

Sheltered Housing

REFERENCE NUMBER



HOUSING APPLICATION FORM

If you would like this information in another language please ask us.

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ, ਤਾਂ ਇਹ ਸਾਥੋਂ ਮੰਗ ਲਓ।

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

☎ 0141 812 2237

✉ admin@bridgewaterha.org.uk

You can get more information by visiting our website at: www.bridgewaterha.org.uk

FOR OFFICE USE ONLY

Application Date

Effective Date

Information Received

Input by

HOUSING APPLICATION FORM

We aim to contact you in a format that is accessible to you. Please tell us if you require future communications in an alternative format:

Audio CD <input type="checkbox"/>	Audio Tape <input type="checkbox"/>	Braille <input type="checkbox"/>	Computer CD <input type="checkbox"/>	Clear Print <input type="checkbox"/>	Large Print <input type="checkbox"/>
Email <input type="checkbox"/>	Other Language (please state):				

Another Format (please state):

Supporting Proof

We will tell you what Group and Priority you have been given, based on the information that you provide on this form.

Some of the questions in the form ask you to supply proof or evidence of your circumstances. It is important that you supply this information so that your application can be fully assessed, and we can give you the correct group and level of priority.

If you don't supply all the information required, we will get in touch with you. However, if we don't receive what is needed within 28 days of us asking for it, your application may be cancelled.

Confidentiality and data protection

We will share your information with Renfrewshire Council and housing associations in Renfrewshire to support your application for housing or to assist with the selection of an applicant to a property. We will share the appropriate details with the relevant landlord prior to them making any offer of housing to you to ensure it meets any offer meets your requirements.

We collect, process and share personal information or special categories of personal information, in some cases with our partners such as the NHS, housing associations, schools, central government, other councils and law enforcement agencies such as Police Scotland and the Crown Office and Procurator Fiscal Service, for the following purposes:

- health and wellbeing and public health
- safeguarding of vulnerable adults and children
- the prevention and detection of crime
- the assessment of any tax or duty
- collection of debt
- if we are required to do so by any court or law
- prevention of fraud
- the national fraud initiative
- protect you or other individuals from serious harm
- protect public funds
- public safety and law enforcement
- criminal or civil prosecution of offenders
- national security

We will never use or share your personal information with third parties for marketing purposes without your permission.

Full details of how we collect and process your personal information are contained within Bridgewater Housing Association's Privacy Policy, which can be found at www.bridgewaterha.org.uk/Privacy

i Your personal information will be collected and processed in accordance with Bridgewater Housing Associations Privacy Policy. Further information about how we will use your personal information can be found at www.bridgewaterha.org.uk

If you need help to fill in this form, please contact us on 0141 812 2237.

Please complete this form in ink and answer all questions fully, as not doing so may delay the processing of your application.

Emergency housing

If you are homeless, are about to become homeless, are a refugee, or you or your children are experiencing violence or abuse from a member of your household, you should contact:

**Renfrewshire Council,
Housing Advice and Homeless Services,
15 Abercorn Street, Paisley, PA3 4AA
Tel: 0300 300 0222 during office hours or 0800 121 4466 outwith office hours.**

Monitoring Information

A What is your ethnic group?

In order to ensure that we do not discriminate on racial grounds in the provision of housing, we are collating information about ethnic origins of people applying for housing. This information is for monitoring purposes only and will not be used when assessing your application. Please choose ONE section from A to E that best described you and any joint applicant's cultural background.

Whilst we would be very grateful for your help in completing this section of the form, if you do not wish to, please tick the box below.

I do not wish to give this information

Main Applicant		Joint Applicant	
A White		A White	
Scottish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Other British	<input type="checkbox"/>	Other British	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>	Polish	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	Any other white background	<input type="checkbox"/>
Please Specify:		Please Specify:	
B Asian, Asian Scottish/Asian British		B Asian, Asian Scottish/Asian British	
Indian	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
Please Specify:		Please Specify:	
C Black, Black Scottish/Black British		C Black, Black Scottish/Black British	
Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>	Any other black background	<input type="checkbox"/>
Please Specify:		Please Specify:	
D Other ethnic background		D Other ethnic background	
Arab, Arab Scottish/Arab British	<input type="checkbox"/>	Arab, Arab Scottish/Arab British	<input type="checkbox"/>
Any other group	<input type="checkbox"/>	Any other group	<input type="checkbox"/>
Please Specify:		Please Specify:	
E Mixed		D Other ethnic background	
Any mixed or multiple ethnic background	<input type="checkbox"/>	Arab, Arab Scottish/Arab British	<input type="checkbox"/>
Please Specify:		Please Specify:	

Monitoring Information

B What is your first language?

If English is not your first language, please tell us what it is:

Main Applicant:..... Joint Applicant:.....

C Do you have a disability?

Do you or any joint applicant have any of the following disabilities?										
Main Applicant					Joint Applicant					
Acquired Brain Injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Acquired Brain Injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Physical Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Problem	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Mental Health Problem	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hearing Difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Learning Difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Blindness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Blindness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
Partial Sight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partial Sight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>
If you or any joint applicant are blind or have partial sight please tell us if you wish to receive any future correspondence or information in an alternative format.							Braille	<input type="checkbox"/>		
							Audio Tape	<input type="checkbox"/>		
							Large Format	<input type="checkbox"/>		

1 Information we need about you and any joint applicant

A Information about you and your joint applicant (if applicable)

	Applicant				Joint Applicant			
Title	Mr/Mrs/Miss/Ms				Mr/Mrs/Miss/Ms			
First name								
Last name								
Date of birth	/ /				/ /			
Gender	Male / Female				Male / Female			
Relationship to joint applicant (if any)								
Current address								
Tenure*								
House number:		Flat position:			Flat position:			
Street:								
Town:								
Postcode:								
Date moved in:	/ /				/ /			
Can we contact you at this address?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, please give us the correspondence address for you and any joint applicant								

* By tenure we want to know if you are a home owner, rent your home from a local authority (council), housing association or a private landlord. You may also be a tied tenant, live 'care of' family or friends or have other living arrangements, which you should clearly state.

B How can we contact you?

	You	Preferred Method	Joint Applicant	Preferred Method
Email Address		<input type="checkbox"/>		<input type="checkbox"/>
Home phone No		<input type="checkbox"/>		<input type="checkbox"/>
Work phone No		<input type="checkbox"/>		<input type="checkbox"/>
Mobile No		<input type="checkbox"/>		<input type="checkbox"/>

2 Information about previous addresses

A Apart from your current address, have you lived anywhere else in the last 3 years?

<i>Applicant</i>					
Address	Date moved in	Date moved out	Type of tenure*	Landlords name	Reason for leaving
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
<i>Joint Applicant</i>					
Address	Date moved in	Date moved out	Type of tenure*	Landlords name	Reason for leaving
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

* By tenure we want to know if you are a home owner, rent your home from a local authority (council), housing association or a private landlord. You may also be a tied tenant, live 'care of' family or friends or have other living arrangements, which you should clearly state.

3 Information on who will be moving with you

A Please give details of everyone who will live with you when you move. (You need to tell us about people who do not currently live with you but will when you move)

Where you have a child/children staying with you overnight, for part of the week, or if you have a shared residency agreement, we will require proof of these arrangements.

Name	Male/ Female/ Unborn	Relationship to you	Date of birth (or date expected)	Are they living with you now?			
				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			/ /	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			/ /	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			/ /	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			/ /	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
			/ /	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If they do not live with you now, please give their current address below			Date moved in	Tenure			
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				

B People who live with you now but who will not move with you - Applicant

<i>Applicant</i>			
Name	Male/Female	Date of birth	Relationship you
		/ /	
		/ /	
		/ /	
		/ /	
<i>Joint Applicant</i>			
Name	Male/Female	Date of birth	Relationship to you
		/ /	
		/ /	
		/ /	
		/ /	

4 Information we need about you and any joint applicant

A Type of property do you live in?

Property type	You	Joint applicant	Property type	You	Joint applicant
House:			Maisonette:		
Detached	<input type="checkbox"/>	<input type="checkbox"/>	Balcony access	<input type="checkbox"/>	<input type="checkbox"/>
Semi detached	<input type="checkbox"/>	<input type="checkbox"/>	Walk-up	<input type="checkbox"/>	<input type="checkbox"/>
End terrace	<input type="checkbox"/>	<input type="checkbox"/>	Own door	<input type="checkbox"/>	<input type="checkbox"/>
Mid terrace	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
Flat:			Caravan	<input type="checkbox"/>	<input type="checkbox"/>
Tenement	<input type="checkbox"/>	<input type="checkbox"/>	Prison	<input type="checkbox"/>	<input type="checkbox"/>
Multi storey	<input type="checkbox"/>	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Balcony access	<input type="checkbox"/>	<input type="checkbox"/>	Homeless accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Own door	<input type="checkbox"/>	<input type="checkbox"/>	Pre-fab	<input type="checkbox"/>	<input type="checkbox"/>
Walk-up	<input type="checkbox"/>	<input type="checkbox"/>	HM Forces accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow:			Hostel	<input type="checkbox"/>	<input type="checkbox"/>
Detached	<input type="checkbox"/>	<input type="checkbox"/>	No fixed address	<input type="checkbox"/>	<input type="checkbox"/>
End terrace	<input type="checkbox"/>	<input type="checkbox"/>	Sheltered:		
Semi detached	<input type="checkbox"/>	<input type="checkbox"/>	Flat	<input type="checkbox"/>	<input type="checkbox"/>
Mid terrace	<input type="checkbox"/>	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Other (use the space below to give details)					

4 Information we need about you and any joint applicant

B At your present address, are you? (Please tick one box)

Description	You	Joint applicant	Description	You	Joint applicant
Renfrewshire Council tenant	<input type="checkbox"/>	<input type="checkbox"/>	Lodger (<i>a person who rents a room in a house from the owner/tenant of that house and where the owner/tenant also lives and shares the accommodation with the lodger</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Another council tenant	<input type="checkbox"/>	<input type="checkbox"/>	Supported or specialist accommodation (<i>where care, support or supervision is provided to occupants of that accommodation</i>)	<input type="checkbox"/>	<input type="checkbox"/>
A housing association tenant	<input type="checkbox"/>	<input type="checkbox"/>	Residential care or hospital (<i>provides accommodation with board, for example meals and provides personal care for people who need care because of age, disability, dependence on drugs/alcohol or mental health impairment</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Private landlord tenant, please provide your tenancy agreement and Notice to Leave.	<input type="checkbox"/>	<input type="checkbox"/>	I have nowhere permanent to live	<input type="checkbox"/>	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	<input type="checkbox"/>	Staying with family	<input type="checkbox"/>	<input type="checkbox"/>
HM Forces accommodation	<input type="checkbox"/>	<input type="checkbox"/>	Staying with friends	<input type="checkbox"/>	<input type="checkbox"/>
Housing tied to employment, please see question 5 a	<input type="checkbox"/>	<input type="checkbox"/>	Prison	<input type="checkbox"/>	<input type="checkbox"/>
If none of the above, please describe your current circumstances:					

C If you are a tenant, please give your landlord's details.

We may ask them for a reference before we make an offer of housing.

You	Name of landlord	
	Address of landlord	
	Landlords Telephone number	
	Landlords Email address	
Joint applicant	Name of landlord	
	Address of landlord	
	Landlords Telephone number	
	Landlords Email address	
If there is any reason why we cannot contact your landlord, you must let us know the reason		

4 Information we need about you and any joint applicant

D What size of property do you live in?

Please tell us the number of rooms you have in your home	You				Joint applicant			
Living room(s)								
Separate dining room								
Double bedroom(s)								
Single bedroom(s)								
Do you have your own bedroom?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, who do you share with?								
What floor is your present home on? <i>For example: ground, first floor.</i>								
Do you require housing that is specially adapted for a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>If yes, would you prefer to remain in your current home, if adaptations could be done to meet your needs?</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please contact your local Social work office or Housing office for more information.								

5 Applying for a house

A Reason for applying – please tell us why you are applying for a home.

Please tick all reasons as to why you are applying for a property with us.

We require formal identification and proof for all reasons you state.

Reason	Evidence required	You	Joint applicant
Current home is too small	A copy of your tenancy agreement, property missives or other formal proof of your property size (if you are not a tenant of the landlord to whom you are applying to).	<input type="checkbox"/>	<input type="checkbox"/>
Current home is too big	A copy of your tenancy agreement, property missives or other formal proof of your property size (if you are not a tenant of the landlord to whom you are applying to).	<input type="checkbox"/>	<input type="checkbox"/>
Because of harassment targeted to you in or around your home (e.g. threatening behaviour, assault, disturbance) please fill in question 5b	We will only give priority to you if there is evidence that the harassment is targeted at you or a member of your household, in or around your current accommodation. You must provide written confirmation from a relevant agency. For example: Police/landlord confirming this and the nature of the harassment. We will obtain police reports, where Police incident numbers are provided.	<input type="checkbox"/>	<input type="checkbox"/>
Because of domestic abuse	Supporting documents from a relevant agency for example social worker, Victim Support or Women's Aid or written confirmation from the applicant that they are experiencing domestic abuse.	<input type="checkbox"/>	<input type="checkbox"/>
Because of a relationship breakdown	Letter from your solicitor or written proof from your partner confirming the relationship breakdown.	<input type="checkbox"/>	<input type="checkbox"/>
To receive support, please fill in question 5c	Letter from a relevant agency e.g. social work, health professional, or proof of DLA/PIP/carers allowance/attendance allowance, also a letter from both parties explaining why you need to move.	<input type="checkbox"/>	<input type="checkbox"/>
To give support, please fill in question 5c	Letter from a relevant agency e.g. social work, health professional, or proof of DLA/PIP/carers allowance/attendance allowance, also a letter from both parties explaining why you need to move.	<input type="checkbox"/>	<input type="checkbox"/>
Want a home of my own	Your ID and official proof of address.	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or threatened with homelessness	Your ID. If you are in a homeless situation we would encourage you to approach the Local authority to discuss your options. Renfrewshire council can be contacted on 0300 300 0222.	<input type="checkbox"/>	<input type="checkbox"/>
Repossession order/court order	Copy of the repossession/court order confirming that your house is to be repossessed or sold and the reasons why.	<input type="checkbox"/>	<input type="checkbox"/>
Notice to Leave (private rented tenancy)	Written proof confirming that your tenancy is not being renewed and you must leave through no fault of your own. Copy of the Notice to Leave. Your landlord should give you these if they want you to leave.	<input type="checkbox"/>	<input type="checkbox"/>
Leaving tied accommodation	A letter from your landlord confirming your date to leave and the reasons you must leave. We also require a copy of your employment contract.	<input type="checkbox"/>	<input type="checkbox"/>

More reasons for applying on next page

5 Applying for a house

Reason	Evidence required	You	Joint applicant
Leaving residential care/hospital/supported accommodation.	Written confirmation from the relevant agency that you have nowhere to live when you leave. If you have a date to leave, please provide written confirmation.	<input type="checkbox"/>	<input type="checkbox"/>
Currently in prison	Written confirmation from the relevant agency that you are currently in prison and will have nowhere to live when you leave. If you have a date to leave, please provide written confirmation.	<input type="checkbox"/>	<input type="checkbox"/>
Leaving HM Forces	A letter from HM Forces confirming that you are leaving HM Forces and will have nowhere to live when you leave. If you have a date of discharge, please provide written confirmation.	<input type="checkbox"/>	<input type="checkbox"/>
To take up or stay in employment	Written evidence to support your circumstances e.g. letter from employer/prospective employer supporting the application and outlining why the applicant needs to move to keep/take up employment.	<input type="checkbox"/>	<input type="checkbox"/>
Property is below tolerable standard, for example structurally unstable, rising or penetrating damp, please fill in question 6e	Copy of confirmation from Renfrewshire Council's Environment and Infrastructure Services confirming that your property fails to meet the tolerable standard.	<input type="checkbox"/>	<input type="checkbox"/>
I have been awarded priority through the Health and Social care panel (formerly CCP – Community Care Panel)	Please provide written confirmation of your award from the Council	<input type="checkbox"/>	<input type="checkbox"/>
Other – please state (Proof will be dependent on circumstances)		<input type="checkbox"/>	<input type="checkbox"/>

5 Applying for a house

B If you are applying because of harassment, please answer the following:

What is the harassment?	
Who is causing the problem? (e.g. someone who lives/lived with you, your neighbour or someone else)	
How often does it happen? (e.g. daily, weekly, monthly, occasionally)	
When was the last incident?	
Who have you reported the problems to?	
Please state any police incident numbers if you have them.	

C Are you experiencing any domestic or external violence or abuse? (from a partner or ex-partner)

Yes

No

By someone within the household	<input type="checkbox"/>			
By an ex-partner	<input type="checkbox"/>			
By someone outwith the household that is known by you	<input type="checkbox"/>			
By someone outwith the household not known by you	<input type="checkbox"/>			
Have you reported the violence to any agencies, for example Police Scotland, Social Workers, GP?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been in contact with any agencies that can help and support them, such as Women's Aid, Women and Children 1st, Victim Support?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

D If you are applying because you are providing or receiving support, please provide details of who will support you or of the person you wish to support.

Name		Briefly describe the support you give/ receive and how often.
Address		
Telephone		
		Please tell us why you need to move to give/receive this support

5 Applying for a house

E Other properties

Do you or your joint applicant own or rent any other property which you do not live in?							
You		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Joint Applicant	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Address:				Address:			
Reason for not living there:				Reason for not living there:			

Do you or or someone else on your application own any land?							
You		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Joint Applicant	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please tell us what you intend to do with the land				Please tell us what you intend to do with the land			

F Condition of your current property

Do you consider that your property is below the 'tolerable standard'? Yes No

If yes, please tick the box that applies to your home (if any). We will require you to provide proof from Renfrewshire Council's Environment and Infrastructure Service to confirm that your property fails the tolerable standard.

	You		Joint Applicant	
	Yes	No	Yes	No
Does your house have rising or penetrating dampness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your house have structural defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a current closing/demolition/environmental closing order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your house lack amenities such as inside toilet, piped water supply, mains electricity, wash hand basin or sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6-1 General Information

A

Please tell us why you or the person that you are applying on behalf of wishes sheltered housing

Please include detail about any:

- *Health Conditions*
- *Disabilities*
- *Contact you have with other people*
- *or other housing related issues*

(Please answer this question as fully as possible)

B

Are you, or the person you are applying on behalf of, currently in hospital?

Yes*

No

*If yes, please provide written evidence/supporting information about your hospitalisation alongside this application

We would like to know a little about your circumstances, or those of the person you are applying for, to allow us to make sure that sheltered housing is the right housing option at this time. Please try to answer all questions as fully as possible.

6-2 How often do you or the person you are applying for socialise or take part in a social activity? For example, visiting or going out with friends or family, visiting day centres, clubs, events and so on?

- a) More than once a week
- b) Once a week
- c) Rarely
- d) Never

If you ticked a or b, please tell us more about this:

If you ticked c or d, please tell us why:

6-3 Do you or the person you are applying for feel lonely in your present home?

- a) No
- b) Sometimes
- c) Very often
- d) Always

6-4 How often do you or the person you are applying for have visits from friends or relatives?

- a) I have regular daily visits from friends and family
- b) Someone visits me at least once a week
- c) Someone visits me occasionally – less than once a week but at least once a month
- d) I do not have regular visits from friends or relatives

6-5

Your outlook on life

Please tell us if you or the person you are applying for, ever feels anxious or depressed?

- a) Always
- b) Very often
- c) Sometimes
- d) Never

If you ticked a, b, or c, please tell us a little more about this:

6-6

Security

Do you, or the person you are applying for, ever feel unsafe or vulnerable in your present home?

- a) I never feel unsafe or vulnerable in my home
- b) I sometimes feel unsafe or vulnerable in my home
- c) I very often feel unsafe or vulnerable in my home
- d) I always feel unsafe or vulnerable in my home

If you ticked b, c, or d, please tell us why:



Please tell us about any support services you receive:

Type of service	I receive this service:				
	Yes	No	Daily	Weekly	Occasionally
Care at home services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community alarm service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day care/hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Mental Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any other type of personal support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about any other type of personal support you receive and how often. This can include informal or family support:

We need to know about your current housing situation and what, if any, reason exists for its layout, floor level, features or other aspects, could make it unsuitable for you. Please try to answer these questions as fully and accurately as possible.



A Have you experienced any falls in the last 6 months?

 Yes

 No

If you answered yes, please tell us about this (for example, number of falls, reason for falls, etc.):

B Do you or the person you are applying for, use any of the following mobility equipment?

Equipment			Prescribed by a practitioner		Self-Purchased		How often do you use this equipment?
	Yes	No	Yes	No	Yes	No	
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crutches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking stick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please state):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I do not use mobility equipment	<input type="checkbox"/>						

Do you have any specialist equipment, whether prescribed or self-purchased? (e.g. bathing, showering, or toilet equipment. Specialist seating or walking equipment).

Yes*

No

**Please tell us what equipment you have and whether prescribed for you by a practitioner or self-*

Does your current home have any specialist adaptations made for your use?

Yes*

No

**Please tell us what adaptations you have (e.g ramp, stair lift, level access shower)*

6-8

How do you get around?

C Can you tell us why your home is unsuitable for you?

Please include why despite any mobility equipment, your home does not meet your needs.

6-9

How do you get around?

A Please tell us:

Are there any stairs at the front door of your house?

Yes*

No

a) If yes, how many? _____

Are there any internal stairs or steps in your house?

Yes*

No

b) If yes, how many? _____

B Can you or the person you are applying for, walk up stairs whether to your front door or internally?

- a) Yes, with no assistance if yes please tell us how many? _____
- b) With some difficulty
- c) Only with assistance
- d) No, I can't walk upstairs at all

Please tell us what, if any, assistance you require to walk upstairs:



Do you or the person you are applying for have any difficulties with:

- a) Using your bath or shower? *If yes please comment*

- b) Using your toilet? *If yes please comment*

7 Your choice of housing

A. Will you accept any floor level?	Yes	<input type="checkbox"/> <i>Move to question 6b</i>	No	<input type="checkbox"/>
If no, what is the lowest floor level you will accept? For example, 0 = ground floor, 1 = first floor.				
If no, what is the highest floor level you will accept? For example, 0 = ground floor, 1 = first floor				

B. Do you require an additional bedroom for any of the following reasons*:	Yes	No
Overnight care/support*		
Medical Equipment		
Access to child (please provide proof)		
I have applied to foster/adopt a child		
<i>If you have applied to foster/adopt a child, please state local authority or agency details below:</i>		

*Please provide proof/supporting information if you have ticked any of the above.

C Choice of Housing

Please select the types of property you wish to be considered for and the area you want to live.

Bargarran		North Barr		Park Mains	
Sheltered Flats	<input type="checkbox"/>	Sheltered wheelchair adapted bungalow	<input type="checkbox"/>	Sheltered wheelchair adapted bungalow	<input type="checkbox"/>
		Sheltered Flats	<input type="checkbox"/>	Sheltered Flats	<input type="checkbox"/>

7 Your choice of housing

D General needs housing

If you do not require the support service provided in our sheltered accommodation, you may wish to apply for general needs housing. Please contact us if you would like to discuss this further or request a general needs application form.

E Extra Care Housing

Extra care housing is for applicants 65 and over who require a greater level of support than is provided in sheltered housing. Residents benefit from 24 hour support and a mandatory meals service.

If you are interested in applying for Extra care housing, please ask us for an Extra care application form.

F. Do you have any pets?

Yes*

No

If Yes, please give details:

**You must seek permission from us if you would like to keep a pet in your tenancy.*

G Mutual Exchange

If you are a tenant and are interested in exchanging your current property with another tenant, let us know. Landlords of both properties must agree to the exchange before it can go ahead.

If you are a tenant, are you interested in a mutual exchange?

Yes

No

8 Other important information

In addition to the information you have provided earlier in this form, there are several other important areas that we need to know about when processing your application and considering you for housing. This information will be used to assess your eligibility for housing and to determine the suitability of housing for your needs, in line with Section 6 of the Renfrewshire Common Housing Allocation Policy.

Please answer all questions fully.

A Your eligibility for housing

The law covering asylum and immigration is complex and applies differently to the Council and the housing association partners. If you could be affected by this legislation, you must advise us. We may be able to assist or provide you with details of agencies that can help you.

	Main Applicant		Joint Applicant	
	Yes	No	Yes	No
Are you subject to immigration control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details				
Are there conditions or limits to your leave to remain in the UK?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details				

8 Other important information

Please provide us with the following important information about your current and previous addresses:

B. Antisocial behaviour	Main applicant	Joint applicant	Another person
In the past 3 years, has anyone ever acted against you or anyone moving with you, or a visitor to your home, for anti-social behaviour at your current or any previous address?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:
Has anyone ever acted against you, or anyone moving with you or a visitor to your home, in the past 3 years, for harassment of another person, or antisocial behaviour towards another person?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:
In the past 3 years, has anyone ever acted against you or anyone moving with you, or a visitor to your home for antisocial behaviour or a course of conduct amounting to antisocial behaviour in relation to an employee of the social landlord in course of making an application?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:
C. Previous convictions	Main applicant	Joint applicant	Another person
Have you or any member of your household been convicted of using a house or allowing a house to be used for immoral or illegal purposes?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:
Have you or any member of your household been convicted of an offence punishable by imprisonment which was committed in, or in the locality of a property occupied by them?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:

8 Other important information

D.. Recovery of possession	Main applicant	Joint applicant	Another person
In the last 3 years, have you ever been evicted from a tenancy?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	N/A
E. Abandoning or neglecting a let property	Main applicant	Joint applicant	Another person
In the last 3 years, have you ever had a tenancy repossessed by a social landlord because the property had been abandoned by you, or where a court order has ordered recovery of possession due to the deterioration of the condition of the property or furniture provided for your use?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details:	N/A
F. Rent arrears or other tenancy debt	Main applicant	Joint applicant	Another person
Do you or your joint applicant have any housing related debt from their current or former tenancy?	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please state what debt is for (including address) and amount owing: £ Do you have a repayment arrangement in place? No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please state what debt is for (including address) and amount owing: £ Do you have a repayment arrangement in place? No <input type="checkbox"/> Yes <input type="checkbox"/>	N/A
G. Sexual Offences Act 2003	Main applicant	Joint applicant	Another person
Are you, your joint applicant or anyone else who will be moving with you, required to register with Police Scotland under the Sexual Offences Act 2003? A requirement to register under the Act will not affect the assessment of your application but may affect where you could be rehoused.	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes provide details	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes provide details	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes provide details
If yes answered to any question under 8G , mark your envelope Private and Confidential for the attention of the Housing Liaison Co-ordinator (MAPPA) and return it to us.			

8 Other important information

8 h. Personal connections with Bridgewater Housing Association

We will report to Bridgewater's Board if we allocate housing to Board members or members of staff or their close relatives. Close relatives, including step relatives, means husband, wife, partner, father, mother, sister, brother, son or daughter.

Are you, or anyone you are wishing to be rehoused with, an employee or related to one of our employees or Board members?

Yes No

If yes, please give details below

Name: _____

Relationship: _____

{ Declaration }

Before returning your completed form to us please read through the following statements, sign and date the boxes below to show you understand and agree with them.

- That I/we are 16 years of age or over and are eligible to apply for housing in Renfrewshire.
- That I/we will inform you immediately of any changes in my/our circumstances.
- That all the information given by me/us on this form is true. If I/we supply any false information or do not disclose any relevant information my/our application may be cancelled.
- That if I/we are given a tenancy because I/we may have supplied knowingly or recklessly false information or I/we have kept back any relevant information, the tenancy may be ended.
- That my/our current or previous landlords can be contacted for a reference.

Main Applicant:

Signature:.....

Date:.....

Joint Applicant:


Signature:.....

Date:.....

**Please deliver this application to Bridgewater Housing Association LTD, Ground Floor
INDIA OF INCHINNAN, Greenock Road PA4 7LH**

9 The partner landlords

Please visit landlord websites for details of their opening hours, as they may be subject to change.

 <p>Renfrewshire Council</p>	<p>Renfrewshire Council www.renfrewshire.gov.uk Communities, Housing and Planning Services Tel: 0300 300 0222</p>
<p>Customer Service Centres</p>	
<p>Paisley:</p>	<p>Renfrewshire House, Cotton Street, Paisley, PA1 1AN.</p>
<p>Johnstone:</p>	<p>Johnstone Town Hall, 25 Church Street, Johnstone, PA5 8FA.</p>
<p>Renfrew:</p>	<p>14 Renfield Street, Renfrew, PA4 8RN.</p>
<p>Partner Associations</p>	
	<p>Bridgewater Housing Association www.bridgewaterha.org.uk Head Office: Ground Floor, India of Inchinnan, Greenock Road PA4 7LH Telephone: 0141 812 2237</p>
	<p>Linstone Housing Association www.linstone.co.uk Head office: 17 Bridge Street, Linwood PA3 3DB. Telephone: 01505 382383</p>
	<p>Paisley Housing Association www.paisleyha.org.uk Head office: Assurance House, 2 Lawn Street, paisley PA1 1HA. Telephone: 0141 889 7105</p>
 <p>Williamsburgh Housing Association</p>	<p>Williamsburgh Housing Association www.williamsburghha.co.uk Head office: Ralston House, Cyril Street, Paisley. PA1 1RW Telephone: 0141 887 8613</p>
<p>Other housing associations with housing in Renfrewshire:</p>	
<p>Bield - provide housing for older people www.bield.co.uk</p>	
<p>Blackwood- provide housing for general need and older and disabled people www.blackwoodgroup.org.uk</p>	
<p>Cairn - provide housing for older people. www.cairnha.com</p>	
<p>Hanover - provide housing for older people. www.hsha.org.uk</p>	
<p>Horizon - provide housing for general need and also older and disabled people. www.horizonhousing.org</p>	
<p>Key - provide housing for disabled people. www.keyhousing.org</p>	
<p>Link - provide housing for general need and also older and disabled people.</p>	
<p>Loretto - provide housing for general need and older and disabled people. www.lorettoha.co.uk</p>	
<p>Sanctuary - provide housing for general need and supported accommodation www.sanctuary-group.co.uk</p>	



🏠: Bridgewater Housing Association LTD, Ground Floor, INDIA OF INCHINNAN Greenock RD PA4 7LH

☎: 0141 812 2237

✉: admin@bridgewaterha.org.uk

🌐: www.bridgewaterha.org.uk



Bridgewater Housing Association Limited Property Factor Registration Number PF000105 Industrial and Provident Societies Act 1965 (No 2525R), Scottish Housing Regulator No HAL 301 Bridgewater Housing Association is a recognised Scottish Charity No SCO 35819