

Transfer Application Form

40 Helenvale Street
Parkhead, Glasgow
G31 4TF

T: 0141 556 6226
www.parkheadha.org.uk
E: applications@parkheadha.org.uk
Socials: @ParkheadHA



Section 1: Personal Details – Lead and Joint Applicants

LEAD 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: _____

q PROOF

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

Home Number: _____

Mobile Phone: _____

Email: _____

National Insurance Number: _____

q PROOF

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. Anyone that is currently in your household over the age of 16 years of age, can you please provide proof of national insurance number.

PROOF

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.

PROOF

Section 3 - Your Current Home

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

How many bedrooms does your current accommodation have? _____

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

Single Double

Do you have any pets?

Yes No

Provide details of what kind of dog breed

Do you wish to add anything else regarding your home?

Section 4 - Your Housing Needs

Please tick the appropriate box(es) for the size(s) of house for which you wish to be considered

What size of accommodation do you require? Please tick

- 1apt 2apt 3apt 4apt 5apt
6apt 7apt

What type of accommodation will you consider? Please tick

- | | | | |
|-------------------|--------------------------|-------------------|--------------------------|
| Any type | <input type="checkbox"/> | Third Floor Flat | <input type="checkbox"/> |
| Ground Floor Flat | <input type="checkbox"/> | Fourth Floor Flat | <input type="checkbox"/> |
| First Floor Flat | <input type="checkbox"/> | Fifth Floor Flat | <input type="checkbox"/> |
| Second Floor Flat | <input type="checkbox"/> | House | <input type="checkbox"/> |

Please select what areas you would like to be selected for.

- | | | |
|---|--|--|
| <input type="checkbox"/> Beattock Street | <input type="checkbox"/> Glamis Road | <input type="checkbox"/> Powfoot Street |
| <input type="checkbox"/> Belvidere Terrace | <input type="checkbox"/> Glenisla Street | <input type="checkbox"/> Quarrybrae Place |
| <input type="checkbox"/> Burgher Street | <input type="checkbox"/> Glenshee Court | <input type="checkbox"/> Quarrybrae Street |
| <input type="checkbox"/> Canmore Street | <input type="checkbox"/> Glenshee Street | <input type="checkbox"/> Quarryknowes Street |
| <input type="checkbox"/> Caroline Street | <input type="checkbox"/> Grier Path | <input type="checkbox"/> Salamanca Street |
| <input type="checkbox"/> Caroline Street | <input type="checkbox"/> Hart Street | <input type="checkbox"/> Silverdale Street |
| <input type="checkbox"/> Crail Place | <input type="checkbox"/> Helenvale Court | <input type="checkbox"/> Sorby Street |
| <input type="checkbox"/> Crail Street | <input type="checkbox"/> Helenvale Street | <input type="checkbox"/> Southbank Street |
| <input type="checkbox"/> Cuthelton Drive | <input type="checkbox"/> London Road | <input type="checkbox"/> Springfield Road |
| <input type="checkbox"/> Cuthelton Street | <input type="checkbox"/> Maukinfauld Gardens | <input type="checkbox"/> St Michaels Court |
| <input type="checkbox"/> Cuthelton Terrace | <input type="checkbox"/> Methven Street | <input type="checkbox"/> Thornhill Path |
| <input type="checkbox"/> Dalton Court | <input type="checkbox"/> Muiryfauld Drive | <input type="checkbox"/> Tollcross Road |
| <input type="checkbox"/> Dalton Street | <input type="checkbox"/> Newbank Court | <input type="checkbox"/> Westmuir Street |
| <input type="checkbox"/> Dechmont Street | <input type="checkbox"/> Newbank Gardens | <input type="checkbox"/> Whitby Street |
| <input type="checkbox"/> Duke Street | <input type="checkbox"/> Newbank Road | <input type="checkbox"/> Williamson Street |
| <input type="checkbox"/> East Wellington Street | <input type="checkbox"/> Nisbet Street | <input type="checkbox"/> Winning Row |
| <input type="checkbox"/> Edenwood Street | <input type="checkbox"/> Ogilvie Street | |
| <input type="checkbox"/> Gallowgate | <input type="checkbox"/> Pitcairn Street | |

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

4.1 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.

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

🔍 PROOF

Section 5 - Additional Information

5.1 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.

5.2 Marriage/relationship breakdown.

Yes No

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

Section 6: Over 55 and Retirement Housing Options

6.1 Do you wish to apply for Retirement Housing with Parkhead Housing Association (the Association has a stock of 61 Retirement Properties)

Yes No

6.2 Over 55 Housing

Properties at Helenvale Court & 43 Dechmont (23 units) were ex-Scottish Homes properties acquired in 1995.

Prior to transfer these were generally for aged over 55's. The association wished to retain the over 55 category within these properties.

We also wish to include the flats (2nd floor) abover the Retirement Housing at Crail Street/Thornhill Path as aged over 55 (12 units) and the single bedroom properties with a lift at 1331 Duke Street.

6.3 Retirement Housing

The association has a stock of 61 Retirement Housing properties. The Association does not provide housing support therefore any personal care needs which tenants have are the responsibility of Glasgow City Council's Health and Social Care Partnership (HSCP). Each property is fitted with a telecare alarm which is connected to an alarm monitoring centre.

A separate list of applicants wishing to access Retirement housing is maintained. The applicants are pointed as per the Allocations Policy, based on housing need.

Criteria for accessing the retirement Housing waiting list are:

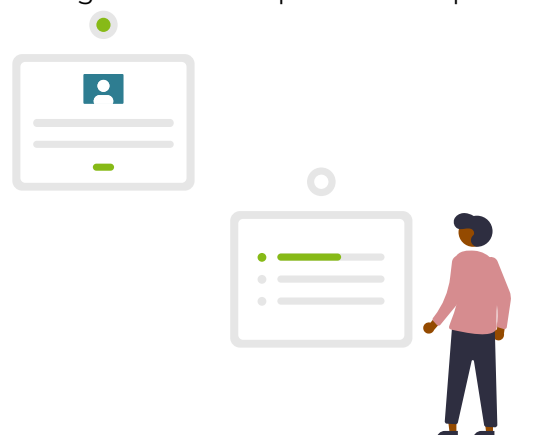
- Aged sixty or over (in some circumstances this can be varied)
- Some vulnerability due to physical or mental health, or age
- Ability to maintain a tenancy

Section 7: 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 8: 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 9: Other Information

9.1 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: _____

9.2 If we contact or visit you, do you require

An Interpreter? Yes No

A Signer? Yes No

If yes, please provide details below:

9.3 Do you require information in another format?

Yes No

If yes, please provide details below:

9.4 Do you have any accessibility needs that could make visiting our offices difficult?

Yes No

If yes, please provide details below:

Section 10 : 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.

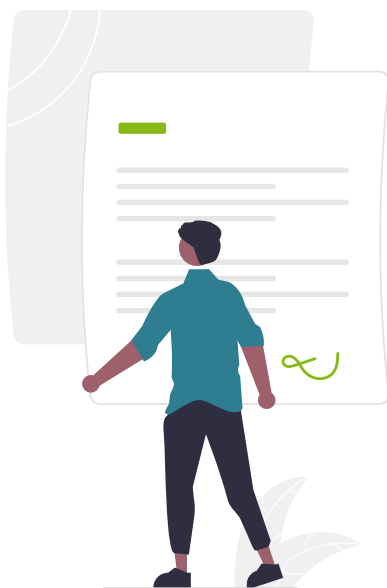
Consent

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