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Housing Application

Please:

- a) Fill in this application form carefully. All the information you give us on this form will be used to assess your housing needs points as defined in our Allocation Policy.
- b) Provide proof of identity for all members of your household – birth certificate, passport or photographic driving licence accepted.
- c) Provide proof of residence for everyone named on your application – letter from official agency or bank accepted (must be dated within last 3 months)

It will delay your application if you do not provide the information we need to assess your application.

**WE WILL MAKE ALL OFFERS OF HOUSING BY TELEPHONE, PLEASE LET US KNOW IF YOUR NUMBER CHANGES.
(If you fail to provide an up to date telephone number you may miss out on offers).**

Office Use only:

Application Ref:	
Date received:	
Entered on Database:	
Points Awarded:	

1. Your Details:

Title: [Mr, Ms, Mrs, Miss etc]	
First name:	
Surname:	
Date of Birth:	
National Insurance No:	
Marital / Civil Partnership Status	
Contact Telephone No:	
Mobile Telephone No:	
Email address	

2. Where you Live:

Full Address:	
Post Code:	
Landlord or Owner's Name:	
Landlord or Owner's Address:	
No of bedrooms:	
Floor level:	
When did you move here:	

3. List everyone who lives with you.

Note:

- We need proof of residence for everyone living in the property.
- Proof of residence must be an official document with the name and address for all members of your household listed in question 2 above.
- If you are seeking housing for dependent children, provide confirmation that they live with you, for example, by providing proof that you receive child benefit for the children.

Person 1:

Full Name:	
Date of Birth:	
Gender (Male/Female)	
National Insurance Number:	
Relationship to you:	
How long have they stayed here?	
Will this person be moving with you?	

Person 2:

Full Name:	
Date of Birth:	
Gender (Male/Female)	
National Insurance Number:	
Relationship to you:	
How long have they stayed here?	
Will this person be moving with you?	

Person 3:

Full Name:	
Date of Birth:	
Gender (Male/Female)	
National Insurance Number:	
Relationship to you:	
How long have they stayed here?	
Will this person be moving with you?	

Person 4:

Full Name:	
Date of Birth:	
Gender (Male/Female)	
National Insurance Number:	
Relationship to you:	
How long have they stayed here?	
Will this person be moving with you?	

Person 5.

Full Name:	
Date of Birth:	
Gender (Male/Female)	
National Insurance Number:	
Relationship to you:	
How long have they stayed here?	
Will this person be moving with you?	

Please add additional names on a separate piece of paper

4. Is there anyone else who DOESN'T live with you BUT who will be re-housed with you?

Note:

- This may include children who do not stay with you all the time.
- This may also include overnight carer (must qualify for DLA, PIP or Attendance allowance)
- You will be required to provide written evidence to support any access arrangement you may have.

Person 1:

Name:	
Current Address:	
Date of Birth:	
Gender (Male/Female):	
Relationship to you:	
Reason they don't live with you:	

Person 2:

Name:	
Current Address:	
Date of Birth:	
Gender (Male/Female):	
Relationship to you:	
Reason they don't live with you:	

Continue on a separate piece of paper for additional people.

Do you need an extra bedroom for overnight carer	YES/NO
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If YES please provide evidence of award letter of DLA, PIP or Attendance allowance.

If you have any Pets, please tell us what type	
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How many Bedrooms are there in your present home?	
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Are you actively involved in the community, e.g do you volunteer for any community organisations that benefit the area where you live? (If so provide details here)	
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5. Accommodation History: where have you lived before?

Note:

- Please list your addresses for the last 5 years, begin with the most recent first and continue on a separate sheet if necessary.

Address 1

Where were you before your current home?

Full Address	
Postcode	
Were you a tenant, Owner, Lodger?	
Landlord or Owner's Name & Address	
Date you moved here:	
Date left here:	
Reason for leaving:	

Address 2

Where were you before this address?

Full Address	
Postcode	
Were you a tenant, Owner, Lodger?	
Landlord or Owner's Name & Address	
Date you moved here:	
Date left here:	
Reason for leaving:	

Address 3

Where were you before this address?

Full Address	
Postcode	
Were you a tenant, Owner, Lodger?	
Landlord or Owner's Name & Address	
Date you moved here:	
Date left here:	
Reason for leaving:	

- Have you ever held a Hawthorn Housing Co-op tenancy?

Full Address	
From:	
To:	

Do you or the joint applicant have current or former rent arrears/rechargeable repairs?	Yes/No
If yes, please give the name of the landlord:	
Who was the tenant of the house when the arrears or repairs related debt accumulated?	
Are the rent arrears due to HB related problems?	Yes/No
Have you reached an agreement with your landlord to pay the arrears or repairs related debt?	Yes/No
How much do you pay each week or month to the arrears?	£
Have you maintained this arrangement for 3 months?	Yes/No
If yes please provide proof of this	

Has anyone ever taken action against you or anyone on your application, for anti-social behaviour	YES/NO
If yes, was court action taken	YES/NO
Has an Anti-social Behaviour Order been granted against you or anyone on your application?	YES/NO
If yes, please give full name of person	

6. Your Current Housing Circumstances:

Note:

- Please provide proof of your current circumstances
- E.g. copy of your tenancy or occupancy agreement that you have with your landlord.

Are you currently a Hawthorn Housing Co-op tenant	YES/NO
If yes, do you have a garden	YES/NO
If Yes, is the garden at the	Front/Back/Both
If No, would you like a garden	YES/NO

At your present address are you a:

Council tenant	
Housing Association tenant	
Sharing Owner	
Lodger	
In supported accommodation	
Tenant of private landlord	
In Homeless accommodation	
In housing tied employment	
Staying with family or friends [care of]	
Owner-occupier	
In prison	
No Fixed Address	
Notice to Quit by my landlord has been served	
Home owner but now facing repossession	
Mobile Home (Caravan or boat) and have no permission to place it and to reside it.	
Mobile Home (Caravan or boat) but my health is endangered due to overcrowding	
Other, please give details	

Please name everyone who sleeps in each room of your present home, regardless, of whether they intend to move with you or not.

Room	Name and date of birth of who sleeps here
Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	
Living Room	

7. Current Property Condition:

Please tick if your current property meets the following criteria: A relevant notice from your local authority will be required as proof.

Facilities and Problems	Yes	No	Shared
Structural problems			
Extensive dampness/water penetration			
Severe condensation in 2 or more rooms			
Single glazing			
Closing Order served on property			
Cold water supply			
Hot water supply			
Cooking Facilities			

Inside toilet			
Bathroom			
Shower room			
Kitchen			
Separate living room			

8. Why do you wish to be re-housed?

Note:

- We will accept you are homeless if you provide a letter from your local council stating that you have been accepted as a homeless person whether in priority need or not, or if you are staying in temporary accommodation or with family or friends.

Please tick (✓) all the reasons that apply

Overcrowding		Relationship breakdown	
Under occupied		Health/Disability	
Harassment		To live independently	
For employment/study		Poor Property Conditions	
Currently Homeless		Poor Property Conditions	
About to be made Homeless		To give/receive support	
Domestic abuse		Other	

Please briefly explain your reasons for wishing to be re-housed

Are you homeless?	Yes /No
Have you been asked to leave your present accommodation?	Yes /No
Have you been given written notice to leave?	Yes /No
If yes, please provide a copy of your tenancy agreement or the notice to quit.	
Has a court order for possession been granted	
If yes, please provide a copy of the order.	
Are you experiencing any violence, harassment or threats of violence or harassment in your home or having a dispute with neighbours?	YES/NO
Have you reported this to the police, your landlord or any other agency?	YES/NO
If so, please provide details	
Please tell us briefly about the type of dispute, violence, harassment or threats you have experienced. Continue on a separate sheet if necessary	

9. CARE AND SUPPORT, YOU AND YOUR HEALTH

Note:

Health points can be awarded where the impact is on your physical or mental health **and how you feel your current health circumstances could be improved by moving to another property**

- Please ensure that you fill in the medical self-assessment form on page 11 if you want to be considered for medical points. You may also be asked to provide additional written evidence from your GP, Consultant, and Social Worker etc.**

Do you or any member of your household consider themselves to be disabled?		YES/NO
Do you, or any member of your household, have any health/disability reasons for wishing to be re-housed?		YES/NO
If you want to move to provide or receive support, please give details		
Are you seeking re-housing in order to provide/Receive support from relative/friend/care agency		YES/NO
If yes, please state name and address of relative/friend/care agency.		
Please give a brief description of the nature of support you receive/provide		

10. Other Information

Note:

- We will need proof from NASS or a Home Office letter.**
- Related includes wife, husband, partners who live together, parents, child, stepchild, grandchild, brother or sister. Common law relationships should be included.**

Are you or is any member of your household an asylum seeker, or do immigration controls apply to anyone in your household?		YES/NO
If so, who?		
Please give their Home Office reference Number		

Have you, or anyone moving in with you, ever been convicted of Drug Dealing	YES/NO
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If YES please provide details below – *It is important you confirm where and when the conviction/s took place*

Offence	Where	Date

Are you, or anyone moving in with you, required to register with the Police under the terms of the Sex Offenders Act 1997?	YES/NO
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If YES please provide details below

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Are you or is anyone you wish to be re-housed with related to anyone who is, or has been in the last 12 months, a member of the management committee or staff of Hawthorn Housing Co-operative? This information will not affect your application in any way, but is required to comply with the provisions of the Housing (Scotland) Act 2001.	YES/NO
Name of Committee member or employee, former Committee Member/ former employee	
Their relationship to you	

Do you or any member of your household have/ or require a support package to help sustain a tenancy?	YES/NO
Please provide details of any support package received	

11. CHOICE OF PROPERTY TYPES

PLEASE ✓ THE BOXES BELOW TO LET US KNOW THE PROPERTY TYPES THAT YOU WANT TO BE CONSIDERED FOR?

Upper Flat	
Ground Flat	
Front and back door House	
Wheelchair accessible House or Flat	

Our Policy allows you to under-occupy by one bedroom:

Do you wish to be considered for a house larger than your needs? If so how many bedrooms do you wish to apply for?

One Bed ☐ Two Bed ☐ Three Bed ☐ Four Bed ☐

Please note that if you move into a property larger than you require you will be responsible for paying the shortfall for the Under-occupancy charge. (You may be eligible for Discretionary Housing Payment to cover this shortfall)

THANK YOU FOR COMPLETING THIS APPLICATION

Please check that you have answered all the questions which apply to you and have attached COPIES of all the papers we need to see, do not send original documents. Now please read and sign the declaration overleaf:

12. DECLARATION BY APPLICANT

Hawthorn Housing Co-operative is registered under the Data Protection Act 2018 and is duty bound to comply with the conditions set out in this Act.

I/we give our consent to processing of personal data, including sensitive personal data, in this application form. The Co-operative will process the information contained in this application form and any other relevant information it obtains in connection with the application in a number of ways. They will process the information for the purposes of your application for housing. They may also use this information to provide statistical data to their Management Committee, the Scottish Housing Regulator and other interested parties. In addition, if you are successful in obtaining accommodation the Co-operative will use the information as history notes.

I/we understand that, under the Data Protection Act 2018. I/we have the right to examine this data, and request amendments if it is not correct.

By signing this application form I give consent to Hawthorn Housing Co-operative to process the information in the above way.

I/We understand that to the best of my knowledge the details I have given on this application form are true and correct and that I will tell you about any changes in my circumstances.

I/we declare that the particulars given in this Application Form and the Medical Self Assessment Form are true. If the information is found to be false or misleading or if relevant information is withheld, I understand that my application will be suspended. If a tenancy has been offered as a result of false information in a housing application, I understand that the Co-operative may begin legal action to end that tenancy.

I understand and agree to the conditions noted in the declaration.

Signatures (if more than one applicant then both applicants must sign):

Applicant: Date:

Joint Applicant: Date:



Section 7: Health Self-Assessment Form

Please complete this section of the application if you are requesting re-housing on health grounds. You should provide as much information as possible to help us to make a decision. The completion of this form does not guarantee that priority will be awarded.

Tenant/Householder Name		
Person Applying for Priority on Health Grounds		
Address		
Telephone Numbers		

Your Current home

Please tell us what type of property you live in	Upstairs flat/ Ground floor flat/Front and back door house/Bungalow/Multistorey	
Which floor do you live on		
How many steps are there to your front door?		
If you have internal stairs, please tell us how many.		
How many bedrooms are there in your home?		
What Type of Heating do you have	Gas/Electric/Solid fuel/other	
Is your house centrally heated	YES/NO	
Do you have a garden	YES/NO	
Do you have your own transport		

How a Move would help your health

Health points can be awarded where the impact is on the applicant's physical or mental health. Please use this space to tell us how your current health circumstances could be improved by moving to another property.

Please list your health conditions and how long you have had them:

Name of your condition	How long have you had it?

Please List all medication you are currently receiving (please copy name from the bottle or packaging)

Name of your Medicine	How often do you take it?

If you have a walking difficulty, please tell us why you need to stop? e.g. breathlessness	
How many steps can you climb?	
If you have any difficulty with stairs, please tell us why	
Why do you feel your present house unsuitable?	

What type of housing would overcome the problems you have with your current housing?

Do you require housing all on the one level?	YES/NO
If you have a medical need for an additional bedroom please explain why	

Do you receive Disability Living Allowance or, Personal-Independence Payment (PIP) ? If so, please tell us which rate you receive and provide a copy of the proof of the benefit awarded.

Mobility Component	Tick	Care Component	Tick
Low Rate		Low Rate	
High Rate		Middle Rate	
		High Rate	

Have you ever applied for Disability Living Allowance or Attendance Allowance? If so, please tell us when		
Do you receive Incapacity benefit?		
If so, Is it Short term or long term?		
Are you registered blind		YES/NO
Do you use any of the following?	Wheelchair/zimmer/Tripod/Walking stick	
Do you use this mobility aid	Inside / Outside your house	
	Always/Regularly/Occasionally	
Please give details of any adaptations carried out to your house		
Is your present house fitted with a Housing Alarm	YES/NO	

Hospital attendance

Have you been admitted to hospital in the past 12 months?	YES/NO
What was the date you were admitted	
How long did you stay in the hospital?	
Why did you have to go to hospital?	

Family Support

Do you receive family support?	YES/NO
If so, please provide details of support and your relationship to the person providing the support	
Please give us the name and address of your GP	
Please give us the name and address of any hospital specialist you attend	

GENERAL CONSENT

I accept that if Hawthorn Housing Co-operative staff need additional information to assess my eligibility for medical points or the level of medical points awarded that I will be responsible for obtaining the information required to from my GP/ Consultant and will meet the cost of any fee charged by the medical professional of providing information answering any questions the Co-operative staff have about my condition.

Signature: Date:

HAWTHORN HOUSING CO-OPERATIVE USE

Points Category	Points	Points Category	Points
Overcrowding [5-50]		No secure accom [15]	
Under occupation [5-50]		Private rented flat [5]	
Medical Emergency [12]		Insecure Accommodation [5]	
Medical Essential [6]		Living care -of [10]	
Medical - more than 1 person [3]		Property Condition – Serious Disrepair [8]	
Harassment (Emergency) [15]		Poor Property Condition eg Dampness/single glazing [4]	
Harassment (Social problems) [5]		Community Benefit [1]	
Lifestyle/neighbour dispute [2]		Release Medical Adapted Property HHC [55]	
Family Support given/provided [3]		Requires adaptation & house becomes available with adaptation in place HHC [30]	
		Do not have own garden – HHC	
		Tenancy points HHC [0-25]	
		Total	

Points Assessed by.....

Initial & Date

Points Verified by.....

Initial & Date

Input by:.....

Initial & Date

Action	Date	1 st Reminder	2 nd Reminder	Date Received
Points letter Issued				
Info required to confirm points				
1. Proof of residence				
2. Tenancy Reference				
3. Tenancy Agreement /NTQ				
4. Tied Accommodation Evidence				
5. Homeless confirmed				
6. Employment/Study				
Notes:				
Suspension				
Suspension Date				
Suspension Review Date				
Annual Review Date				
Non return review letter to cancel				
1 st Offer				
2nd Offer				