



HOUSING APPLICATION FORM

First Applicant's Details:

Surname.....

First Name.....

Joint Applicant's Details:

Surname.....

First Name.....

Please complete the application form as fully as possible to allow us to give your application proper consideration.

Please ensure when returning your form you must provide photographic ID and any other Information required – you should refer to our Applying for a Knowes Tenancy leaflet.

If you require this form in a different format please let us know.

If you have had a tenancy in the last 5 years, a tenancy reference will be requested from the landlord.

If you have any difficulty reading or writing or are visually impaired or need help in completing the form, please contact us and a member of staff will be pleased to give you advice and assistance.

All applications will be treated confidentially and fairly.

Please visit our website www.knowes.org for more information about the Association.

How did you hear about us? (please select from the following)

I live in the area

Other housing provider

Newspaper

Estate Agent

From family or friends

Internet

Other

SECTION 1 – INFORMATION ABOUT YOU

First Applicant's Details:

Title

Surname.....

First Name.....

Address.....

Flat position (eg. ground).....

Type of property.....
(eg. house/flat)

Town.....

Post Code.....

Telephone No.....

Email address.....

Date of birth.....

Relationship between 1st and 2nd applicant.....
(eg. sister/brother/spouse/partner etc)

National Insurance Number
.....

Joint Applicant's Details:

Title

Surname.....

First Name.....

Address.....

Flat position (eg. ground).....

Type of property.....
(eg. house/flat)

Town.....

Post Code.....

Telephone No.....

Email address.....

Date of birth.....

National Insurance Number
.....

If you do not want any mail sent to the above address, please tell us where you want it sent to:

.....

.....

Is any person included in this application related to any current or former member of Knowes Committee or staff?

YES

NO

If yes, please provide details:

Name..... Position in Knowes.....

Relationship to you.....

SECTION 2 – HOUSEHOLD DETAILS

Please detail everyone who will be moving with you should you be offered accommodation. Begin with your own details.

| Name | Gender | Date of Birth | Relationship to Applicant |
|------|--------|---------------|---------------------------|
| | | | Applicant |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

If you have children included do they live with you all the time? YES/NO

If no, how often do they stay?.....

If any member of your household is expecting a baby please tell us
When the baby is due (please provide confirmation of this)

YOUR ELIGIBILITY FOR HOUSING

If you or any joint applicant have come to the UK from abroad, we are required, under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, to establish the following:

Are you or any members of your household subject to immigration control? Yes / No

Are there conditions or limits to the leave to remain in the UK? Yes / No

If yes, please give details.....

.....

PREVIOUS CONDUCT

Have you or any members of your household, including, visitors, been subject to any Court Action relating to anti-social behaviour at your current or previous address?

Yes/No

If yes, please give details.....

.....

POLICE REGISTRATION

Are you or any members of your household required to register with the Police?

Yes/No

SECTION 3 – DETAILS OF PRESENT ACCOMMODATION

Please indicate the size of your present accommodation:

| Tenure | 1 bedroom | 2 bedroom | 3 bedroom | 4 bedroom | 5 bedroom |
|--|-----------|-----------|-----------|-----------|-----------|
| Renting from Council | | | | | |
| Renting from Housing Association | | | | | |
| Renting Privately | | | | | |
| Own Property | | | | | |
| Living with family/friends | | | | | |
| Other (ie. bedsit, temporary homeless accommodation) | | | | | |

If you are sharing facilities, please give us details of who you are sharing the facilities with:

.....

.....

If you are a tenant, please tell us the name and address of your landlord:

.....

.....

Would you consider an extra bedroom? Please refer to our Bedroom Tax leaflet for information before you make this choice

Yes/No

Does your accommodation have the following available for your use?

| | |
|--------------------|--------|
| Inside toilet | Yes/No |
| Hot water | Yes/No |
| Shower or bath | Yes/No |
| Kitchen facilities | Yes/No |

Any person who considers themselves to be homeless or threatened with homelessness should contact the Homeless Section at their local authority. The Association has an Agreement with West Dunbartonshire and East Dunbartonshire Council's which means that referrals made by them are given priority for urgent rehousing.

Do you consider yourself to be homeless?

Yes/No

SECTION 4 – PREVIOUS ACCOMMODATION

Please give details of your previous accommodation for the last 5 years, starting with the most recent:

APPLICANT

| | | | | | |
|--|--------|--------|------------------|------------------|-------|
| 1. Property Address..... | | | | | |
| Tenure (please select) | | | | | |
| <table border="1"><tr><td>TENANT</td><td>OWNER</td><td>LODGER</td><td>FAMILY & FRIENDS</td><td>OTHER</td></tr></table> | TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER |
| TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER | |
| From.....To..... | | | | | |
| If you were a tenant, name and address of your landlord: | | | | | |
| Reason for leaving: | | | | | |

| | | | | | |
|--|--------|--------|------------------|------------------|-------|
| 2. Property Address..... | | | | | |
| Tenure (please select) | | | | | |
| <table border="1"><tr><td>TENANT</td><td>OWNER</td><td>LODGER</td><td>FAMILY & FRIENDS</td><td>OTHER</td></tr></table> | TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER |
| TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER | |
| From.....To..... | | | | | |
| If you were a tenant, name and address of your landlord: | | | | | |
| Reason for leaving: | | | | | |

3. Property

Address.....

Tenure (please select)

| | | | | |
|--------|-------|--------|------------------|-------|
| TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER |
|--------|-------|--------|------------------|-------|

From.....To.....

If you were a tenant, name and address of your landlord:

.....

Reason for leaving:

4. Property

Address.....

Tenure (please select)

| | | | | |
|--------|-------|--------|------------------|-------|
| TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER |
|--------|-------|--------|------------------|-------|

From.....To.....

If you were a tenant, name and address of your landlord:

.....

Reason for leaving:

IF THIS IS A JOINT APPLICATION, PLEASE NOTE THAT PREVIOUS ADDRESSES ARE ALSO REQUIRED FOR THE JOINT APPLICANT

JOINT APPLICANT

1. Property

Address.....

Tenure (please select)

| | | | | |
|--------|-------|--------|------------------|-------|
| TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER |
|--------|-------|--------|------------------|-------|

From.....To.....

If you were a tenant, name and address of your landlord:

.....

Reason for leaving:

2. Property

Address.....

Tenure (please select)

| | | | | |
|--------|-------|--------|------------------|-------|
| TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER |
|--------|-------|--------|------------------|-------|

From.....To.....

If you were a tenant, name and address of your landlord:

.....

Reason for leaving:

3. Property

Address.....

Tenure (please select)

| | | | | |
|--------|-------|--------|------------------|-------|
| TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER |
|--------|-------|--------|------------------|-------|

From.....To.....

If you were a tenant, name and address of your landlord:

.....

Reason for leaving:

4. Property

Address.....

Tenure (please select)

| | | | | |
|--------|-------|--------|------------------|-------|
| TENANT | OWNER | LODGER | FAMILY & FRIENDS | OTHER |
|--------|-------|--------|------------------|-------|

From.....To.....

If you were a tenant, name and address of your landlord:

.....

Reason for leaving:

SECTION 5 – YOUR HOUSING PREFERENCE

It is difficult to judge how long you will have to wait for an offer, as this depends on the number of properties available and your own housing need. Please note that if you only wish to be considered for a house/cottage type or a cottage flat, you will have a considerable length of time to wait, as turnover of these types of properties are extremely low. It is mostly tenement flats that are available. Please consider this when making your choices.

PLEASE X THE TYPE OF HOUSING YOU WOULD CONSIDER

| | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| House Type/Cottage | <input type="checkbox"/> | Upper Cottage Flat | <input type="checkbox"/> |
| Tenement Flat | <input type="checkbox"/> | Lower Cottage Flat | <input type="checkbox"/> |

PLEASE X THE FLOOR LEVEL YOU WOULD CONSIDER

| | | | |
|-----------------------|--------------------------|-------------------|--------------------------|
| Any Floor Level | <input type="checkbox"/> | Ground Floor Only | <input type="checkbox"/> |
| Ground or First Floor | <input type="checkbox"/> | Not Ground Floor | <input type="checkbox"/> |

PLEASE X THE STREETS YOU WOULD ACCEPT FOR YOUR CHOSEN HOUSE TYPES

TENEMENT FLATS AND TENEMENT CONVERSIONS

I will consider any street

| | | | | | |
|-------------------|--------------------------|---------------------|--------------------------|--------------------|--------------------------|
| Auchnacraig Road | <input type="checkbox"/> | Faifley Road | <input type="checkbox"/> | Orbiston Place | <input type="checkbox"/> |
| Bryson Street | <input type="checkbox"/> | Field Road | <input type="checkbox"/> | Swallow Road | <input type="checkbox"/> |
| Craigbanzo Street | <input type="checkbox"/> | Flanders Street | <input type="checkbox"/> | Watchmeal Crescent | <input type="checkbox"/> |
| Craighaw Street | <input type="checkbox"/> | Langfaulds Crescent | <input type="checkbox"/> | Waulkingmill Road | <input type="checkbox"/> |
| Craigpark Street | <input type="checkbox"/> | Langside Street | <input type="checkbox"/> | Whitehill Crescent | <input type="checkbox"/> |
| Craigton Street | <input type="checkbox"/> | Lawmuir Crescent | <input type="checkbox"/> | | |
| Douglasmuir Road | <input type="checkbox"/> | Orbiston Drive | <input type="checkbox"/> | | |

STREETS WITH COTTAGES AND COTTAGE FLATS – please note streets marked with * contain new build properties

I will consider any street

| | | | | | |
|-------------------|--------------------------|---------------------|--------------------------|--------------------|--------------------------|
| Abbeylands Road | <input type="checkbox"/> | John Burnside Drive | <input type="checkbox"/> | Orbiston Drive* | <input type="checkbox"/> |
| Auchnacraig Road | <input type="checkbox"/> | Knowes View* | <input type="checkbox"/> | Quarryknowe Street | <input type="checkbox"/> |
| Craigbanzo Street | <input type="checkbox"/> | Langfaulds Crescent | <input type="checkbox"/> | Swallow Road* | <input type="checkbox"/> |
| Craigpark Street | <input type="checkbox"/> | Lennox Drive | <input type="checkbox"/> | Watchmeal Crescent | <input type="checkbox"/> |
| Faifley Road* | <input type="checkbox"/> | Limekilns Street | <input type="checkbox"/> | Waulkingmill Road | <input type="checkbox"/> |
| Ferclay Street | <input type="checkbox"/> | Mealkirk Street | <input type="checkbox"/> | Veitches Court | <input type="checkbox"/> |
| Foxknowe Gardens* | <input type="checkbox"/> | Middleward Street | <input type="checkbox"/> | | |

The Association has also acquired several properties outwith the Faifley area.

Would you like to be considered for one of these properties, if available? Yes/No

SECTION 6 – HEALTH & DISABILITY

Are you, or anyone in your household, registered as disabled? Yes/No

If yes, please provide details.....

.....

Please state if you have any other needs in relation to the type of property you require. If you, or anyone in your household, has a longstanding and serious medical condition, which is being made worse by your housing situation, please complete our Medical Assessment Form.

.....

.....

.....

SECTION 7 – SOCIAL POINTS

Social Points will be considered when an applicant needs to move for reasons other than when the property that they are currently in is not suitable for their needs. There are situations where an individual or family seek alternative accommodation due to social reasons, such as a victim of crime, serious harassment, domestic violence, martial/relationship breakdown where a Management Transfer will not be possible, or to provide support to a family member or relative.

If your circumstances relate to any of the above or if you are experiencing other issues which mean your current property is no longer suitable, please outline these below to see whether you will be considered for social points. (there is a separate form that will need to be completed if you wish to apply for Social Points)

.....

.....

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SECTION 8 – OTHER RELEVANT DETAILS

The Association has a Nominations Agreement with East and West Dunbartonshire Councils which means that some of our vacant properties are offered to them for nomination. It is recommended that you also apply to the local authority if you have not already done so.

If there is anything else you think we should know about regarding your application or housing preference, please provide details below and use an additional sheet of paper if you require more writing space.

.....

.....

.....

.....

.....

SECTION 9 - DECLARATION STATEMENT AND MANDATE

I declare that to the best of my knowledge and belief, all of the information given by me on this application is true. I agree to notify you in writing of any change to the information given by me, as this may affect my position on the waiting list.

I understand that any false information given or relevant information withheld now or at any time may result in any tenancy granted being terminated or my application being cancelled or suspended.

I hereby give permission for Knowes Housing Association to make any enquiries regarding any current or former tenancies I have held, and any other information which needs verified. I also give permission for Knowes Housing Association to keep the details outlined in this application on record until my application is no longer valid.

Our GDPR Fair Processing Notice is outlined on our website, www.knowes.org, and it explains what information we collect, when we will collect it and how we use this.

I understand that the information I have provided will be treated as confidential. General Data Protection Regulations cover the information I have provided. Knowes Housing Association will not discuss this information with any third party unless I have given written permission to do so.

Signature (First Applicant)

Signature (Joint Applicant)

.....

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Please remember to complete our Equal Opportunities Questionnaire on the next page (optional)

Any applicant or tenant who feels aggrieved by their treatment under this Policy can ask for a copy of the Association's Complaints Policy, which is available at the Associations office. Applicants and tenants also have a right to complain to the Public Services Ombudsman. The Complaints Policy details the way in which Tenants can complain and the timescales for responding.

Please check your form to ensure you have completed it property, before returning it to the Association.

Knowes Housing Association Limited
10 Field Road
Faifley
Clydebank
G81 5BX

Tel: 01389 877752, Select option 2 for Allocations

Website: www.knowes.org

Email: info@knowes.org



INVESTOR IN PEOPLE

Registered with the Financial Services Authority under the Industrial & Provident Societies Act 1965 & with The Scottish Housing Regulator No HEP300.

Knowes Housing Association Limited is a charitable organisation registered under Scottish Charity No: SCO27466

EQUAL OPPORTUNITIES MONITORING FORM

Knowes Housing Association Ltd is committed to tackling discrimination on the grounds of sex or marital status, racial grounds, or grounds of disability, age, sexual orientation, language, social origin, or of other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions. Knowes seek to embrace diversity, promote equal opportunities for all and eliminate any unlawful discrimination in all areas of our work. We would require consent from the applicant and joint applicant to hold this information on file under GDPR legislation.

We would appreciate your assistance by completing the following questions. However, if you do not answer these questions it will not affect your housing application.

I hereby give explicit consent to Knowes Housing Association to hold the following information on file.

Signed, (Applicant

Joint Applicant

Date

| 1. ETHNIC ORIGIN | | Self | Partner | Self | Partner |
|---|--|--------------------------|--------------------------|--|--------------------------|
| WHITE | | | | ASIAN, ASIAN SCOTTISH, OR ASIAN BRITISH | |
| Scottish | | <input type="checkbox"/> | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Other British | | <input type="checkbox"/> | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Irish | | <input type="checkbox"/> | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Gypsy/traveller | | <input type="checkbox"/> | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Polish | | <input type="checkbox"/> | <input type="checkbox"/> | Any other Asian Background | <input type="checkbox"/> |
| Any other white background | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| BLACK, BLACK SCOTTISH OR BLACK BRITISH | | | | MIXED | |
| Caribbean | | <input type="checkbox"/> | <input type="checkbox"/> | Any Mixed Background | <input type="checkbox"/> |
| African | | <input type="checkbox"/> | <input type="checkbox"/> | OTHER ETHNIC BACKGROUND | |
| Any other Black Background | | <input type="checkbox"/> | <input type="checkbox"/> | Arab, Arab Scottish or Arab British | <input type="checkbox"/> |
| | | | | Any Other Background | <input type="checkbox"/> |

2. GENDER

.....

.....

.....

.....

.....

.....

4. 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)

| | Self | Partner |
|--|--------------------------|--------------------------|
| NO | <input type="checkbox"/> | <input type="checkbox"/> |
| YES (please indicate from options below) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Self | Partner |
|-----------------------------|--------------------------|--------------------------|
| Physical | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Ill Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning Disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Impairment | <input type="checkbox"/> | <input type="checkbox"/> |
| Other – please give details | | |

3. PLEASE INDICATE YOUR AGE GROUP

| | Self | Partner |
|---------|--------------------------|--------------------------|
| 16 – 24 | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 – 34 | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 – 44 | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 – 54 | <input type="checkbox"/> | <input type="checkbox"/> |
| 55 – 64 | <input type="checkbox"/> | <input type="checkbox"/> |
| 65+ | <input type="checkbox"/> | <input type="checkbox"/> |