



Dalmuir Park Housing Association

HOUSING APPLICATION FORM

Dalmuir Park Housing Association
Beardmore House
631 Dumbarton Road
Dalmuir
Clydebank
G81 4EU

Tel: 0141 952 2447

Website: www.dpha.org

Email: admin@dpha.org.uk



Guidance Notes

1. COMPLETING YOUR APPLICATION

- Please complete this form in ink using capital letters.
- Where a yes/no answer is required, please put a cross in the appropriate box.
- Please read the questions carefully and answer all the questions that apply to you.

If you do not fill in the form properly or give us all the information we need, we will need to return it to you and this will delay your application.

2. KEEPING YOU INFORMED

Once you are on the housing list we will write to or email you to give you a reference number and a note of your points total which reflects our assessment of your housing need.

3. KEEPING US INFORMED

Please keep us informed of any changes in your circumstances (such as a change of address or additions to your household) as this may affect the amount of points you will be awarded.

4. ANOTHER OPTION

The Association has a Nominations Agreement with West Dunbartonshire Council which means that some of our vacant properties are offered to applicants on their housing waiting list. It is recommended that you also apply to West Dunbartonshire Council if you have not already done so.

5. CATERING FOR DIFFERENT NEEDS

We are committed to equality and diversity and valuing people's differences. We aim to provide a quality, consistent level of service to all of our customers. We are happy to make any of our information available in other formats and languages. If you need this information in Braille, on audio tape, in large print or in a different language please let us know. We will also be happy to arrange a sign or language interpreter on request. If you need any more advice or assistance our staff will be happy to help.

HOUSING APPLICATION FORM

Applicant

Title
(Miss/Mr/Mrs/Ms): _____

Surname: _____

First Name: _____

Joint Applicant

Title
(Miss/Mr/Mrs/Ms): _____

Surname: _____

First Name: _____

Please provide, if applicable:

Please tick box if provided

Proof of pregnancy – if you are pregnant we will require written confirmation and a copy of your expected delivery date	
Homeless – if you have been assessed by the local authority as homeless/ threatened with homelessness please provide a copy of your letter issued	

If you cannot provide a copy of the above we will be happy to photocopy your original in our office.

For Office Use Only

Received:	Req. Apt Size:	Ref:		
Pointed By:	Tenancy Ref:	Housing Options	Points	
Date				
Checked By:	Y / N	Y / N	Category	Points
Date:				
Notes:				
			Total	

Offer 1	Date	Offer 2	Date
Ref:		Ref:	
HO:		HO:	
HM:		HM:	
Date approved:		Date approved:	
Offer 3	Date	Offer 4	Date
Ref:		Ref:	
HO:		HO:	
HM:		HM:	
Date approved:		Date approved:	

SECTION 1 – INFORMATION ABOUT YOU

Applicant

Joint Applicant

Title
(Miss/Mr/Mrs/Ms): _____

Title
(Miss/Mr/Mrs/Ms): _____

Surname: _____

Surname: _____

First Name: _____

First Name: _____

Address: _____

Address: _____

Flat position:
(e.g. Ground, 1/2) _____

Flat position:
(e.g. Ground, 1/2) _____

Type of property:
(e.g. house/flat) _____

Type of property:
(e.g. house/flat) _____

Town: _____

Town: _____

Post Code: _____

Post Code: _____

Telephone No: _____

Telephone No: _____

Email address: _____

Email address: _____

Date of Birth: _____

Date of Birth: _____

National Insurance
Number _____

National Insurance
Number _____

Relationship between 1st and 2nd applicants: _____
(e.g. siblings/spouse/partner)

If you do not want any mail sent to the above address, please tell us where you would like it sent:

Is any person included in this application related to any current or former member of Dalmuir Park Housing Association Management Committee or staff?

Yes No If yes, please provide details below

Name: _____ Position in DPHA: _____

Relationship to you: _____

SECTION 2 – YOUR HOUSING PREFERENCE

Please complete this section CAREFULLY.

It is difficult to estimate how long you will have to wait for an offer as this depends on the number of properties available and your own housing need.

We allocate all of our own properties with the exception of our two sheltered housing developments which require a housing application made to West Dunbartonshire Council who have 100% nomination rights to these properties. West Dunbartonshire Council will nominate applicants for these properties from their housing list.

These developments are located at:

- Nairn Street / Place
- Shaftesbury Street and Dumbarton Road

West Dunbartonshire Council can be contacted for an application on 01389 737000.

AREA

Please Indicate your preferences bearing in mind that the more selective you are with your choices, the longer it is likely to take to find a suitable property.

1. Location

Place an X in as many boxes as you like or I will consider any street

Adelaide Court	<input type="checkbox"/>	Dunn Street	<input type="checkbox"/>	Shaftesbury Street	<input type="checkbox"/>
Agamemnon Street	<input type="checkbox"/>	Iona Crescent	<input type="checkbox"/>	Stewart Street	<input type="checkbox"/>
Burns Street	<input type="checkbox"/>	Nairn Street/ Place	<input type="checkbox"/>	Swindon Street	<input type="checkbox"/>
Caledonia Street	<input type="checkbox"/>	Pattison Street	<input type="checkbox"/>	The Crescent	<input type="checkbox"/>
Dumbarton Road	<input type="checkbox"/>	Scott Street	<input type="checkbox"/>		

2. Acceptable floor levels

ANY FLOOR LEVEL GROUND FIRST SECOND THIRD

3. House Type

Would you consider a single person flat? YES NO

Would you consider furnished accommodation? YES NO

Do you consider yourself to be homeless? Yes No

If you answered 'yes' above please contact the Homeless Section at your local authority to be assessed.
If you have done so already please provide a copy of your letter with this application from.

SECTION 3 – CURRENT HOUSEHOLD DETAILS

Please detail everyone you currently reside with and who will be moving with you should you be offered accommodation. Begin with your own details.

Name	Sex (M/F)	Date of Birth	Relationship to Applicant	Will they be moving with you (Y/N)
			Applicant	

If you have children included above, do they live with you full time? Yes No

If no, how often do they stay? _____ (Please provide proof)

If any member of your household is expecting a baby, please tell us:

Who is pregnant? _____

When is the baby due? _____
(Please provide confirmation of this)

Do you have any pets? Yes No

If yes, please provide details: _____

YOUR ELIGIBILITY FOR HOUSING

If you or any joint applicant have come to the UK from abroad we are required, under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, to establish the following:

Are you or any members of your household subject to immigration control? Yes No

Are there conditions or limits to the leave to remain in the UK? Yes No

If yes, please provide details: _____

PREVIOUS CONDUCT

Have you or any members of your household, including, visitors, been subject to any court action relating to anti-social behaviour at your current or previous address?

Yes No

If yes, please give details: _____

**POLICE REGISTRATION
Sex Offenders Act 1997**

Are you or is anyone else included in this application required to register with the Police under the Sex Offenders Act 1997?

Yes No

If yes please supply the full name(s) of the person(s): _____

SECTION 4 – DETAILS OF PRESENT ACCOMMODATION

Please indicate the size of your present accommodation:

Tenure	1 bed	2 bed	3 bed	4 bed	5 bed
Renting from Council					
Renting from Housing Association					
Renting Privately					
Own Property					
Living with family/friends					
Other (e.g. bedsit, temporary homeless accommodation)					

If you are a tenant, please tell us the name and address of your landlord:

Does your accommodation have the following available for your use?

Inside toilet Yes No

Shower or Bath Yes No

Hot water Yes No

Kitchen Facilities Yes No

SECTION 5 – PREVIOUS ACCOMMODATION

Please give details of your previous accommodation for the **last 5 years**, starting with the most recent:

MAIN APPLICANT – PREVIOUS ACCOMODATION HISTORY

Property Address _____

Tenure Type (please select)
Tenant Owner Lodger Family/ Friends Others

From _____ To _____

If you were a tenant, name and address of your landlord

Name: _____
Address: _____
Reason for leaving: _____

Property Address _____

Tenure Type (please select)
Tenant Owner Lodger Family/ Friends Others

From _____ To _____

If you were a tenant, name and address of your landlord

Name: _____
Address: _____
Reason for leaving: _____

Property Address _____

Tenure Type (please select)
Tenant Owner Lodger Family/ Friends Others

From _____ To _____

If you were a tenant, name and address of your landlord

Name: _____
Address: _____
Reason for leaving: _____

JOINT APPLICANT – PREVIOUS ACCOMODATION HISTORY

Property Address _____

Tenure Type (please select)

Tenant Owner Lodger Family/ Friends Others

From _____ To _____

If you were a tenant, name and address of your landlord

Name: _____

Address: _____

Reason for leaving: _____

Property Address _____

Tenure Type (please select)

Tenant Owner Lodger Family/ Friends Others

From _____ To _____

If you were a tenant, name and address of your landlord

Name: _____

Address: _____

Reason for leaving: _____

Property Address _____

Tenure Type (please select)

Tenant Owner Lodger Family/ Friends Others

From _____ To _____

If you were a tenant, name and address of your landlord

Name: _____

Address: _____

Reason for leaving: _____

If required, please use the additional information sheet on page 10 to complete the accommodation history for the last **5 years** for each applicant.

SECTION 6 – HEALTH & DISABILITY

Do you, or does anyone that is to be rehoused with you consider themselves disabled?

Yes No

If yes, provide details:

Please state if you have any other needs in relation to the type of property you require. If you, or anyone in your household, has a longstanding and serious medical condition which is being made worse by your housing situation please complete the Medical Assessment questions below.

Which member(s) of your household is (are) affected?

What is the particular health/medical condition?

How is your present home unsuitable?

SECTION 7 – OTHER RELEVANT DETAILS

If there is anything else you think we should know regarding your application or if you need more space for your answers to previous questions, please use this space.

SECTION 8 - EQUAL OPPORTUNITIES

White		Asian		Black		Other ethnic background					
	App. 1	App. 2.		App. 1	App. 2.		App. 1	App. 2.			
Scottish	<input type="checkbox"/>	<input type="checkbox"/>	Asian/ Asian Scottish/ Asian British	<input type="checkbox"/>	<input type="checkbox"/>	Black/ Black Scottish/ Black British	<input type="checkbox"/>	<input type="checkbox"/>	Arab/ Arab Scottish/ Arab British	<input type="checkbox"/>	<input type="checkbox"/>
Other British	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Any other group	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	African	<input type="checkbox"/>	<input type="checkbox"/>			
Gypsy/ Traveller	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	<input type="checkbox"/>			
Polish	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>						
Any other White Background	<input type="checkbox"/>	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>						

Please select ethnic origin for each applicant.

SECTION 9 – DECLARATION

I/we declare that to the best of my knowledge and belief, all of the information given by me within this application is true. I/we agree to notify you in writing of any change to the information given by me as this may affect my position on the housing list.

I/we understand that any false or misleading information given or relevant information withheld now or at any time may result in any tenancy granted being terminated or my application being cancelled or suspended.

I/we give permission for Dalmeir Park Housing Association to obtain any information they require from my/our current and previous landlord(s) or other agencies.

I/we understand that the information I have provided will be treated as confidential.

I/we understand that Dalmeir Park Housing Association will not discuss this information with any third party unless I/we have given written permission for them to do so.

If this is a joint application both applicants must sign.

Signature (First Applicant)

Signature (Joint Applicant)

Date: _____

Date: _____

Please tick this box if you would like a copy of our Allocations Policy posted out to you.

If you do not complete the form properly or give us all the information we need, we will need to return it to you and this may delay your application.

SECTION 10 – INCOME AND EXPENDITURE FORM

Name:

Address:

Please US

**Please delete as appropriate.*

Household Income	*Weekly/Fortnightly/ Four Weekly/Monthly	Household Expenditure	*Weekly/Fortnightly/ Four Weekly/Monthly
Wages	£	Rent	£
IS/JSA	£	Rent Arrears	£
ESA/Incapacity	£	Council Tax	£
State Pension	£	Gas	£
Child Benefit / CTC	£	Electric	£
DLA / AA / PIP	£	Telephone/Mobile	£
Tax Credits	£	TV Licence/Sky/Cable	£
Partner's Income	£	Housekeeping	£
Private Pension	£	Insurance	£
Other Income	£	Childcare	£
		CSA/Maintenance	£
		Transport Costs (car/public transport)	£
		Hire Purchase / Credit Cards	£
		Loans	£
		Social (entertainment / smoking etc)	£
		Other outgoings	£
Total Income	£	Total Expenditure	£
		Disposable Income	£

How many people rely on your income (e.g. spouse/partner/children)?

Please provide us with the name, address and date of birth for each person

I confirm this statement of my Income and Expenditure is true and correct on this date.

Signed _____

Date _____



Any applicant or tenant who feels aggrieved by their treatment under this Policy can ask for a copy of the Association's Complaints Policy which is available at the Association's office. The Complaints Policy details the way in which service users/ customers can complain and the timescales for responding.



Scottish Charity No. SCO 33471
Co-operative and Community
Benefit
Societies Act 2014 Reg. No 1917
R(S)
Scottish Housing Regulator No.
HAL 98
Scottish Property Factor No.
PF000397

