



43 Tharsis Street
 Glasgow G21 2JF
 Phone: 0141 552 7928
 Email: info@spireview.org.uk
 Website: www.spireview.org.uk

Housing Application



COPPERWORKS
 Housing Association

43 Tharsis Street
 Glasgow G21 2JF
 Phone: 0141 552 7477
 Email: info@copperworks.org.uk
 Website: www.copperworks.org.uk

Notes

- 1 This application form can be used to apply to both of the above community controlled landlords. You can return the form to the office and details of your application will be held by both organisations.
- 2 Each organisation operates it's own allocation and points system. Enquiries should be directed to each organisation separately.
- 3 Before completing this form, please read the Declaration that you are required to sign on page 8. If the application is a joint one, both parties must sign the Declaration.
- 4 Personal information provided on this form will be treated as private and confidential. Each organisation will however advise the other when an applicant is rehoused.
- 5 Please answer all questions as fully as possible to help us process your application as quickly as possible.

Applicant Details

Title	Applicant					Joint Applicant				
	Mr	Mrs	Ms	Miss	Other	Mr	Mrs	Ms	Miss	Other
First name										
Surname										
Address										
Flat position										
Town										
Postcode										
Tel (home)										
Tel (work)										
Tel (mobile)										
E-mail										

Please list all members of your household **who will be moving with you** if rehoused.
(start with yourself)

First Name	Last Name	Male/ female	Relationship to you	Age	Date of birth	NI Number

Please list anyone else who lives with you but **will not be moving with you** if you are rehoused.

First Name	Last Name	Male/ female	Relationship to you	Age	Date of birth

Present accommodation

Which of the following best describes your circumstances? (tick one box)

Tenant		Owner or buying	
Living with parents (provide proof)		Living with relatives/friends (provide proof)	
In B&B/temporary housing		In a hostel/supported housing	
Institution (eg hospital, prison)		In home tied to your work	
NASS accommodation		No fixed abode	
Other (please describe)			

If you are a tenant, provide your landlord's name, address & telephone number:

When did you move to your present accommodation?

What type of property do you live in? (tick one box)

Tenement flat

Multi-storey flat

Maisonette

Deck access flat

House

4-in-a-block

Bedsit

Hostel room

Other (describe)

How many bedrooms are in this property?

Which floor do you live on?

Does the property have a controlled entry system? Yes No

Does the property have double glazing? Yes No

Does the property have a fully fitted kitchen? Yes No

Does the property have central heating? full partial none

How many rooms have a radiator or fire?

Please tick the following if you lack or share any of the following:

Lacking

Sharing

A separate living room

A separate kitchen

A bathroom or shower room

An inside toilet

A hot water supply

Does your property have any serious disrepair that makes it difficult for you to live there? Yes No

If yes above please provide details:

Is your accommodation a furnished tenancy? Yes No

Is your tenancy of a temporary nature? Yes No

Have you been asked to leave? Yes No

If yes above please provide details:

Do you consider yourself to be homeless? Yes No

Have you been assessed homeless by your local council? Yes No

Do you or any member of your household own another property? Yes No

If yes above please provide details:

Previous accommodation

Please tell us about your last 4 addresses:

Office use

	Applicant	Joint Applicant
Last address		
Date from		
Date to		
Reason for leaving		
Were you the tenant?		
Landlord		
Previous address		
Date from		
Date to		
Reason for leaving		
Were you the tenant?		
Landlord		
Previous address		
Date from		
Date to		
Reason for leaving		
Were you the tenant?		
Landlord		
Previous address		
Date from		
Date to		
Reason for leaving		
Were you the tenant?		
Landlord		

Medical & support information

Office use

If you or any household member has a disability or medical condition which would be eased by rehousing please give details:

Person's name	Disability or condition

If yes above please explain how rehousing will ease the situation:

Please describe any adaptations that you would require in your new home:

Is it necessary for you to live near someone because they need your support or provide you with support?

Yes

No

If yes above please provide details including the persons name and address:

Do you use childminding services?

Yes

No

If yes above please provide details:

Do you need to live in Royston to be near work or study?

Yes

No

If yes above please provide details:

Harassment, violence & relationship breakdown

Are you seeking rehousing due to a relationship breakdown? Yes No

Have you or any member of your household suffered harassment or violence in or near your present home?
(provide confirmation) Yes No

If yes to either of above please provide details:

Additional information

Are you related to a committee or staff member of Spire View or Copperworks? Yes No

If yes above please provide details:

Are you or anyone in your household, required to register with the police under the Sex Offenders Act 1997? Yes No

If yes above please provide details:

Has anyone taken action against you or a household member because of anti-social behaviour? Yes No

If yes detail what action was taken:

Is everyone in your household a British Citizen who has lived in the UK, Isle of Man, Channel Islands or Eire for at least 2 years? Yes No

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

If yes above please provide details:

Can you receive public funds including Housing Benefit? Yes No

If yes above please provide details:

Monitoring Information (This information will not influence whether or not you get rehoused)

Ethnic Origin How would you best describe your household's ethnic origin? (tick relevant box)

<p>White</p> <p>Scottish <input type="checkbox"/></p> <p>Other British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Gypsy/Traveller <input type="checkbox"/></p> <p>Polish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>	<p>Asian, Asian Scottish, Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>	<p>Black, Black Scottish, Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>
<p>Mixed or Multiple Ethnic Background</p> <p>Please specify: <input type="text"/></p>		<p>Other Ethnic Background</p> <p>Arab, Arab Scottish, Arab British <input type="checkbox"/></p> <p>Any other group <input type="checkbox"/></p> <p>Please specify: <input type="text"/></p>

Disability If you consider that you, or any member of your household, has a disability how would you describe it? (tick relevant box)

Physical disability <input type="checkbox"/>	Mental ill health <input type="checkbox"/>	Learning disability <input type="checkbox"/>
Visual impairment <input type="checkbox"/>	Hearing impairment <input type="checkbox"/>	
Other <input type="checkbox"/>	Please specify: <input type="text"/>	

Declaration

- 1 I / we confirm that the information given in this application is true and complete.
- 2 I / we understand that any false or misleading information, or information deliberately withheld, may result in:
 - this application being cancelled
 - any offer of tenancy being withdrawn
 - an application to the sheriff court to end a tenancy
- 3 I / we authorise any enquiries as may be necessary to confirm that the information given is true and complete.
- 4 I / we authorise any enquiries as may be necessary with regard to my / our rent account and the conduct of my / our tenancies.

Applicant signature:

Date:

Joint applicant signature:

Date: