

CHARING CROSS HOUSING ASSOCIATION LTD

HOUSING APPLICATION FORM

FULL NAME: _____

ADDRESS: _____

_____ Postcode _____

CONTACTS: Home _____ Work _____

Mobile _____ Email _____

FOR OFFICE USE ONLY

Date Received			
HOUSING NEED CATEGORY	POINTS	Awarded by: (include Date)	POINTS
		Verified by: (include Date)	
Overcrowding		Social/Community/Family Support	
Overcrowding (Discretionary) Awarded by Housing Manager		Other (Question 6)	
		Other (Question 6)	
Under-occupation		Harassment	
Under-occupation (Discretionary) Awarded by Housing Manager		(Awarded by Housing Manager)	
Sharing Amenities		Special Circumstance (Awarded by Management Committee)	
Multiple Occupation/Extended Family /Hostel Dweller		Condition of Property:	
Lacking Amenities		(i) Below tolerable standard (written proof required from the local authority)	
Insecurity of Tenure		(ii) Severe state of disrepair	
Medical:		(iii) Severe dampness/rain penetration	
(i) Very severe mobility		(iv) Slight dampness	
(ii) Considerable difficulty		(v) Infestation	
(iii) Acute Medical Condition		(vi) Inadequate ventilation	
(iv) Medical condition affected by housing conditions to some degree			
NUMBER OF BEDROOMS REQUIRED		TOTAL NUMBER OF POINTS AWARDED	

CHARING CROSS HOUSING ASSOCIATION LTD
31 ASHLEY STREET
GLASGOW
G3 6DR

Tel: 0141 333 0404
Fax: 0141 331 2739
email: cxha@cxha.org.uk
Web: www.cxha.org.uk



**Housing
Options**

3 PRESENT ACCOMMODATION

(a) How many bedrooms are there in the house you live in?

Please state number:

(b) How many bedrooms **do you and the people moving with you** have use of within the house?

Please state number:

(c) Does your accommodation provide the following?

Living room	YES/NO	Kitchen or proper kitchen area	YES/NO
Inside WC	YES/NO	Hot water supply	YES/NO
		Bath or shower	YES/NO

(d) Do you share any of the following rooms or amenities with people who are not applying to be rehoused with you (i.e. those listed in Question 2 and ticked NO for not moving)?

Living room	YES/NO
Bathroom	YES/NO
Kitchen	YES/NO

(e) Has your property been declared unfit, Below Tolerable Standard or dangerous by the Local Authority or is it due to be demolished by your landlord?

YES/NO

If **YES**, please provide written confirmation from your Local Authority/landlord.

(f) Is your house in a severe state of disrepair? YES/NO

(g) Is there evidence of severe dampness or rain penetration? YES/NO

(h) Is there evidence of slight dampness? YES/NO

(i) Is there evidence of infestation? YES/NO

(j) Do you have **inadequate** ventilation in your home? YES/NO

If you have answered **YES** to any of the above, please provide details of all that is wrong.

(k) What type of heating do you have (e.g Gas Central Heating, Electric Storage, etc)?

(l) Do you have access to your own cooking facilities? YES/NO

(m) Do you have a kitchen, which is separate from your living/sleeping area? YES/NO

4 TENURE

Current

(a) When did you move into your present address? _____

(b) Are you homeless? YES/NO

Have you been given notice to leave? YES/NO

If **YES**, please state the reasons why and when you must leave, and whether notice was verbal or written. If notice to leave was written, please enclose a copy.

Have you applied to Glasgow City Council to register as a homeless person? YES/NO

If **YES**, which office are you registered with and who is your caseworker if you know this?

(c) Are you living care of family or friends? YES/NO

(d) Are you the tenant of a private landlord? YES/NO

Who is your landlord? (e.g. Housing Association, Private Landlord, Local Authority)

Name _____

Address _____

(e) Do you own your own house?

YES/NO

If **YES**, please confirm the full postal address

Previous Addresses

Please list all of you and your partner's previous addresses in the last three years.

	Address	Tenant, Lodger, Tied or Owner	Date and Reason for Leaving	Name of Landlord
Applicant				
Partner				

5 MEDICAL PRIORITY – FOR YOU AND THOSE MOVING WITH YOU

Do you or any member of your family moving with you suffer from any medical condition or have a disability, which makes the house you are living in unsuitable?

YES/NO

If **YES**, please describe below in your own words:

6 DO YOU HAVE A REQUIREMENT TO LIVE IN THE WOODLANDS OR GARNETHILL AREA(S)? THIS MAY BE TO:

- Provide or receive support from a relative or someone within the area
- Continue to reside/remain within the community
- Alleviate social, cultural or religious isolation

If **YES**, please provide details of the name and address in the spaces below and expand on what your need is.

Their name (If receiving or providing support)	
Their Address (If receiving or providing support)	
Details of the support received or provided	
Continue to reside/remain?	
Social/Cultural/Religious Isolation?	

7 DO YOU NEED SHELTERED HOUSING?

The Association owns 57 sheltered housing flats across three developments. All of our developments have lifts and all of our 57 flats have one bedroom.

Our sheltered housing is aimed at older people who are normally 60 years of age or over and would benefit from the housing support service provided by our wardens.

Do you have a need?

YES/NO

If **YES**, please select your choice of development.

110 Park Road 45 Arlington Street 203 Pitt Street No preference

Please note:

- Once your form has been registered we will send you our "Sheltered Housing Introductory Information Pack" and this pack will tell you all about our service.
- If you have applied for sheltered housing then you do not need to complete questions 9 and 10 on pages 8 and 9.

8 IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO TELL US ABOUT YOUR CURRENT HOUSING SITUATION THAT WE NEED TO KNOW ABOUT?

Please provide details

9 FLOOR LEVEL PREFERENCE

- (a) Floor level:
- | | | | |
|-----------------------|--------------------------|--------------|--------------------------|
| Basement | <input type="checkbox"/> | Ground floor | <input type="checkbox"/> |
| First floor | <input type="checkbox"/> | Second floor | <input type="checkbox"/> |
| Third floor and above | <input type="checkbox"/> | | |

Would you consider a one apartment studio flat?

YES/NO

***PLEASE NOTE THAT YOU WILL ONLY BE CONSIDERED FOR THE FLOORS YOU SPECIFY.**

(b) ACCEPTABLE PROPERTY TYPES CONSIDERED FOR 1-2 APT HOUSING LIST

Only to be completed by applicants who require a 1-2 apt property.

The Association has 4 types of 1-2 apt property. Please indicate your preferences by ticking the boxes below:

- Combined livingroom and bedroom
- Recess (Livingroom with kitchen recess, separate bedroom and separate bathroom)
- Flat (Rooms are all separate)
- Studio (Livingroom, kitchen and bedroom combined and separate bathroom)

10 AREA AND STREET PREFERENCES**Area**

The Association owns properties in Woodlands and Garnethill. Could you please indicate your preference by ticking one of the boxes below.

Woodlands Garnethill No preference

Streets

We have supplied details of our streets below. If there are any streets within Charing Cross that you would **NOT** move to, please indicate by ticking the corresponding box.

Woodlands Area

Arlington Place

Arlington Street

Ashley Street

Baliol Street

Carnarvon Street

Carrington Street

Dunearn Street

Eldon Street

Great Western Road

Melrose Street

Park Road

St Georges Road

South Woodside Road

West End Park Street

West Princes Street

Willowbank Crescent

Willowbank Street

Woodlands Road

Garnethill Area

Buccleuch Street

Dalhousie Street

Garnet Street

Garnethill Street

Hill Street

Pitt Street (sheltered only)

Renfrew Street

Rose Street

Sauchiehall Street

11 PERSONAL CONNECTION

The law relating to Housing Associations has certain guidelines in relation to housing staff members, committee members and/or their relatives.

Are you or is anyone included in your application related to any member of staff or committee member of Charing Cross Housing Association?

YES/NO If **YES**, please state their name, your relationship to them and their address:

Their name	
Their relationship to you	
Their address	

12 DECLARATION

I/we hereby certify that the information I/we have given in this application form is correct and complete, and I/we consent to Charing Cross Housing Association making such enquiries as may be necessary in confirmation.

I/we understand that any false or misleading information, or information deliberately withheld, may result in the cancellation of my/our application, or in the Association seeking possession of any tenancy that may have been granted to me/us.

I/we understand to give immediate notification of any change in my/our circumstances.

Signature of applicant(s):

Date _____

WHERE A JOINT OR MULTIPLE TENANCY IS APPLIED FOR, ALL APPLICANTS SHOULD SIGN.

13 EQUAL OPPORTUNITIES

Under the Equality Act 2010, we must not discriminate against anybody because of their religion and belief when we provide services. To make sure we offer the same services and opportunities to all customers, no matter what their ethnic or racial background, faith or religion, we have included the following questions as part of our equal opportunities monitoring form. You do not have to fill in this form. If you do we will keep your information confidential and use it to create statistics only. It will not affect your application. Any personal details you provide will only be used to maintain your application and will not be used for any other purpose.

1. Please tick one of the ethnic groups shown to tell us your ethnic background:

1	White: Scottish	<input type="checkbox"/>
2	Other British	<input type="checkbox"/>
3	Irish	<input type="checkbox"/>
4	Other white ethnic group	<input type="checkbox"/>
5	African, African Scottish or African British	<input type="checkbox"/>
6	Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>
7	Other Caribbean or Black	<input type="checkbox"/>
8	Indian, Indian Scottish or Indian British	<input type="checkbox"/>
9	Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>
10	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/>
11	Chinese, Chinese Scottish or Chinese British	<input type="checkbox"/>
12	Other Asian, Asian Scottish or Asian British	<input type="checkbox"/>
13	Mixed or multiple ethnic group	<input type="checkbox"/>
14	Other ethnic group	<input type="checkbox"/>
15	Not Known	<input type="checkbox"/>
16	Refused	<input type="checkbox"/>
17	Gypsy/Traveller	<input type="checkbox"/>
18	Polish	<input type="checkbox"/>
19	Other African	<input type="checkbox"/>
20	Black, Black Scottish or Black British	<input type="checkbox"/>

2. **What is your nationality (please specify)**

3. **Disability**

We wish to monitor applications from disabled persons. Under the terms of The Equalities Act 2010, disability is defined as:

A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on the individual's ability to carry out normal day-to-day activities.

If you consider yourself or any member of your family or person moving with you as having a disability, please specify the disability/disabilities in the box below:

Thank you for taking the time to complete this form.

You will receive a written reply to the address you supplied us with on the front page.