

Please phone us on 01224 423000 if you would like this form in another format or language (including in large print and in Braille).

We can also arrange for a translator to help you understand this form if you need one.

For Office use only
Application Number:

Number of Points:



Application for Housing

You must fill in all sections of this form so we can give you the correct number of points.

Please contact us if you need help filling in this form.

Langstane Housing Association
680 King Street
Aberdeen
AB24 1SL


Phone: 01224 423000
Fax: 01224 423180
Email: info@langstane-ha.co.uk
Website: www.langstane-ha.co.uk


Part A – About you and anyone applying for housing with you. Please fill in the details in this section. We have included notes on the right hand side of the page to help you.

1 Your details

Please give details about you and anyone who is applying for housing with you. You must give as many details as you can.

	You	Joint applicant
Title (Mr/Miss/Mrs/Ms or Dr):		
First names:		
Family name:		
Address and postcode:		
Contact Address if different from above		
Date of birth:		
Landline number:		
Mobile phone number:		
E-mail address:		

 The Joint applicant is any person you want to share a tenancy with. This can be a family member, partner or friend. They will be named on any tenancy agreement and will have equal rights to any tenancy that you are awarded

 If you do not want us to write to you at your current address please give us another address where we can contact you. This will be treated confidentially and we will not disclose this address.

Do you or the joint applicant have a key worker or social worker?

Yes

No

Name of worker	Job title	Their address and phone number

Do you want anyone to be able to discuss your application on your behalf?

Yes

No

If Yes, Please enter the name of person to act on your behalf:

Name:	Contact Number:
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Do you, or anyone moving with you, have to register with the police under the Sex Offenders Act 2003?

Yes

No



This issue will not prevent us from offering you a home. We may contact the police concerning any information that you provide to us.

2 Your household details

Please give details of everyone who lives in your current home and everyone who will be moving with you, this includes any children you have access to who will not be living with you full time. Do not include your details or the details of the person applying with you but you should enter the details of anyone else. Without this information we will not be able to accurately assess your application.

Name	Date of birth	Relationship to you	Is this person living with you now?		Male or Female	Will this person move with you?	
			Yes	No		Yes	No

3 Are you or anyone moving with you, pregnant?

Yes

No



We will ask you to provide proof that the person is pregnant. This can be a letter or other notification from the doctor or midwife.

If 'Yes' please tell us who and the date the baby is due.

Name	Date the baby is due

Identification Requirements

If you are successful in applying for housing we will ask you to provide us with some photographic I.D. before you can sign your tenancy agreement. Examples of I.D. we accept are as follows:

- **A valid passport**
- **A valid photographic EU or Swiss national identity card**
- **A valid photographic driving license**
- **A valid armed forces identity card**
- **A valid police warrant card/badge**
- **A valid airport employee's security identity pass**
- **A valid photographic firearm's certificate**
- **A valid government-issued photographic identity card**
- **A SMART card**
- **An electoral identity card**
- **A child on a parent's passport will be accepted**

If you have listed any other household members who are moving with you, such as children, the Association will also need to see identification for each household member. This could be in the form of a birth certificate or passport.

You will not be able to sign any tenancy agreement without providing this information

Part B – Your current home



A named tenant is someone whose name is on the tenancy agreement for that property.

This section looks at what your current housing is like.

1 Please tick the box that best describes your current housing situation.

Named tenant of Langstane HA	<input type="checkbox"/>
Named tenant of the Council, other Housing Association or Co-operative	<input type="checkbox"/>
Own my own home	<input type="checkbox"/>
Staying in Council Temporary Accommodation	<input type="checkbox"/>
Staying in a refuge	<input type="checkbox"/>
Staying in a hostel	<input type="checkbox"/>
Currently in hospital	<input type="checkbox"/>
Currently in prison	<input type="checkbox"/>
Named tenant of a property with a tied tenancy	<input type="checkbox"/>
Named tenant of a property with a tied tenancy and required to leave within a year	<input type="checkbox"/>
In HM Forces accommodation	<input type="checkbox"/>
In HM Forces accommodation and required to leave within a year	<input type="checkbox"/>
Living in a caravan or travellers site	<input type="checkbox"/>
Living in student halls of residence	<input type="checkbox"/>
A private tenant	<input type="checkbox"/>
Subletting from someone	<input type="checkbox"/>
Living in a boarding house, hotel or bed and breakfast	<input type="checkbox"/>
A lodger	<input type="checkbox"/>
Living with parents and have done since birth (excluding accommodation while in education, training or the armed forces)	<input type="checkbox"/>
Living with parents (returned after independent living)	<input type="checkbox"/>
Other (please tell us what)	<input type="checkbox"/>

2 Have you been asked to leave your current home?

Yes

No

If 'Yes', by what date?

You should also contact the Homeless or Housing Options Team at your local council about this

Or

Is your tenancy agreement for less than 6 months?

Yes

No



If you have been asked to leave your current home we will need to see a copy of your 'Notice to Quit' (the notice asking you to leave). We will need to see a copy of the letter asking you to leave.

3 How many bedrooms does your current property have? Enter the **number** in the boxes below.


Single

Double

4 Do you have a Serious Disrepair Notice Relating to your current home?

Yes

No


 A Disrepair Notice is a notice served by the Environmental Health Department to the person who owns the property telling them to make repairs. We will need to see a copy of this notice.

5 Do you, or anyone moving with you, need to move because of a medical condition?

Yes

No

If 'Yes', please give details in the table below.

 Points are given if your current home is causing a medical condition or making a medical condition worse. You will need to complete one of our medical forms and have it signed and stamped by your Doctor before we can give you any medical points.

Name of the person affected	What is their medical problem?	How does your home affect their health?

6 Do you have access to private transport?

Yes

No

If 'Yes' please go to **Question 9**

7 Do you need to move for:

Education

Work

Support

Medical



We award extra points to you if you have to travel for any of these reasons. We will ask you to provide evidence of your need to travel and the address of the place you travel to before we can give you any travelling points.

Please select which reason applies

If you need to move for one of the above reasons, how many miles do you have to travel (one way)?

8 Do you have access to public transport within one mile of your current address?

Yes No

9 Do you need to move because you are being harassed or threatened with violence?

Yes No

If **Yes** please choose which option best describes your circumstances:

Harassment due to anti-social behaviour

Violent harassment

Living away from home as fleeing violence

10 Do you need to move because you are living with someone and your relationship has broken down?

Yes No

Please state what their relationship is to you, e.g. ex-partner, parent:

Part C - About the home you want

This section is about type of home you need.

1 Where do you want to live?

Aberdeen

Ashgrove		Old Aberdeen	
Bridge of Don		Seaton	
Bucksburn		Tillydrone	
Central		Torry	
Garthdee		Woodside	
Holburn			

Aberdeenshire

Aberchirder		Kintore	
Aboyne		Kemnay	
Alford		Laurencekirk	
Banff		Macduff	
Ellon		Peterhead	
Fraserburgh		Portsoy	
Huntly		Stonehaven	
Inverbervie		Turriff	
Inverurie		Westhill	

Moray


Buckie		Keith	
Burghead		Lhanbryde	
Elgin		Lossiemouth	
Findhorn		Rothies	
Fochabers		Tomintoul	
Forres			

6 Would you consider a furnished or partly furnished property?

Yes No

7 Would you consider a bed-sit?

Yes No

 You can choose as many areas as you want. The more areas you choose, the more properties we will be able to consider you for but please only choose areas you will be willing to accept a home in.

We do not manage properties in any other areas.


 Bed-sits are flats which have a kitchen, a bathroom and a living-room/bedroom. We can only consider single applicants for bed-sit accommodation.

9 If we offer you a flat, which floor level would you prefer?

- Ground floor
- First floor
- Second floor and above
- I don't mind

10 Do you own a dog?

- Yes No

 Occasionally, some of our developments can be classed as non-dog friendly for a period of time. You would not be permitted to take your dog with you should you accept an offer of one of these flats. You will be advised at the time of offer if this applies.

11 Do you need a property which has been adapted to help you get around?

- Yes No

What kind of adaptations do you require?

- Level access shower
- Wet floor shower
- Overbath shower
- Grab rails
- Rails for toilet transfer
- Ramps at entrance
- Adaptations for the deaf
- Kitchen adaptations for wheelchair user
- Other - Please Specify

Declaration

I understand you will assess my application based on the information I have given in this form only. If my circumstances change at all, I will let you know as this may affect my priority for housing.

I declare that, as far as I know, the information I have given in this form is correct. I understand that if I provide false information, my application will be void. If I receive a property on the basis of false information you may take action to end my tenancy.

In line with the Data Protection Act 1998, I confirm that you may check the information I have given in this application form or ask me to provide more details that you may consider relevant. I also understand that you may share my personal information with other housing associations, councils or government agencies to process my application.

Your signature:

Date:

Signature of the person applying with you:

Date:

Please remember to send us any letters from your doctor, notices asking you to leave your home, or other documents to support your application. We will keep these strictly confidential and return them to you without delay.

Please make sure you have signed this declaration. We will not process any application that has not been signed.

Please send this form to one of the addresses below.

Langstane Housing Association
680 King Street
Aberdeen
AB24 1SL

Phone: 01224 423000

Langstane Housing Association
7 North Guildry Street
Elgin
Morayshire
IV30 1JR

Monitoring Information

You do not need to complete this section but we would welcome your help to help us get the best information to monitor our services.

We will not use the information you give on this sheet to assess your application. On receipt of this information, this page is detached and recorded separately and anonymously.

We do not base any offer of accommodation on this information.

We keep to the Equality Act 2010. We make sure we treat everyone who applies for housing (or lives in our home) equally.

Ethnicity

Please tick the appropriate boxes to show your ethnic origin and the ethnic origin of the person applying with you.

	You	Person applying with you		You	Person applying with you
White (Scottish)			Indian		
White (other British)			Pakistani		
White (Irish)			Bangladeshi		
Gypsy or traveller			Chinese		
White (other)			Other Asian		
Black Scottish			Mixed		
Black (Other British)			Arab		
British or black Caribbean			Arab (Scottish)		
British or black African			Arab (Other British)		
Black (other)			Other		
Asian (Scottish)			Prefer not to say		
Asian (Other British)					

Nationality

Please tick the boxes below to show your nationality and the nationality of the person applying with you.

	You	Person applying with you		You	Person applying with you
Lithuania			Romania		
Poland			Estonia		
Latvia			Slovenia		
Slovakia			Hungary		
Czech Republic			Bulgaria		
Other			Prefer not to say		

Disability

Do you consider yourself to be disabled?

You: Yes No

Person applying with you: Yes No

Are you a wheelchair user?

You: Yes No

Person applying with you: Yes No

Gender

Are you: Male
Female
Transgender

Is the person applying with you:

Male
Female
Transgender

Financial

We use the following information to help us monitor whether people can afford to pay the rents we charge. Your income will not affect our decision on your application.

Are you currently

Employed (full-time)	<input type="checkbox"/>
Employed (part-time)	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Retired	<input type="checkbox"/>
In education	<input type="checkbox"/>
Disabled	<input type="checkbox"/>
Other	<input type="checkbox"/>

Take Home Pay:

Weekly Monthly Other (please say what)