



Housing Application Form



Ferguslie Park
Housing Association



www.fpha.org.uk



INSTRUCTIONS FOR COMPLETION OF THIS FORM

Please ensure you answer every question on this form that applies to you and your circumstances. You should provide evidence that you reside at the address you give on the form, this can be a bank/building society statement, or any type of utility bill.

If you have any children as part of your moving group, you will be asked to provide evidence that you have custody of them, for example proof of receipt of child benefit.

Please ensure you provide the full address and telephone number of your current and/or previous landlords for the Association to obtain a Tenancy Reference.

CHECKLIST

- Have you answered all the relevant questions?
- Have you included the following information (if applicable)?
- Proof of Residence
- Proof of receipt of Child Benefit
- Proof of Pregnancy
- Name, address and telephone number of current landlord **(Page 1)**
- Name, address and telephone number of previous landlord(s) **(Page 8)**
- Have you selected your property types? **(Page 12)**
- Have you signed the form? **(Page 13)**
- Tenancy Reference form completed **(Page 14)**

**Once complete,
please return this form to:**

**Ferguslie Park Housing Association
The Tannahill Centre
76 Blackstoun Road
Paisley
PA3 1NT**

**If you require any help with this form,
please call into the office at the above
address, or alternatively telephone
0141 887 4053,
or email admin@fpha.org.uk**

SECTION 1 – PERSONAL AND FAMILY DETAILS

Applicant's Details

| | | | |
|--|----------------------|-----------|----------------------|
| Title: Mr/Mrs/Miss | <input type="text"/> | Surname | <input type="text"/> |
| First & middle names | <input type="text"/> | | |
| Address you currently live at | <input type="text"/> | | |
| | | Post Code | <input type="text"/> |
| Telephone Number Home | <input type="text"/> | Work | <input type="text"/> |
| Email Address | <input type="text"/> | Mobile | <input type="text"/> |
| Correspondence address (if different from above) | <input type="text"/> | | |
| | | Post Code | <input type="text"/> |
| Current Landlord Address (if you are a tenant) | <input type="text"/> | | |
| Phone number | <input type="text"/> | | |



Housing Application form



Type of tenure (please tick)

Council Tenant Housing Association Private Tenant Owner Occupier
 Lodger Hostel Living with Friends/Family No Fixed Address

Are you subject to Immigration Control? Yes No

Do you have indefinite or exceptional permission to remain in the UK? Yes No

SECTION 1 – HOUSEHOLD COMPOSITION

To allow the Association to determine what size of accommodation you will need, please provide details of ALL members of your family and household who will be living with you in any property leased to you by the Association.

Please enter your own details in the first line.

Please indicate if you, or any member of your household is expecting a baby, by inserting 'Baby Expected' in the Name column and by inserting date of confinement in the Date of Birth column.

Please also indicate which member of the household is expecting the baby.

| Name | Date of Birth | Relationship | Current address, if different from applicants |
|------|---------------|--------------|---|
| | | Applicant | |
| | | | |
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Housing Application form



To allow the Association to determine whether you are currently overcrowded in your present accommodation, please list everyone else who CURRENTLY RESIDES with you at present but who will NOT be moving with you. Please state their relationship to you (e.g. mother, sister etc.)

| Name | Date of Birth | Relationship | Date resident from |
|------|---------------|--------------|--------------------|
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SECTION 1 – JOINT APPLICANT PERSONAL AND FAMILY DETAILS

Joint Applicants Details

Title: Mr/Mrs/Miss Surname

First & middle names

Permanent address

Post Code

Telephone Number Home Work

Email Address Mobile

Correspondence address (if different from above)

Post Code



Housing Application form



Current Landlord Address
(if you are a tenant)

Post Code

Phone Number

Type of tenure (please tick)

Council Tenant Housing Association Private Tenant Owner Occupier
 Lodger Hostel Living with Friends/Family No Fixed Address

Are you subject to Immigration Control? Yes No

Do you have indefinite or exceptional permission to remain in the UK? Yes No

SECTION 1 – JOINT APPLICANT HOUSEHOLD COMPOSITION

If you live at a different address than the applicant

To allow the Association to determine what size of accommodation you will need, please provide details of ALL members of your family and household who will be living with you in any property leased to you by the Association.

Please enter your own details in the first line.

Please indicate if you, or any member of your household is expecting a baby, by inserting 'Baby Expected' in the Name column and by inserting date of confinement in the Date of Birth column. Please also indicate which member of the household is expecting the baby.

| Name | Date of Birth | Relationship | Current address, if different from applicants |
|------|---------------|-----------------|---|
| | | Joint Applicant | |
| | | | |
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To allow the Association to determine whether you are currently overcrowded in your present accommodation, please list everyone else who CURRENTLY RESIDES with you at present but who will NOT be moving with you. Please state their relationship to you (e.g. mother, sister etc.)

| Name | Date of Birth | Relationship | Date resident from |
|------|---------------|--------------|--------------------|
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SECTION 1 – DECLARATION ABOUT ANTI-SOCIAL BEHAVIOUR AND CONFIDENTIAL DISCLOSURE

FAILURE TO COMPLETE THIS SECTION MAY PREVENT US FROM CONSIDERING YOUR APPLICATION FOR HOUSING. IF YOU ANSWER YES TO ANY OF THE QUESTIONS, PLEASE USE THE BOX AT THE BOTTOM OF THE PAGE TO PROVIDE FURTHER DETAILS INCLUDING ADDRESSES, DATES, LANDLORD CONTACT DETAILS.

Have you, or a member of your household, ever been found guilty of the following offences or evicted from your property, or threatened with eviction on the following grounds: - Please tick where appropriate

- Rent arrears Yes No
- Breach of tenancy conditions Yes No
- Conduct causing, or likely to cause a nuisance or annoyance to persons in the locality? Yes No
- Conviction for using the property for an immoral or illegal activity? Yes No
- Conviction for an arrestable offence committed in the property, or in the locality of the property? Yes No
- A false statement which induced the landlord to grant the tenancy? Yes No

Please give details

SEX OFFENDERS

Do you, any member of your household, the joint applicant or any member of their household appear on the Sex Offenders register? Yes No

If you answered Yes above, what is the name of the person on the register?

Please give the expiry date of the register entry

SECTION 2 – PRESENT ACCOMMODATION

How long have you lived in your present accommodation? yrs months

Please indicate which of the following types of housing that best describes the accommodation you currently occupy:

- Own door flat High rise flat House Bedsit Tenement Flat
 Hostel Maisonette Bungalow Hotel/Bed & Breakfast No Fixed Address

Other (please specify)

If you are in a flat, which floor do you live on?

How many bedrooms in your present home? Double bedrooms: Single bedrooms:

If you have to share any of the following with another family. Please tick the box(es)

- Kitchen Bathroom/Shower Room Toilet Living Room

If the property where you live does not have any of the following please tick the box(es)

- Separate Kitchen Wash Hand Basin/sink Separate Living Room Piped Water Supply Inside Toilet
 Hot Water Bathroom/Shower Room Mains Electricity

Which type of heating does your property have?

- Full Central Heating Partial Central Heating
 Single Heater(s) No Heating

Does your accommodation have dampness? Yes* No

Does your accommodation have structural defects? Yes* No

Is there a current Closing/ Demolition/ Environmental Health Order? Yes* No

If you answered YES to any of the above questions, please explain further below and provide written documentary evidence, e.g. letters from your Landlord, Environmental Health etc.

SECTION 2 – JOINT APPLICANT ACCOMMODATION

If different from the applicant

How long have you lived in your present accommodation? yrs months

Please indicate which of the following types best describes the accommodation you currently occupy:

- Own door flat High rise flat House Bedsit Tenement Flat
 Hostel Maisonette Bungalow Hotel/Bed & Breakfast No Fixed Address

Other (please specify)

If you are in a flat, which floor do you live on?

How many bedrooms in your present home? Double bedrooms: Single bedrooms:

If you have to share any of the following with another family. Please tick the box(es)

- Kitchen Bathroom/Shower Room Toilet Living Room

If the property where you live does not have any of the following please tick the box(es)

- Separate Kitchen Wash Hand Basin/sink Separate Living Room Piped Water Supply Inside Toilet
 Hot Water Bathroom/Shower Room Mains Electricity

Which type of heating does your property have?

- Full Central Heating Partial Central Heating
 Single Heater(s) No Heating

Does your accommodation have dampness? Yes* No

Does your accommodation have structural defects? Yes* No

Is there a current Closing/ Demolition/ Environmental Health Order? Yes* No

If you answered YES to any of the above questions, please explain further below and provide written documentary evidence, e.g. letters from your Landlord, Environmental Health etc.



Housing Application form



SECTION 3 – PREVIOUS ACCOMMODATION

Please list your previous place(s) of residence (excluding your present home) over the last 5 years.

Please note that the Association will contact your previous landlord(s) to obtain a tenancy reference. Please complete this section even if you were living c/o or lodging.

Applicants Details

| Address | From | To | Name & Address of Landlord/Mortgage Provider |
|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please state reason for leaving the above property:

Were you the tenant:

| Address | From | To | Name & Address of Landlord/Mortgage Provider |
|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please state reason for leaving the above property:

Were you the tenant:

| Address | From | To | Name & Address of Landlord/Mortgage Provider |
|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please state reason for leaving the above property:

Were you the tenant:





SECTION 3 (continued) – PREVIOUS ACCOMMODATION

Joint Applicants Details

| | | | |
|----------------------|----------------------|----------------------|---|
| Address | From | To | Name & Address of Landlord/Mortgagor |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please state reason for leaving the above property:

Were you the tenant:

| | | | |
|----------------------|----------------------|----------------------|---|
| Address | From | To | Name & Address of Landlord/Mortgagor |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please state reason for leaving the above property:

Were you the tenant:

| | | | |
|----------------------|----------------------|----------------------|---|
| Address | From | To | Name & Address of Landlord/Mortgagor |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please state reason for leaving the above property:

Were you the tenant:





SECTION 4 – REASONS FOR MOVING

4A. If you are claiming homelessness, have you visited the Housing Advice Section of the Local Authority in which you are staying?

Yes No

If Yes, please provide a copy of the decision letter awarded by the local authority.

Do you require to move due to a health/mobility issue?

Yes No

If yes, please provide more information in section 4C

Are you moving to be able to provide care or support to another person, or move closer to the person who will provide you with care or support?

Yes No

If yes, please provide more information in section 4D

4B. Have you been given notice that you must leave your present accommodation? Yes No

If YES, please give details including the reasons why you must leave, when you must leave, and whether notice was verbal or written. We will require proof of this.



SECTION 4 (continued) – REASONS FOR MOVING

4C. If you require to move property due to a health/mobility issue, please give details below:

Empty text box for providing details of health/mobility issues.

4D. Please provide details of who will support you, or who you need to support. Please include their name, address, telephone number, and relationship to you. Please also describe the type and frequency of the support that will be given/received.

Empty text box for providing details of support.

4E. If you require an extra bedroom, please state your reasons below, and provide written confirmation of any statements made if required. If you are in receipt of Benefit relating to your health/mobility condition, please tick what benefit you receive:

Empty text box for stating reasons for an extra bedroom and confirming statements.

Disability Living Allowance (Mobility) High Rate Middle Rate Low

Disability Living Allowance (Care) High Rate Low

Incapacity Benefit / ESA





Housing Application form



SECTION 5 – MONITORING – DISABILITY

Do you consider yourself to have a disability? By this we mean a condition which has a long term and substantial effect on your ability to carry out normal day to day activities.

Yes No

If YES, is it:

Physical Mental ill Health Learning Disability Visual Impairment
Hearing Impairment

SECTION 6 – HOUSING REQUIREMENTS

What type(s) of accommodation would you consider?

* Please note that bungalow accommodation will normally only be allocated to the applicants who have medical grounds for ground floor accommodation.

Own Door Flat Tenement Flat House
Adapted Flat Adapted House
Adapted Bungalow Wheelchair Bungalow

What floor height would you consider?

Ground First Second Third Any



Housing Application form



SECTION 7 – DECLARATION

Relationship to Staff or Committee Members

By law the Housing Association is required to keep a register of any offers of accommodation which are made to employees, committee members or their relatives.

Are you, or any member of your household related to a member of staff or committee member of Ferguslie Park Housing Association?

YES

NO

If YES, please give details:

I/We hereby certify that the information I/We have given in this application for is correct and complete, and I/We consent to the 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 application, or in the Housing Association seeking repossession of any tenancy that may have been granted to me/us.

I/We undertake to give immediate notification of any change in my/our circumstances.

Signature:

Date:

Signature:

Date:

Signature:

Date:

Where a joint or multiple tenancy is applied for, all applicants must sign. Forms not signed will not be accepted.





Housing Application form



DATA PROTECTION STATEMENT

We, Ferguslie Park Housing Association, will use the information provided together with other personal data you have supplied about yourself and your household in order to process your application for rehousing with us.

This information will also be used to create and manage any tenancy (and associated rent account(s)) you may subsequently be awarded from us. We may from time to time need to disclose some information we hold about you and your household to relevant third parties e.g. Council departments, Government departments' etc.

We will ensure that all personal data is processed in accordance with the principles of the General Data Protection Regulation 2018 (GDPR) and our Privacy Policy and therefore that you agree to us keeping this information for these purposes. If you wish further information on this statement, please contact Ferguslie Park Housing Association.

TENANCY REFERENCE FORM

Under the Associations' Allocation Policy references are usually required on current and/or former tenancies.

I/We agree to Ferguslie Park Housing Association requesting a reference/s on my/our current and/or previous tenancies, and I/We hereby authorise the release of such information as may be required in connection with my/our housing application.

Signature

Date:

Signature

Date:

Please note in the case of joint tenancies both parties should sign.



Housing Application form



STAFF CHECKLIST

Has the applicant provided evidence of Medical Needs?

Has the following information been provided (if applicable)?

Proof of Residence

Proof of receipt of Child Benefit

Proof of Pregnancy

Name, address and telephone number of current landlord

Name, address and telephone number of previous landlord(s)

Has the applicant made their property type selection?

Has the applicant and joint applicant (if applicable) signed the form?

Tenancy Reference form completed

Originals viewed by two staff members?

Staff Member Name

Position

Signature

Witness -
Staff Member Name

Position

Signature

