

Receipt Number	Apartments	Points Total	Pointed By	Checked By	Ref.No.
RUTHERGLEN & CAMBUSLANG HOUSING ASSOCIATION 18 FARMELOAN ROAD, RUTHERGLEN, G73 1DL HOUSING APPLICATION					

IT IS IMPORTANT THAT THE NOTES ACCOMPANYING THIS APPLICATION ARE READ BEFORE THE FORM IS COMPLETED. IF HOUSING IS REQUIRED BY TWO PEOPLE CURRENTLY LIVING APART, THEN TWO SEPARATE FORMS SHOULD BE COMPLETED.

THE ISSUE OF THIS APPLICATION SHOULD NOT BE TAKEN AS AN INDICATION THAT A HOUSE WILL EVENTUALLY BE OFFERED TO THE APPLICANT.

PLEASE ANSWER ALL QUESTIONS

1. PERSONAL INFORMATION

NAME : _____ DATE OF BIRTH : _____

ADDRESS : _____

_____ FLAT _____ POSTCODE : _____

DAYTIME TELEPHONE NUMBER HOME _____ WORK : _____

2. PLEASE GIVE DETAILS OF PREVIOUS ADDRESSES

ADDRESS	FROM	TO	TENANT/OWNER LODGER/OTHER	REASON FOR LEAVING

PLEASE GIVE DETAILS OF PREVIOUS LANDLORDS AND ADDRESSES IF APPLICABLE :

3. CURRENT ACCOMMODATION

WHAT TYPE OF HOUSE IS IT : (I.E. MULTI-STOREY/TENEMENT/TERRACED ETC) _____

HOW MANY BEDROOMS ARE THERE : _____ WHEN DID YOU MOVE HERE : _____

IS THE LIVING ROOM SEPARATE FROM THE KITCHEN : YES / NO

IS THERE A FIXED SHOWER OR BATH : YES / NO

IS THE KITCHEN / BATHROOM OR W. C. SHARED WITH ANOTHER HOUSEHOLD : YES / NO

IS THE BUILDING SUBJECT OF A COMPULSORY PURCHASE OR DEMOLITION ORDER : YES / NO

DOES THE PROPERTY HAVE CENTRAL HEATING : YES / NO

4. TENURE TYPE

WHICH OF THE FOLLOWING CATEGORIES APPLIES TO YOU :

COUNCIL TENANT / OWNER OCCUPIER / PRIVATE LANDLORDS TENANT

LODGER LIVING WITH PARENTS / OTHER : (PLEASE SPECIFY) : _____

NAME & ADDRESS OF CURRENT LANDLORD _____

5. SIZE OF HOUSEHOLD

HOW MANY PEOPLE LIVE IN THE HOUSE, INCLUDING YOURSELF : _____

WHO ARE THEY :

NAME	RELATIONSHIP TO YOU	DATE OF BIRTH

WHAT ARE THE SLEEPING ARRANGEMENTS : **LIVING ROOM :** _____

BEDROOM 1 : _____ **BEDROOM 2 :** _____

BEDROOM 3 : _____ **BEDROOM 4 :** _____

DETAILS OF PERSONS TO BE REHOUSED WITH YOU AND THEIR PRESENT ADDRESS IF DIFFERENT TO YOUR OWN

NAME	ADDRESS	RELATIONSHIP TO YOURSELF	DATE OF BIRTH

WE NOW HAVE HOUSES IN THE MILL ROAD ESTATE, HALFWAY , CENTRAL CAMBUSLANG, THE CIRCUIT AND OUTLYING AREAS OF RUTHERGLEN, AS WELL AS OUR TENEMENT STOCK IN CENTRAL RUTHERGLEN. AS THE TURNOVER IN SOME OF THESE AREAS IS VERY LOW, YOU MAY HAVE TO WAIT FOR A WHILE IF YOU ARE SPECIFYING A PARTICULAR AREA.

INDICATE BELOW WHICH AREAS YOU WISH TO BE CONSIDERED FOR :

- | | | | |
|---------------------------------------|--------------------------|---------------------------------|--------------------------|
| CADOC STREET / GLEBE PLACE (6) | <input type="checkbox"/> | RUTHERGLEN (1) | <input type="checkbox"/> |
| GREENLEES ROAD (7) | <input type="checkbox"/> | SPITTAL (11) | <input type="checkbox"/> |
| WESTBURN VILLAGE (4) | <input type="checkbox"/> | FERNHILL (8) | <input type="checkbox"/> |
| HALFWAY / MILL ROAD ESTATE (2) | <input type="checkbox"/> | HILLEND, GLENFARG (9) | <input type="checkbox"/> |
| BROOMIEKNOWE (10) | <input type="checkbox"/> | UPPER BOURTREE | <input type="checkbox"/> |
| CIRCUIT (5) | <input type="checkbox"/> | HALFWAY / VILLAGE RD (3) | <input type="checkbox"/> |

6. HEALTH / MISCELLANEOUS

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUFFER FROM ANY MEDICAL CONDITION OR HAVE A DISABILITY WHICH MAKES YOUR PRESENT ACCOMMODATION UNSUITABLE : **Yes / No**

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 : IF YES - IS IT

PHYSICAL	<input type="checkbox"/>	MENTAL HEALTH	<input type="checkbox"/>
LEARNING DISABILITY	<input type="checkbox"/>	VISUAL IMPAIRMENT	<input type="checkbox"/>
HEARING IMPAIRMENT	<input type="checkbox"/>	OTHER : PLEASE SPECIFY	<input type="checkbox"/>

IF YES, PLEASE GIVE DETAILS : **(N.B. A MEDICAL CERTIFICATE MAY BE REQUIRED AT A LATER DATE)**
POINTS WILL ONLY BE AWARDED WHERE REHOUSING WILL ALLIEVIATE A MEDICAL CONDITION.

HAVE YOU EVER HAD LEGAL ACTION TAKEN AGAINST YOU FOR ARREARS OF RENT / MORTGAGE - OR - ANTI SOCIAL BEHAVIOUR. **Yes / No**
IF YES PLEASE GIVE DETAILS

Have you or any member of your application been convicted relating to Sexual Offences or must register with the Police under the Sexual offences Act 2003. **Yes / No**
IF YES PLEASE GIVE DETAILS

(STRICT CONFIDENTIALITY OF THIS INFORMATION WILL BE OBSERVED, ALTHOUGH transfer of this information will be made to the councils designated officer, in charge of monitoring and liaison with the police).

DO YOU OWE ANY ARREARS OF RENT / MORTGAGE TO YOUR CURRENT OR PREVIOUS LANDLORD OR LENDER **Yes / No**
IF YES PLEASE GIVE DETAILS

THE ASSOCIATION WORKS CLOSELY WITH SOUTH LANARKSHIRE COUNCIL, AND RECOMMEND THAT YOU ALSO APPLY FOR HOUSING BY THEM IF YOU LIVE IN THIS AREA.

HAVE YOU APPLIED FOR HOUSING TO ANY OTHER HOUSING ORGANISATION **Yes / No**

ARE YOU, OR IS ANYONE ELSE IN YOUR HOUSEHOLD RELATED TO OR OTHERWISE CONNECTED WITH A MEMBER OF THE ASSOCIATION'S MANAGEMENT COMMITTEE OR STAFF. **Yes / No**

IF YES PLEASE GIVE DETAILS

7. REASON FOR APPLICATION

TO ASSIST US IN POINTING YOUR APPLICATION PLEASE USE THE SPACE BELOW TO PROVIDE ANY FURTHER DETAILS OF WHY YOU REQUIRE HOUSING, IN PARTICULAR, ANY SPECIAL CIRCUMSTANCES WHICH YOU FEEL SHOULD BE CONSIDERED WHEN YOUR APPLICATION IS BEING ASSESSED :
(CONTINUE ON A SEPARATE SHEET IF NECESSARY)

8. THE FOLLOWING DECLARATION SHOULD BE READ CAREFULLY BEFORE SIGNING

AT LEAST ONE PIECE OF RECENT DOCUMENTARY EVIDENCE CONFIRMING YOUR RESIDENCE AT THE ADDRESS YOU ARE APPLYING FROM MUST BE INCLUDED WITH THIS APPLICATION, THIS COULD BE A PHOTOCOPY OF A BENEFIT BOOK, BANK STATEMENT OR SOMETHING SIMILAR.

FAILURE BY YOU TO PRODUCE THIS INFORMATION WILL RESULT IN YOUR APPLICATION BEING RETURNED. TICK HERE TO CONFIRM THAT DOCUMENTARY EVIDENCE IS INCLUDED :

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT AND COMPLETE, AND I CONSENT TO THE ASSOCIATION MAKING SUCH ENQUIRIES AS MAY BE NECESSARY TO CONFIRM THE INFORMATION PROVIDED BY ME.

I AGREE TO ADVISE THE ASSOCIATION OF ANY CHANGE OF CIRCUMSTANCES WHICH MAY AFFECT THIS APPLICATION. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION, OR INFORMATION DELIBERATELY WITHHELD, MAY RESULT IN THE SUSPENSION OR CANCELLATION OF MY APPLICATION, OR ANY OFFER OF TENANCY BEING IMMEDIATELY WITHDRAWN, OR WHERE A TENANCY HAS BEEN GRANTED THIS MAY RESULT OIN ACTION BEING TAKEN TO TERMINATE THE TENANCY.

SIGNATURE OF APPLICANT (S) _____ DATE _____

_____ DATE _____

EQUAL OPPORTUNITIES

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST ANYONE BECAUSE OF THEIR DISABILITY, SEX, SEXUALITY, RACE, COLOUR OR RELIGIOUS BELIEFS. AS AN EQUAL OPPORTUNITY ASSOCIATION, WE KEEP STATISTICAL RECORDS TO ENSURE THAT WE DO NOT BREAK THE LAW BY MISTAKE.

IT WILL NOT AFFECT YOUR APPLICATION FOR HOUSING IF YOU DECIDE NOT TO ANSWER THESE QUESTIONS

HOW WOULD YOU DESCRIBE THE ETHNIC ORIGIN OF YOUR HOUSEHOLD (TICK ONE BOX)

WHITE SCOTTISH WHITE OTHER BRITISH WHITE IRISH

OTHER WHITE BACKGROUND ANY MIXED BACKGROUND INDIAN

PAKISTANI BANGLADESHI CHINESE

OTHER ASIAN BACKGROUND CARIBBEAN AFRICAN

OTHER BLACK BACKGROUND OTHER BACKGROUND

HOUSING APPLICATION INFORMATION

Please complete every section of the application form – if you are unsure about any aspect of the form please call our office to clarify any issue. Documentary evidence of your current residence should be provided with this form. We require the name and full address of your current and previous landlords for reference purposes.

If you have a medical condition please request a medical form and submit this with your application paying particular attention to the section on the ability to climb stairs and please be specific about any adaptations you require to the property.

Your application will be processed and will attract points based on the information you provide in the form. These details will be verified at a home visit prior to any offer of rehousing being made to you.

The attention of all applicants is drawn to the declaration on the application form concerning false or misleading information. If it is established that false or misleading information has been provided or relevant information with-held, this may lead to the application being suspended for a period of 6 months. The Association will make enquiries to verify information provided. If a tenancy has been offered, the offer will be withdrawn. If the tenancy has been taken up then the Association will take legal action to re-possess the property.

EQUAL OPPORTUNITIES

Rutherglen & Cambuslang Housing Association is an equal opportunities organisation and will not discriminate on grounds of race, colour, culture, ethnic or national origin, religion, gender, age, disability, sexual orientation, family circumstances or marital status in the allocation of our housing stock. The Association allocates all properties in line with its Allocation policy and no other factors are taken into consideration in this process.

ACCESS TO WAITING LIST

The Association has an open waiting list and invite applications from households over the age of 16. Priority is given to applicants who demonstrate an element of housing need as determined by our points system. The issue of an application form should not be taken as an indication that a house will eventually be offered to the applicant. Anyone applying for housing who has a zero points allocation will not be held on the active list but will be held on the deferred housing list and given appropriate rehousing advice by staff.

Association staff will discuss housing prospects with applicants, assist in the completion of forms, and will provide details of other housing providers in the area(Please see additional leaflet). The Association will provide a sign or language interpreter, or any other representative requested to assist the applicant in completing an application and documentation can be provided in other formats if this is of assistance to the applicant.

To ensure fairness we allocate from the following groups on an annual basis; 40% of Applicants from the Association's Waiting List, 35% of Applicants nominated from South Lanarkshire Council, 10% of existing tenants of the Association(providing there is housing need) 5% of existing tenants of the Association(wishing to move on aspirational grounds) 5% of referrals from H.O.M.E.S, 5% of referrals from other agencies e.g. Social Work Dept.

SIZE OF HOUSE WHICH WILL BE OFFERED.

We will not normally offer accommodation where overcrowding or underoccupation would occur.

NUMBER OF OFFERS WHICH CAN BE MADE

A maximum of three offers of housing will be made. An applicant refusing two offers without good cause, will be interviewed to have their housing requirements re-assessed and made one further offer. Refusal of the third offer will result in their application being suspended for a period of 12 months.

SUSPENSION OF APPLICATION

There are certain circumstances where an application may be suspended for a period of 6 months. Some summarised examples are listed below:-

Anyone who has been violent or has used abusive or threatening behaviour to an Association staff member.

Anyone who has been evicted by a previous landlord, or is the subject of an Anti Social Behaviour Order.

Anyone or their spouse, partner or family members included in their application who have had previous convictions or have pending convictions for any offence in connection with the use or supply of any controlled drugs or has been convicted of using previous accommodation for any immoral or illegal purposes.

Anyone who has more than one months rent arrears/former rent arrears, or who has not maintained an arrangement to clear former tenant rent arrears for a continuous period of 3 months.

Anyone who fails to respond to two items of correspondence from the Association will have their application suspended until they make contact.

Failure to allow a risk assessment to be carried out(where appropriate) or where essential housing support is deemed necessary, but has not been provided.

APPEAL PROCEDURE

Any applicant who wishes to have an allocations decision reviewed has the right of appeal to a Senior Housing Officer, and if not satisfied, to the Association's Housing Management Sub-Committee. Appeals should be made in writing within 10 working days of the notification, and should be responded to within a further 10 working days. A further final right of appeal to the Housing Association Ombudsman is also available.