



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

Joint Applicant

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

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

Surname: _____

Surname: _____

First Name: _____

First Name: _____

Checklist:

Please provide all supporting information we ask for. We cannot process your application without it. Please note that we do not require the original copies so you can attach and send copies of relevant information or we can copy your original documents if you bring them to the office in person.

Please provide:

Please tick box if provided

Proof of identity – a photocopy of birth certificates, passports or driving licences for everyone who is moving with you.	
Proof that your children live with you permanently – proof that you are in receipt of child benefit or child tax credits. We require birth certificates for all children as well.	
Proof that you live at your stated current address – copy of a utility bill or Council Tax notice	
Proof of pregnancy – if you are pregnant we will require written confirmation and a copy of your expected delivery date	

For Office Use Only

Acknowledged:		Apt Size:		Category	Points	Offer 1
Reference:		Points:				Offer 2
Pointed By:		Checked By:				Offer 3
Total:						Offer 4

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 two developments which require a housing application made to West Dunbartonshire Council who can nominate an applicant from their list for a vacancy.

These developments include a mixture of sheltered and mainstream housing located at:

- Nairn Street / Place
- Shaftesbury Street and Dumbarton Road

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

If you consider yourself to be homeless or threatened with homelessness you should contact the Homeless Section at your local authority. The Association has an Agreement with West Dunbartonshire Council which means that referrals made by them are given priority for urgent rehousing.

Do you consider yourself to be homeless? Yes No

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

Are you or is anyone in your household registered as 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 – DATA PROTECTION

The information that you have provided is covered by the Data Protection Act 1988 and our policy confirms the following:

- *"DPHA is registered under the Data Protection Act (1998) with the office of the Information Commissioner. DPHA is the Data Controller for the purposes of the Data Protection Act.*
- *The information you provide will be treated in confidence and in compliance with the Act.*
- *We may pass the information to other agencies or organisations as allowed by the law and in accordance with our registration with the Information Commissioner.*
- *As the Data Subject you have the right to access the information we hold on you. If you wish to exercise this right please contact our office in writing or via email with the details of your request."*

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: _____

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.

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.



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



EQUAL OPPORTUNITIES MONITORING FORM

1. Gender? Female Male Transgender

2. Do you consider yourself to have a disability/additional needs? Yes No

If yes, please describe your disability/ additional needs (e.g. visual, speech, hearing). This will help us to meet your requirements.

Please indicate any individual special requirements/equipment required:

3. Ethnic Origin: Please choose ONE section from A to D, then tick the appropriate box to indicate your cultural background

- | A. White | B. Asian, Asian Scottish, Asian British | C. Black, Black Scottish, Black British | d. Other ethnic background |
|---|---|---|--|
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Asian, Asian Scottish, Asian British | <input type="checkbox"/> Black, Black Scottish, Black British | <input type="checkbox"/> Arab, Arab Scottish, Arab British |
| <input type="checkbox"/> Other British | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Any other group |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African | |
| <input type="checkbox"/> Gypsy/ Traveller | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Any other Black background | |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Chinese | | |
| <input type="checkbox"/> Any other White Background | <input type="checkbox"/> Any other Asian background | | |

4. Religion

I would describe my religious background/ belief as: _____

- I have no religious beliefs I prefer not to say

5. Sexual Orientation

- Bi-sexual Gay/ Lesbian Heterosexual Transsexual Prefer not to say

6. Age: Please indicate your age group

- 16-24 25-34 35-44 45-54 55 and over