returned.*

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 ☐

## Section 10: Pets

Do you have any pets, that are planning on moving with you?

Yes ☐ No ☐

If yes, please provide details below

## Section 11: Other Information

### 1. Language Preference

If you require us to write to you in any language 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: \_\_\_\_\_

### 2. If we contact or visit you, do you require

An Interpreter?      Yes ☐      No ☐

A Signer?      Yes ☐      No ☐

If yes, please provide details below:

### 3. Do you require information in another format?

Yes ☐      No ☐

If yes, please provide details below:

### 4. Do you have any accessibility needs that could make visiting our offices difficult?

Yes ☐      No ☐

If yes, please provide details below:

## Section 12: Declaration – General Data Protection Rules

We are committed to handling and using the information that you provide in this form to the strictest, secure and most confidential standards in accordance with data protection laws. We will ensure that access is restricted to only relevant staff members as part of the housing application and allocation process, and we will not share any of this information, unless we are legally permitted or required to do so. This includes sharing this information in statistical format with the Scottish Housing Regulator, if required. We will not keep this information for longer than we need it and will securely destroy it when it is no longer required.

You do not need to answer every question, but by answering as many questions as possible, you will help us meet your needs better. We provide options throughout this form to allow you to provide only the information you want to give us. You can complete some questions and not others or you can complete parts of questions. The form has space for you to tell us more about your needs if you want. The following sets out important details about why and how we handle and use this information. Please read it carefully before completing the form. Please contact us if you do not understand something or if you require further information.

### Why do we collect equality information?

We use equality information for a range of purposes, including to help us to:

- Plan and deliver an effective housing application and allocations process;
- Meet our legal and regulatory obligations;
- Understand who is applying for homes;
- Protect and promote your rights and interests throughout the housing application and allocations process;
- Promote equality objectives throughout the housing application and allocations process and assess the impact of the activities, policies and practices that we adopt in promoting such objectives;
- Take account of religious beliefs as part of the housing application and allocations process, where necessary;
- Address, with sensitivity, the needs of trans individuals as part of the housing application and allocations process;
- Identify and address our housing applicants' needs, and improve our housing application and allocations process, where required;
- Identify, address and eliminate any form of discrimination as part of the housing application and allocations process; and help plan for the future.

## What is our legal basis for handling and using equality information?

Data protection laws require us to have a legal reason for handling and using equality information. Our legal reasons are:

To comply with the laws that apply to us. This includes equalities and human rights legislation and the legal duty to eliminate unlawful discrimination contained in the Scottish Housing Regulator's Regulatory Framework, which requires us to collect equality information your explicit consent. By answering the questions in this form and returning the form to us, you are providing your explicit consent to us handling and using the information you provide in the ways outlined in the "Why do we collect equality information?" section (above). You have the right to withdraw your consent at any time by contacting us; and that the handling and use of equality information is necessary for reasons of substantial public interest for the purposes of identifying and keeping under review the equality of opportunity or treatment between groups of people to enable such equality to be promoted or maintained. This only applies to equality information: revealing racial or ethnic origin; revealing religious or philosophical beliefs; regarding health; and relating to sexual orientation. It only concerns the following groups of people: people of different racial or ethnic origins; people holding different religious or philosophical beliefs; people with different states of physical or mental health; and people of different sexual orientation.

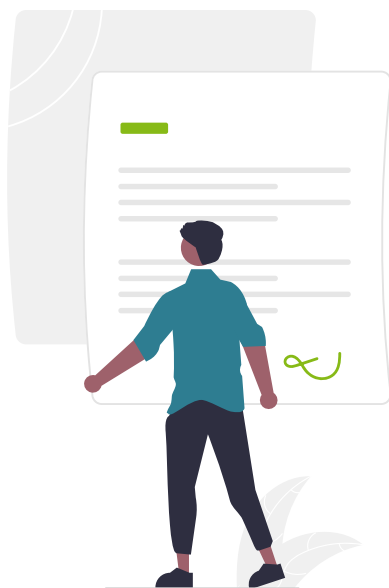
## Consent

By completing and submitting this form, you consent to us handling and using the personal information you provide in this form as set out in the "How we use the information in this form" section (above). You can withdraw your consent at any time by contacting us.

Signature - Lead Tenant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature - Joint Tenant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For monitoring purposes please complete the Equal Opportunities and Monitoring form – in Part 2 of the Application.**



## Part 2 – Equalities Monitoring Information

Parkhead Housing Association Ltd is committed to ensuring the promotion of equality of opportunity as a landlord and employer. Parkhead Housing Association understands the importance of monitoring as well as implementing equal opportunities policies. Furthermore, you are requested to complete this form.

Completing the questions is a voluntary and the information that is collected is used to ensure fair access services only. The information is for statistical and reporting purposes only and will have no bearing on your housing application and information below is strictly confidential.

This section of the application should be returned along with Part 1.

### Sex:

Male ☐ Female ☐ Intersex ☐ Non-binary ☐ Prefer not to say ☐

If you prefer to use your own gender identity, please write here: \_\_\_\_\_

Is the gender you identify with the same as your gender registered at birth?

Yes ☐ No ☐ Prefer not to say ☐

### Gender reassignment:

N/A ☐ Trans male ☐ Trans female ☐ Prefer not to say ☐

### Age:

16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐  
55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

### Race/Ethnicity:

#### *Asian or Asian British*

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐

#### *Black, African, Caribbean or Black British*

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black, African or Caribbean background, please write here: \_\_\_\_\_

#### *Mixed or Multiple ethnic groups*

White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐  
Prefer not to say ☐

Any other Mixed or Multiple ethnic background, please write here: \_\_\_\_\_



### White

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐  
British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other white background please write here: \_\_\_\_\_

### Other ethnic group

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write here: \_\_\_\_\_

### Disabilities:

Do you consider yourself to have a disability or health condition?

Yes ☐ No ☐ Prefer not to say ☐

If yes to the above, what is the effect or impact of your disability or health condition on your application?

*The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please let Parkhead Housing Association know when applying.*

### Sexual orientation:

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Asexual ☐ Pansexual ☐  
Undecided ☐ Prefer not to say ☐

If you prefer to use your own identity, please write here: \_\_\_\_\_

### Religion or Belief:

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐  
Muslim ☐ Sikh ☐ Prefer not to say ☐

If other religion please write in: \_\_\_\_\_

### Pregnancy & Maternity:

Are you pregnant? Yes ☐ No ☐

Have you had a baby in the last 6 months? Yes ☐ No ☐

### Marriage & Civil Partnership:

Single ☐ Married ☐ Civil Partnered ☐ Prefer not to say ☐