



Parkhead Housing Association



@ParkheadHa

Registered under the Co-Operative and Community Benefit Societies Act 2014: Registered with The Scottish Housing Regulator No. HCB 167. Established in 1977. Recognised Scottish Charity No. SCO 30908  
 (Please note: Completion of this form does not necessarily guarantee you an offer of accommodation)

# Retirement Housing Application Form

Section A	APPLICANT DETAILS
Name	
Address and Flat Position	
	Postcode: <span style="border-bottom: 1px dotted black;"></span>
Home Tel: <span style="border-bottom: 1px dotted black;"></span>	Email: <span style="border-bottom: 1px dotted black;"></span>
Property Type: (i.e. house, first floor flat, multi storey etc)	

OFFICIAL USE ONLY	OFFER DETAILS	
App No:		
Date of App:		
Apt Size:		
Points:		
Effective Date:		
Category:		
App Received by:	Date:	

## HOUSEHOLD DETAILS

Please give details of everyone living in your current accommodation, starting with yourself.

Name	Relationship to you	Date of Birth	Are they to be rehoused with you, if so please ✓
	APPLICANT		Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

If you are **not** the tenant of the above accommodation, please state tenants name?

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State below full details of any persons NOT currently residing with you, but wishing to be rehoused with you.

Name	Address	Date of Birth	Relationship to you	Why do they stay here

Please state why you wish to be rehoused with you?

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Who is the tenant at this address?

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Relationship to you:-

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Are you required to register with the Police Under the Sex Offenders Act 1997? \_\_\_\_\_

**PREVIOUS ACCOMMODATION**

Please list below your present and previous addresses. (last 5 years)

**Please start with your current address**

Address	Period lived there		Reason for leaving that address	Landlord Details	Was this your tenancy
	From	To			

**Have you ever been a tenant of Parkhead Housing Association before?**

YES  NO

If yes, please tell us yours previous address

Name .....

Address .....

Tenancy Dates: .....

**Do you have any pets?**

YES  NO

If yes, please describe below

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**Please note:**

(It should be noted that where dogs are permitted, owners have responsibilities regarding fouling and control)

**ETHNIC ORIGIN OF HOUSEHOLD**

It is against the law to discriminate against anyone because of their sex, race, colour or religious beliefs. As an equal opportunity Association, we keep statistical records to ensure that we do not break the law by mistake. If you decide not to answer this question it will not harm your application for housing.

How would you describe the ethnic origin of your household?

**Please tick ✓  
the appropriate  
box**

White Scottish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White English	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White Northern Irish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
White British	<input type="checkbox"/>	Other Asian Background Black, Black Scottish or Black British	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	African	<input type="checkbox"/>
Polish	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	Other Black Background	<input type="checkbox"/>
Any Mixed Background Asian, Asian Scottish or Asian British	<input type="checkbox"/>	Other ethnic Background	<input type="checkbox"/>
		Arab	<input type="checkbox"/>
		Other Background	<input type="checkbox"/>

If none of the above, how would you describe your household? \_\_\_\_\_

**Section B**

**DETAILS OF PRESENT ACCOMODATION**

**What size is the house you live in at present?** \_\_\_\_\_

Living Room \_\_\_\_\_

Kitchen \_\_\_\_\_

Bedroom(s) Single \_\_\_\_\_

Bedroom(s) Double \_\_\_\_\_

Do you wish to add anything to the above?  
\_\_\_\_\_  
\_\_\_\_\_

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

Kitchen or proper kitchen area

YES  NO

Bath/Shower

YES  NO

Inside W.C.

YES  NO

Living Room

YES  NO

Central Heating

YES  NO

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 describe:  
\_\_\_\_\_  
\_\_\_\_\_

Have you been given notice to leave your current accommodation?

Yes  No

If YES on what date? \_\_\_\_\_

*(please provide proof i.e. letter from landlord etc)*

**TENURE OF PRESENT ACCOMMODATION**

Please indicate what best describes your current accommodation by ticking the appropriate box.

Caravan	<input type="checkbox"/>
Friends/Relatives	<input type="checkbox"/>
Immediate Family	<input type="checkbox"/>
In B&B/Temp Accommodation	<input type="checkbox"/>
Institution	<input type="checkbox"/>
Other	<input type="checkbox"/>
Owner/Buying	<input type="checkbox"/>
Partner	<input type="checkbox"/>
Renting Form Council	<input type="checkbox"/>
Renting Other HA/Co-op	<input type="checkbox"/>
Renting Privately (please provide copy of lease)	<input type="checkbox"/>
Renting This HA	<input type="checkbox"/>
Renting With Job	<input type="checkbox"/>
Roofless/NFA	<input type="checkbox"/>
Supported Accommodation (please give us details of support provider)	<input type="checkbox"/>
Other (please provide details)	<input type="text"/>

If you are a Tenant, please provide the name and address of your landlord

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**SIZE OF HOUSE REQUIRED**

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

2 apartment (1 bedroom)	<input type="checkbox"/>	3 apartment (2 bedroom)	<input type="checkbox"/>
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**Section C MEDICAL AND SOCIAL CONDITIONS**

**Do you suffer from any medical conditions, or have a disability which may make your present accommodation unsuitable and rehousing necessary?**

YES  NO

If yes, please describe below in your own words: **(please provide supporting evidence from your GP)**

Do you have any difficulty with stairs inside or outside your home?

YES  NO

If YES, please indicate how many stairs inside  and outside  your home.

To enable staff to establish how the above should be prioritised we may need to contact your G.P. Please give the name and address of your doctor:

**Do you require the use of aids or adaptations?**

If yes, please list your requirements

YES  NO

**Is there a wheelchair user in your household?**

YES  NO

**Do you require a wheelchair adapted house?**

YES  NO

**If yes, may we keep details of your housing needs on our register should we be unable to help at present?**

Do they use the wheelchair inside  Or outside  Your home  
Please provide contact details for your O/T

**Mental Health Disability – Have you been diagnosed as suffering from a mental health disorder? Please provide your Doctor/Nurse/Clinician’s Report at time of application.**

**To enable staff to establish how the above should be prioritised we may need to contact your Social Worker or other contact/agency who can provide supportive evidence. Please give name and address of the best person to contact:**

**Do you need to move to Parkhead to provide or receive support?**

Yes  No

**If yes, who is the person in need of support, or, what support can you provide.**

.....  
.....  
.....  
.....



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

YES  NO

If yes, what is their relationship to you? .....

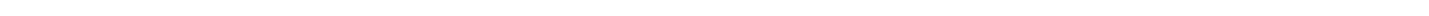
What is their name and address?



**Do you have any other family connections in the area?**

YES  NO

If YES, please give name, address and relationship to you: .....



How do you think a move to Retirement Housing would be beneficial for you?

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**DECLARATION CON'T**

Finally, please read carefully the declaration below.

**I/We understand that the information contained in this Application Form will be stored in a computer system by Parkhead Housing Association. I/We give my/our consent to the processing of this personal data (including any sensitive personal data) in this Waiting List Application Form. I/We understand that, under the General Data Protection regulations, I/we have the right to examine this data and amend it if it is incorrect.**

**I hereby declare that the information which I have provided on this application for Housing is correct. I undertake to advise Parkhead Housing Association Limited of any changes in the circumstances of myself or my household which may affect my application. I understand that if I knowingly or recklessly make any false or misleading statement or withhold any relevant information which induces the Association to grant a tenancy to me then the Association may recover possession of that tenancy.**

**I authorise my current or any previous landlord to provide information to Parkhead Housing Association Ltd relating to the conduct of any tenancy held by me.**

Signed (applicant)	
Signed (Joint Applicant)	
Date	