



OCHIL VIEW

Welcome to Homehunt Ochil View Registration Form



HAPPY TO TRANSLATE



Ochil View Housing Association has a new way of allocating our houses. We don't have a waiting list; we advertise all our properties and anyone who is registered with us can apply for them.

This short form is all you need to register with us. You can apply for any available property after you have registered. If there are particular reasons why you need a home, there are some questions in this form that help us to identify them. You may be entitled to a Priority Pass. What these are and how they work for you is explained in more detail in the leaflet "Your Guide to Homehunt Ochil View".

We have some rules set out to make the system fair and decide who we will offer available properties to. These rules are set out in "Your Guide to Homehunt Ochil View".

If you need help or have any questions, contact us on 01259 727498.

Data Protection Notice

Ochil View Housing Association Ltd. is a registered data controller within the terms of the Data Protection Act 1998. Our Registered Office, at which any documents may be served on us is Ochil House, Marshall Alloa FK10 1AB.

The information that you provide to us on your Registration Form, any Priority Pass Application Forms and any additional information that you provide us with, together with any information we obtain about you from a third party will be held and used in accordance with our Allocation Policy and Data Protection Policy. Full copies of these Policies are available on our website at www.ochilviewha.co.uk. Paper copies are available on request. We will use this information only for the purpose of operating the homehunt Ochil View allocations service and for statistical, recording and reporting purposes. We will not disclose any information about you without your written consent unless we are required to do so by law or by the Scottish Housing Regulator.

By signing and returning this form to us, you have given your consent to our processing your personal data, including any sensitive personal data. Sensitive personal data includes information about your racial or ethnic origin, health, religious beliefs, sexual life, committed or alleged offences including Court Proceedings and sentencing, trades union membership and political opinions. This data will only be processed where necessary.

Please inform us as soon as possible of any change in your personal information. We will update our records to keep them complete and accurate.

You have the right to see and obtain a copy of any personal information that we hold and to have any inaccuracies corrected.

Information in alternative formats and languages

If you need this leaflet, or any other publication, translated into another language, we will provide it.

We will arrange, on request, for an interpreter to be present when necessary, for example at interviews. This includes sign language interpreters.

We will provide material in formats such as large print, Braille, audio tape or computer disk, on request.

We will provide these additional services at no cost to you.

Registration Form

Registration No.

Your Personal Details

Full Name _____

Any other names you are known by _____

Date of Birth _____

Address _____

_____ Postcode _____

Telephone number (daytime) _____

Telephone number (evening) _____

Telephone (mobile) _____

Mother's maiden name (for identification and security purposes) _____

Joint Applicant or Partner's Personal Details

Full Name _____

Any other names you are known by _____

Date of Birth _____

Address _____

_____ Postcode _____

Telephone number (daytime) _____

Telephone number (evening) _____

Telephone (mobile) _____

Mother's maiden name (for identification and security purposes) _____

Correspondence address

If you would like us to send your mail to a different address and not to your home address, please give your correspondence address below

Address _____

_____ Postcode _____

Please tell us why you would like us to send your correspondence to a different address?

If you need help or support with your application for housing, or if you would like someone to act on your behalf, please tell us who you would like to act on your behalf and how we can contact them?

Name _____

Address _____

_____ Postcode _____

Telephone number _____

E-mail _____

Do you, or any joint applicant, currently hold a tenancy or have you held a tenancy in the past? If so, please give details of all tenancies held. *Continue on separate sheet if necessary.*

Address	Landlord	Landlord's Address	Dates of tenancy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please give details of everyone who will move with you (excluding yourself and any joint applicant or partner). Please do **NOT** include anyone who lives with you that will not move with you. If you have access to children, please state the number of Nights Per Week (NPW) they stay with you. If anyone is pregnant, please tell us when the baby is expected to be born.

Name	Date of Birth	Sex	Relationship	NPW
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is anyone who will move with you living at a different address at present ?

Please give details _____

Please indicate if you or anyone who will move with you requires housing because of

- Homelessness
- No home of your own
- Overcrowding or under occupation
- Your current home is in poor condition
- Health reasons
- A need to live in a particular community
- Your household cannot live together in your present accommodation
- You want to transfer from a flat to a house.

Please complete and sign the following statements. This will help us to identify if we or you need to do anything else before your Registration for housing can be completed. This must be completed before you can start applying for houses. In each case, please tick whichever box applies. If you are unsure about any part of this form or any part of our housing process, please ask us for more information.

Please answer yes or no to the following questions:

Do you, and any joint applicant have the right to reside in the UK?

Yes No

Do you, or anyone who will live with you, have outstanding rent arrears or tenancy related debt (such as rechargeable repairs) which amounts to more than one month's rent on a current or previous tenancy

Yes No

If YES, have you maintained an agreement with your present/previous landlord for at least three months to reduce this debt, and will you continue to meet this agreement until the debt is paid in full?

Yes No

Have you, or anyone who will be housed with you, ever been evicted for anti-social behaviour or are you or anyone who will be housed with you, the subject of an Anti-social behaviour order (ASBO) ? Are proceedings to obtain an ASBO against you or any member of your household under way at this time ? If the answer to any of these questions is YES, please give details below.

Yes No

Are you or anyone who will be housed with you, required to register with the Police under the Sex Offenders Act 1997 and the Sexual Offences Act 2003?

Yes

No

If the answer to this question is YES, please give details below.

Do you require support to maintain a tenancy?

Yes

No

Are you related to a current or recent Committee member or staff member of Ochil View HA?

Yes

No

Declaration

I have read all the statements on this form. The information I have given is correct and complete. I accept that, if I have given false information, my application will be corrected as soon as correct information is available, and any priority that I have been given will be reviewed as a result. It is my responsibility to advise Ochil View of any changes in my circumstances, as soon as they arise. If I have accepted an offer of tenancy as a result of false or misleading information, I accept that Ochil View will begin legal action to end that tenancy.

I agree to the processing of this information in accordance with the Data Protection statement.

I understand that if I accept a property, general details of the allocation will be published. On request, Ochil View will provide an example of the type of information that is published about allocations.

By signing this form, I authorise and approve all relevant bodies and persons such as my current or previous landlords, local authorities, the Police, my employer, relevant government departments and agencies and health professionals to supply information reasonably required by Ochil View in processing my housing application.

Signed (Applicant) _____ Date _____

Signed (Joint Applicant) _____ Date _____

The part of the form below this point is optional. This information is used for statistical purposes and to ensure compliance with our Equal Opportunities Policy.

Male Female

Do you have any disability? Please ✓

Yes No

If Yes: Vision/Mobility/Hearing/Other (Please specify) _____

Preferred first language if not English _____

Preferred communication e.g. Verbal, sign language _____

Please describe your ethnic origin:

- | | |
|---|---|
| <input type="checkbox"/> White Scottish | <input type="checkbox"/> White (other British) |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Any other white background |
| <input type="checkbox"/> Any mixed background | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> African | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian Background |
| <input type="checkbox"/> Other black background | <input type="checkbox"/> Any other background |
