

Disability		
Do you consider yourself to have a disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES (please tick where appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Physical disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental ill health	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Learning disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hearing Impairment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you use a wheelchair		
If No, but you have difficulty in walking, please say how far you can walk without assistance.		

Age	
Is the first named person on this form (please ✓ where appropriate)	
16 - 25 <input type="checkbox"/>	26 - 40 <input type="checkbox"/>
41 - 54 <input type="checkbox"/>	55 - 64 <input type="checkbox"/>
65 or older <input type="checkbox"/>	

Housing Application Form

Private and Confidential

Ochil View Housing Association, Ochil House, Marshall, Alloa FK10 1AB
Tel: 01259 722899 Fax: 01259 212728 Email : enquiries@ochilviewha.co.uk

This section for Ochil View use only						
Transfer/Waiting list Number						
Category						
Date form received						
Office						
Date Assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Points Awarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer list				Waiting list		<input type="checkbox"/>

Please fill in this application form carefully. We will use the information you give us to deal with your housing application and decide how many points to give you.

In the form there are some shaded boxes. If you complete these, we need more information from you. Please provide this when you apply. It will delay your application if you don't.

If you have any difficulty in filling in this form, then we can help you. We will also provide copies of any publication in Braille, large print or audio tape and translated for applicants whose first language is not English.

If you need a translator or interpreter to participate in any interview relating to this application, we will arrange this at no cost to you.

Q1. Applicant's details	
First name	Surname
Present address	
Postcode	
Telephone number (daytime)	
Telephone number (mobile/evenings)	
Do you want your application to be a joint application	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details of the joint applicant at question 2	

Q2. Joint applicant's details

First name	Surname
Present address	
Postcode	
Telephone number (daytime)	
Telephone number (mobile/evenings)	

Q3. If you DO NOT want us to write to your home address, give a contact address below

Address	
Postcode	
Contact telephone number	

Q4. Please give details of who you wish to be housed with, starting with yourself

Name	N.I. Number	Relationship to you	Date of Birth	Current address if living apart
		Self		
Total number of persons to be rehoused, including you				
Is anyone named above pregnant				Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , please give details of the person (s) who is/are pregnant and the expected date of delivery of their baby/babies.				
Name				
Date of delivery				
Name				
Date of delivery				



Monitoring Questionnaire

Ochil View Housing Association, Ochil House, Marshall, Alloa FK10 1AB
Tel: 01259 722899 Fax: 01259 212728 Email : enquiries@ochilviewha.co.uk



Monitoring Questionnaire - You do not have to give this information if you do not wish to, and it will not affect your application for housing if you do not.

Ochil View Housing Association is committed to equal opportunities and it is our policy to allocate housing without unlawful discrimination, and without consideration of ethnic origin, gender, disability or age of applicants (except where certain specified property is designed to be occupied by people with particular needs or in accommodation intended to be let to older people). To help us assess if we are achieving this, we ask all applicants to give details of their ethnic origin, their gender and whether they consider themselves to be disabled.

How would you describe your ethnic origin (please ✓ where appropriate)

White - Scottish	Yes <input type="checkbox"/>	No <input type="checkbox"/>
White - other British	Yes <input type="checkbox"/>	No <input type="checkbox"/>
White - Irish	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other White Background	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any Mixed Background	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Indian	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pakistani	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bangladeshi	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chinese	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Asian background	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Caribbean	Yes <input type="checkbox"/>	No <input type="checkbox"/>
African	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Black Background	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any Other Background	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Gender

Is the first named person on this form Male Female

Continued Overleaf

Q25. House Size Choices

The Association may offer you accommodation that has one bedroom more than you need. Please tell us if you DO NOT WANT to be offered larger accommodation.

Yes No

Q26. Is there any other information you feel is relevant to your housing application that you would like to tell us? Fill in the space below.

DECLARATION

Finally, please read carefully the declaration below, then sign and date the form.

I/we understand that the information in this Housing Application Form will be stored in a computer system by Ochil View Housing Association. I/we give our consent to the processing of personal data, including sensitive personal data, in this Housing Application Form. I/we understand that, under the Data Protection Act 1998, I/we have the right to examine this data and amend it if it is not correct. Ochil View will use this data for the purposes of housing management and if you accept an offer of tenancy, this data will become part of your tenancy record.

We may share this data with Local Authorities, the Police and other Statutory Agencies, but only to the extent required by law.

You have the right to more information about our Data Protection practices, and you should ask us if you are unsure about the consequences of consenting to allow Ochil View Housing Association to process your personal data. You have the right to apply for a copy of any data we hold about you, and have any inaccuracies corrected.

I declare that the particulars given in this Housing Application Form and any other documents I have provided in connection with my Housing Application are true. If the information is found to be false or misleading or if relevant information is withheld, I understand that my application details will be corrected and my priority for housing will be amended accordingly. If a tenancy has been offered as a result of false or misleading information in a housing application or any other document, or as a result of any false or misleading statement I have made I understand that the Association will begin legal action to end that tenancy.

I/we authorise Ochil View Housing Association to make any enquiries with present or previous landlords, to verify my/our circumstances, and I/we authorise my present or previous landlords to provide information that is relevant to my previous tenancy(ies) to Ochil View Housing Association.

Signed by Applicant
Applicant's Name (BLOCK CAPITALS)
Signed by Joint Applicant
Joint Applicant's (BLOCK CAPITALS)
Date of Signature (s)

Q5. Access arrangements

Do you have access to any children from another relationship that stay with you regularly overnight? Yes No

If **YES**, please give details of each child below. You must provide confirmation of access before we will include these children as part of your household. Include any children that you foster in this section.

Child's Name	Relationship to you	Date of Birth	Current address

Q6. Your present household

Please give details of everyone who sleeps in each of the rooms of your present home - even if they will not move with you

Room	Who sleeps there	Date of Birth	Sex (Male or Female)	Relationship to you
Living room				
Kitchen				
Bedroom 1				
Bedroom 2				
Bedroom 3				
Bedroom 4				
Other rooms				

Q7. Your present home

When did you move into your present home

In your present home, are you (please ✓ where appropriate)

A council tenant	<input type="checkbox"/>	Living with your parents	<input type="checkbox"/>
Housing Association of Co-op tenant	<input type="checkbox"/>	Tied or Forces accommodation	<input type="checkbox"/>
Private tenant	<input type="checkbox"/>	Hostel/B&B/Lodger	<input type="checkbox"/>
Owner/Occupier	<input type="checkbox"/>	Sharing Owner	<input type="checkbox"/>
Living with your partner	<input type="checkbox"/>	In a nursing home, a hospital or prison	<input type="checkbox"/>
In supported accommodation	<input type="checkbox"/>	In a caravan or mobile home	<input type="checkbox"/>
Roofless - no fixed abode	<input type="checkbox"/>	Living with friends or relatives	<input type="checkbox"/>
In a Student hall of residence	<input type="checkbox"/>	Other - please specify	<input type="checkbox"/>

If you are a private tenant, please provide a copy of your Tenancy Agreement.

If you are a Tied or service tenant, please provide confirmation that your home is linked to your job.

If you live in a hostel, B&B or are a lodger, please provide a copy of any agreement you have with your landlord.

If you live in a caravan, please provide a copy of any agreement you have with the site owner.

If you are a Council tenant, Housing Association (or Co-operative) tenant, private tenant, Sharing Owner, resident in supported accommodation or owner with a mortgage, please provide the name and address of your landlord or mortgage holder below. We will contact them for a reference.

Q8. Type of present accommodation

Is your present home a (please ✓ where appropriate)

Flat	<input type="checkbox"/>	House	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
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Q9. Amenities in your present home

Does your present home have (please ✓ where appropriate)

	For your use	Shared use	None
Kitchen sink			
Bath or shower			
Inside WC			
Wash hand basin in bathroom			
Hot water supply at the bath/shower, kitchen sink and wash hand basin			
Cold water supply at the bath/shower, kitchen sink and wash hand basin			

Q21. The type of home you would like to live in

Please tick the list below to tell us the type of home you would accept. Not all types are available in all areas (see question 22). We will try and meet your preferences, but cannot guarantee to do so.

Any type	<input type="checkbox"/>	Bedsit - upper	<input type="checkbox"/>	House - end terrace	<input type="checkbox"/>
Flat - ground	<input type="checkbox"/>	4 in a block - ground	<input type="checkbox"/>	House - mid terrace	<input type="checkbox"/>
Flat - middle	<input type="checkbox"/>	4 in a block - upper	<input type="checkbox"/>	House - semidetached	<input type="checkbox"/>
Flat - upper	<input type="checkbox"/>	Maisonette - ground	<input type="checkbox"/>	House - detached	<input type="checkbox"/>
Bedsit - ground	<input type="checkbox"/>	Maisonette - middle	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>
Bedsit - middle	<input type="checkbox"/>	Maisonette - upper	<input type="checkbox"/>		
Do you want a garden?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	No preference <input type="checkbox"/>	

Q22. Where would like to live?

Please tick to tell us where you would like to live - you can choose as many areas as you wish. Use numbers to indicate the order of your preference.

Clackmannanshire		West Fife	
Dollar	<input type="checkbox"/>	Blairhall	<input type="checkbox"/>
Alloa	<input type="checkbox"/>	Menstrie	<input type="checkbox"/>
Alva	<input type="checkbox"/>	Sauchie	<input type="checkbox"/>
Clackmannan	<input type="checkbox"/>	Tillicoultry	<input type="checkbox"/>
Coalsnaughton	<input type="checkbox"/>	Tullibody	<input type="checkbox"/>
		High Valleyfield	<input type="checkbox"/>
		Newmills (Fife)	<input type="checkbox"/>
		Oakley	<input type="checkbox"/>

Q23. Heating Choices

Please tell us what type of heating you would accept. Not all types are available in all areas.

Any type	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Gas - warm air	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gas - with radiators	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Electric storage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electric warm air	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Electric underfloor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Solid Fuel	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Q24. Floor Level Choices

Please tell us the highest floor level you would accept. Not all floor levels are available in all areas.

Ground floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Second floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Third floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If **YES**, please give details of the tenancy and the address of the landlord. Enclose a copy of any Court Order relating to this eviction.

Are you or any member of your household subject to an Anti-Social Behaviour Order in the UK (ASBO). Yes No

If **YES**, please say who, the date the ASBO was granted, which Court granted it and enclose a copy of any Court Orders relating to this ASBO.

Q19. Relationship to staff or Management Committee Members

Are you related to a Committee Member or Employee of Ochil View Housing Association, or to someone who has been a Committee Member or Employee within the last 12 months? Yes No

“Related” includes wife, husband, partners who live together, parent, grandparent, child, stepchild, grandchild, brother or sister.

If **YES**, please state who you are related to and what the relationship is.

Q20. Pets

Do you have any pets? Yes No

If **YES**, please tell us how many and what type they are. You must get the Association's permission in writing before keeping any pet in an Association property. The Association will give permission for one cat or one dog only per household. We will withdraw permission if the pet is a nuisance to neighbours.

Q10. Conditions of your present home

Does your present home have (please ✓ where appropriate)

	Yes	No
Structural stability	<input type="checkbox"/>	<input type="checkbox"/>
Dampness	<input type="checkbox"/>	<input type="checkbox"/>
Clean drinking water	<input type="checkbox"/>	<input type="checkbox"/>
Space to cook and store food	<input type="checkbox"/>	<input type="checkbox"/>
Access to external doors	<input type="checkbox"/>	<input type="checkbox"/>
Proper foul water and drainage systems	<input type="checkbox"/>	<input type="checkbox"/>
Adequate light, ventilation and heating	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked any of the shaded boxes, please provide any information you have such as a report from a surveyor, Environmental Health Officer or qualified person on the condition of your home.

Q11. Temporary accommodation

Is your accommodation temporary? Yes No

Have you been asked to leave? Yes No

If **YES**, please give details and the date by which you must leave. Please provide a copy of any document you have such as a Notice to quit.

Has your relationship with anyone living with you (for example an ex-partner) broken down? Yes No

If **YES**, please advise who the relationship was with.

Have you been accepted by a Local Authority as a Homeless Person? Yes No

If **YES**, please provide confirmation, such as a letter from the Council.

Q12. Travelling to work or study

Do you want to move to be nearer your place of work or study? Yes No

If **YES**, please provide written confirmation of your place of work or study and tell us how long it takes you to travel there from home by public transport.

Q13. Health Reasons

Is your present home not suitable for you or anyone who will move with you because of health reasons?

Yes No

If **YES**, please complete the enclosed Medical Application. This will be assessed by our Medical Advisor who may consult your GP. We will award Medical Points based on the Advisor's assessment.

Q14. Support

Do you want to move to be nearer friends or relatives and give (or receive) support to them (or from them)?

Yes No

If **YES**, please tell us who you will get support from (or give support to) and give us their name and address. Tell us the type of support you will give (or receive), and for how many hours a week. We will contact the other party and ask them to confirm this support arrangement.

Support includes: Childcare (looking after children when the parents are working or studying). Looking after an older person, or someone with a chronic illness or disability. Helping someone in their first home.

Q15. Harrassment

Are you suffering harrassment, violence or threatening behaviour in your present home.

Yes No

If **YES**, please tell us what action you have taken to deal with the harrassment, violence or threatening behaviour such as reporting it to your landlord or the Police. Please provide copies of any relevant documents, such as letters or Court Documents.

Q16. Your previous homes

Please list all the addresses where you and your partner (if applicable) have lived in the last five years

Address	Landlord's name and address	Date From	Date To	You	Your Partner	Why did you leave?

Q17. Tenancy history

Have you ever held a tenancy with Ochil View Housing Association? Yes No

If **YES**, please give the details below (unless these addresses are listed in Question 7)

Address	Date you moved in	Date you moved out	Why did you leave?

Q18. Your previous tenancies (if None, leave this section blank)

Do you have any arrears of rent due on your current or any former tenancy. Yes No

If you have rent arrears, you **MAY** be admitted to the list. Please answer the questions below.

Which tenancy has rent arrears due?

Who was the tenant of the house when the arrears arose?

How much is/was the rent for your home? £ per week/month

Have you reached an agreement with your landlord to pay the arrears? Yes No

If **YES**, tell us how much you pay each week or month towards the arrears.

Have you or any joint applicant been evicted from a tenancy in the United Kingdom, within the last 3 years, as a result of anti-social behaviour. Yes No