

Parkhead Housing Association Ltd
40 Helenvale Street, Parkhead,
Glasgow, G31 4TF
Tel No: 0141 556 6226



Form Updated: Apr-2018

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)

OFFICIAL USE ONLY:	
App No:	
Date of App:	
Apt Size:	
Points:	
Tenure Type:	
Joint Tenant:	
App Rec'd by:	

Transfer Application Form

Section A TENANT DETAILS

Name _____

Address and Flat Position _____

Postcode: _____

Home Tel. _____ Work Tel. _____

Email Address: _____

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 ✓	
	SELF		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"/>

PREFERENCES

SIZE OF HOUSE REQUIRED

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 Third Floor Flat
 Ground Floor Flat Fourth Floor Flat
 First Floor Flat House
 Second Floor Flat

***Please note that you will only be considered for those house types ticked.**

PREFERENCES (cont)..

Do you require any of the following adapted accommodation? Please tick

Ambulant Disabled Housing Housing Suitable for Wheelchair use

Other (Please state) _____

Would you like to be considered for a Mutual Exchange? Yes No

CURRENT ACCOMMODATION

Does your current accommodation lack any of the following?

	Yes	No
Natural ventilation in your kitchen (i.e. a window)	<input type="checkbox"/>	<input type="checkbox"/>
A separate kitchen (i.e. not part of your living room)	<input type="checkbox"/>	<input type="checkbox"/>

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?

Please give any additional information which you feel should be taken into account when assessing your application

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Please tick (✓) which streets you would consider

Newbuild Properties (Flats and Houses built by PHA)		Other Properties (Rehabilitate Flats & Properties built by Scottish Homes)	
BELVIDERE		BEATTOCK STREET	
BURGHER STREET		BURGHER STREET	
CAROLINE STREET		CAROLINE STREET	
CRAIL STREET		CRAIL STREET	
CUTHELTON STREET		CUTHELTON DRIVE	
DALTON STREET/COURT		CUTHELTON STREET	
DUKE STREET		CUTHELTON TERRACE	
EAST WELLINGTON STREET		DECHMONT STREET	
EDENWOOD STREET		DUKE STREET	
GLENSHEE COURT		GALLOWGATE	
GLENSHEE STREET		GRIER PATH	
GLENISLA STREET		HELENVALE COURT	
HART STREET		LONDON ROAD	
HELENVALE STREET		POWFOOT STREET	
METHVEN STREET		SILVERDALE STREET	
NEWBANK COURT		SORBY STREET	
NEWBANK GARDENS		SOUTHBANK STREET	
NEWBANK ROAD		SPRINGFIELD ROAD	
NISBET STREET		THORNHILL PATH	
OGILVIE STREET		TOLLCROSS ROAD	
PITCAIRN STREET		16-176 WESTMUIR STREET	
QUARRYKNOWE STREET		300-392 WESTMUIR STREET	
SALAMANCA STREET		WHITBY STREET	
SORBY STREET		WILLIAMSON STREET	
SPRINGFIELD ROAD			
ST MICHAEL'S COURT			
TOLLCROSS ROAD			
WESTMUIR STREET			
WINNING ROW			

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"/>
White English	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>
White Northern Irish	<input type="checkbox"/>
White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>
Any mixed Background Asian, Asian Scottish or Asian British	<input type="checkbox"/>

**Please tick ✓
the appropriate box**

Pakistani	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other Asian background Black, Black Scottish or Black British	<input type="checkbox"/>
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Black	<input type="checkbox"/>
Other Black background 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 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 OR ask for a Medical Self Assessment Form at PHA Reception.**

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

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 :

DECLARATION

Please give any additional information which you feel should be taken into account when assessing your application

We realise that this application form is long and goes into some detail. All information given to us will be treated in confidence. If you have any difficulty in filling in this form then our Customer Services staff will help.

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 Transfer 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.

I understand that Parkhead Housing Association will register me with Homeswapper (www.housinghub.co.uk) the online mutual exchange scheme that the Association is subscribed to.

Signed (applicant)

Signed (Joint Applicant)

Date

**TRANSFER APPLICATION
INTERNAL USE ONLY**

REVIEW DATE: _____

APPLICATION NO: _____

Date of Processing

Processed by

Checked by

Points Total

PHA Tenant: Yes No

On Particulars Yes No

Points

Date of Entry	<input type="text"/>	Rehab & S.Homes/Newbuild	<input type="text"/>
No of Double Bedrooms	<input type="text"/>	Overcrowding	<input type="text"/>
No of Single Bedrooms	<input type="text"/>	Under Occupation	<input type="text"/>
Amenities	<input type="text"/>	Separate/Ventilation	<input type="text"/>
Medical – Mobility or Mental Health	<input type="text"/>	Medical Points	<input type="text"/>
Custody of Children	<input type="text"/>	Proof provided	<input type="text"/>
Harassment Evidence	<input type="text"/>	Harassment Points	<input type="text"/>
Social Evidence	<input type="text"/>	Social Points	<input type="text"/>

Total

Medical – Proof seen and approved by:
