



Tick	Office use only	Details	Change of circumstances
<input type="checkbox"/>	Internal transfer:		
<input type="checkbox"/>	Direct:		
<input type="checkbox"/>	Nomination:		
<input type="checkbox"/>	Application No:		
<input type="checkbox"/>	Suspension:		
<input type="checkbox"/>	Designated band:		
<input type="checkbox"/>	Officer's signature:	Date:	
<input type="checkbox"/>	Manager's signature:	Date	

Application form

About you

Question 1 - Your details

	Your details	Joint customer details (for example your partner who will be on the tenancy with you)
Address and postcode	<input type="text"/>	<input type="text"/>
Correspondence address and postcode (if different from above)	<input type="text"/>	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>
If you have a different title, please tell us here	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Previous surname (if any)	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>

We can often provide you with a quicker service if we have all your main contact details.

	Your details	Joint customer details
Home phone number	<input type="text"/>	<input type="text"/>
Work phone number	<input type="text"/>	<input type="text"/>
Mobile phone number	<input type="text"/>	<input type="text"/>
Textphone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

Who owns your current home?

	Your details	Joint customer details	Your details	Joint customer details
Parent	<input type="checkbox"/>	<input type="checkbox"/>	Building Society	<input type="checkbox"/>
Private landlord	<input type="checkbox"/>	<input type="checkbox"/>	Lodger	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	<input type="checkbox"/>	Tenant in tied accommodation	<input type="checkbox"/>
Housing Association or Local Authority	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="text"/>

	Your details	Joint customer details
Landlord name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>
Tenancy start date	<input type="text"/>	<input type="text"/>
Do you or the joint applicant have the tenancy of any other any residential property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Question 2 - Anyone who supports you

If you currently live in supported accommodation, have a support worker, family member, friend or carer who helps you and you would like them to help you in future when we contact you, please give us their name and contact details (including their phone number).

Please ask their permission before giving us their details.

	Your details	Joint customer details
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Address and postcode	<input type="text"/>	<input type="text"/>
Home phone number	<input type="text"/>	<input type="text"/>
Mobile phone number	<input type="text"/>	<input type="text"/>
Relationship to you <small>(for example, your son, support worker or friend)</small>	<input type="text"/>	<input type="text"/>
What type of support do they give you?	<input type="text"/>	<input type="text"/>
Will you or the joint customer need support to maintain a tenancy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

About your household

Question 3 - Please tell us who will be moving with you

Please list all members of your household who are living with you now and who will continue to live with you when you are rehoused.

First name(s)	Surname	Are they male or female?	Date of birth	Their relationship to you
1 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
6 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
7 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
8 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Please list all members of your household who are not living with you now and who will live with you when you are rehoused.

First name(s)	Surname	Are they male or female?	Date of birth	Their relationship to you
1 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

For all children under 16, who is the child benefit paid to?

Is this the main residence for all children listed? Yes No

Please list all members of your household who are living with you now and who will not live with you when you are rehoused.

First name(s)	Surname	Are they male or female?	Date of birth	Their relationship to you
1 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Are you a registered foster carer? Yes No

Has anyone in the household, including you, ever served in the UK Armed forces as a regular or a reserve (excluding national service) Yes-regular Yes-reserve No Prefer not to say

If they've ever served as a regular, have they left within the last five years? Yes No Prefer not to say

Has anyone in the household, including you, been seriously injured or ill as a direct result of their time and activities serving as a regular or reserve? Yes No Prefer not to say

Is anyone in your current home pregnant? Yes No Prefer not to say

Do you have any pets to take with you? Yes No

If 'Yes' please give details. **Please note: In some properties we operate a no pets policy.**

Getting in touch

Question 4 - Preferred contact

How should we contact you? We will usually contact you by phone or letter. Please tell us if you would prefer to be contacted in any additional way. Please tick all the boxes that apply.

	Your details	Joint customer details		Your details	Joint customer details
Email	<input type="checkbox"/>	<input type="checkbox"/>	Textphone	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>	British Sign Language (BSL)	<input type="checkbox"/>	<input type="checkbox"/>
Home visit	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

Question 5 - Giving you information

We will usually provide you with information by phone or letter. What additional ways would you like to receive information? Please tick all the boxes that apply.

	Your details	Joint customer details		Your details	Joint customer details
Email	<input type="checkbox"/>	<input type="checkbox"/>	Large-print letter	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>	Audio	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
CD	<input type="checkbox"/>	<input type="checkbox"/>			

Question 6 - Communicating with you

We will normally contact you in English. If you would prefer to be contacted in another language, please tell us the language you would like us to use to contact you.

Unfortunately we are not able to translate all of our documents, but will try to make sure that important documents are translated for you.

Please tell us the main language that you would like us to use to contact you in, **if not English**.

Your details

Preferred language

Spoken Written

<input type="text"/>	<input type="text"/>
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Joint customer details

Preferred language

Spoken Written

<input type="text"/>	<input type="text"/>
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More about you

In this section we ask for personal information that you may find sensitive. You can refuse to answer any particular question, but we would be grateful if you could answer as many questions as you can.

Question 7 - Your ethnic background

How would you describe your ethnic background?

	You	Joint customer		You	Joint customer	
White	English/ Welsh/Scottish/ Northern Irish/British	<input type="checkbox"/>	<input type="checkbox"/>	Any other White background (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
	Gypsy or Irish traveller	<input type="checkbox"/>	<input type="checkbox"/>			

Mixed race / Multiple ethnic groups	White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>	<input type="checkbox"/>	Any other Mixed/Multiple ethnic background (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="text"/>		

Asian / Asian British	Indian	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Any other Asian background (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

Black / African / Caribbean / Black British	African	<input type="checkbox"/>	<input type="checkbox"/>	Any other Black / African / Caribbean background (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

Other ethnic group	Arab	<input type="checkbox"/>	<input type="checkbox"/>	Any other ethnic group (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="text"/>		

Prefer not to say

Question 8 - Nationality

	Your details	Joint customer details		Your details	Joint customer details
UK national, resident in UK	<input type="checkbox"/>	<input type="checkbox"/>	Poland	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>	Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>	Czech republic	<input type="checkbox"/>	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>	<input type="checkbox"/>	Latvia	<input type="checkbox"/>	<input type="checkbox"/>
Other European Economic Area (EEA) Country	<input type="checkbox"/>	<input type="checkbox"/>	Slovakia	<input type="checkbox"/>	<input type="checkbox"/>
UK national returning from residence overseas	<input type="checkbox"/>	<input type="checkbox"/>	Romania	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>	Any other Country	<input type="checkbox"/>	<input type="checkbox"/>
			Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 9 - Religion

What is your religion?

	Your details	Joint customer details		Your details	Joint customer details
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	I don't have a religion	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	(please specify below)		
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		
Sikh	<input type="checkbox"/>	<input type="checkbox"/>			

Question 10 - Understanding the needs you or your household have

Do you or anyone living with you have any needs that you would like us to be aware of when we visit you at home or when you call into our office e.g. cultural needs?

Question 11 - Gender identity & sexual orientation

Is your gender identity the same as the gender you were assigned at birth?

Yes No Prefer not to say

If 'No' please state your gender identity opposite

	Your details	Joint customer details
Trans Woman	<input type="checkbox"/>	<input type="checkbox"/>
Trans Man	<input type="checkbox"/>	<input type="checkbox"/>
Non binary	<input type="checkbox"/>	<input type="checkbox"/>
Gender fluid	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	You <input type="text"/>	
	Joint applicant <input type="text"/>	

Sexual orientation

	Your details	Joint customer details		Your details	Joint customer details
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual (straight)	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>			

Question 12 - Disabilities

Do you or anyone who will be living with you consider themselves to have a disability?

Yes No

Household member affected (name please)

Uses a wheelchair	<input type="text"/>
Has problems getting around but does not use a wheelchair	<input type="text"/>
Is blind or has sight problems	<input type="text"/>
Is deaf or has hearing problems	<input type="text"/>
Cannot speak or has a difficulty with speech	<input type="text"/>
Has a learning difficulty	<input type="text"/>
Has mental health problems	<input type="text"/>
Long-term health problems	<input type="text"/>
Prefer not to say	<input type="text"/>
Has a disability not mentioned above	<input type="text"/>

If any of the above contributes to the reasons you wish to be re-housed please provide details under 'Additional information to support your application including medical information'

Question 13 - Adaptations

Do you require any special adaptations to your property?

Yes No

Walk-in shower <input type="checkbox"/>	Ramps <input type="checkbox"/>	24-hour emergency call system <input type="checkbox"/>
Grab rails <input type="checkbox"/>	Door-entry system <input type="checkbox"/>	
Lever taps <input type="checkbox"/>	Stairlift <input type="checkbox"/>	Other (please specify below) <input type="checkbox"/>

Question 14 - Why do you wish to be rehoused?

Please tick the main reason you wish to be rehoused

Being permanently moved from another property owned by this Home Group landlord <input type="checkbox"/>	Non-violent relationship breakdown with partner <input type="checkbox"/>
Left home country as a refugee <input type="checkbox"/>	Asked to leave by family or friends <input type="checkbox"/>
To move to independent accommodation <input type="checkbox"/>	Racial harassment <input type="checkbox"/>
Loss of tied accommodation <input type="checkbox"/>	Other problems with neighbours <input type="checkbox"/>
End of Assured Short hold tenancy (private rented) <input type="checkbox"/>	Property unsuitable because of overcrowding <input type="checkbox"/>
Eviction or repossession <input type="checkbox"/>	Property too small <input type="checkbox"/>
Domestic violence <input type="checkbox"/>	Property too large <input type="checkbox"/>

- | | | | |
|--|--------------------------|---|--------------------------|
| Property unsuitable because of ill health/disability | <input type="checkbox"/> | To move nearer to family/friends | <input type="checkbox"/> |
| Property unsuitable because of poor condition | <input type="checkbox"/> | To move nearer to work/school | <input type="checkbox"/> |
| Cannot afford rent or mortgage | <input type="checkbox"/> | To move to accommodation with support | <input type="checkbox"/> |
| Other (please tell us below) | <input type="checkbox"/> | Discharged from prison or from long stay hospital or other institution.
(please provide further information below) | <input type="checkbox"/> |

Your housing requirements

Questions 15 & 16 in this section DO NOT need to be completed by customers who have been nominated by Local Authority or via Choice Based Lettings.

Housing eligibility criteria

Applicants may be entitled to more than the minimum depending on circumstances, the age and gender of any children and the availability of empty properties. This is a guideline only as variations may occur.

Household members	Number of bedrooms
Single person/couple	Bedsit or 1 bedroom
Two adults who are not a couple	2 bedrooms
Couple/single parent with one or two children aged under 10	2 bedrooms
Couple/single parent with up to four children aged under 10	3 bedrooms
Couple/single parent with up to four children, and at least one who is 10 years or over	2 - 4 bedrooms depending on age and gender of children
Couple/single parent with three adult dependants	4 bedrooms

- 'Adult' refers to anyone aged 16 or over
- Households with a medical requirement for level access will be given priority for ground floor flats and bungalows, where they are available

Eligibility for spare bedrooms

- A separate bedroom is considered necessary for:
- Every adult couple (married/civil partnership or unmarried)
- Any adult aged 16 or over who lives with you
- Any two children of the same sex aged under 16
- Any two children aged under 10
- A child with severe disabilities who is unable to share a bedroom
- Any other child
- An approved foster carer to use for placements (subject to meeting the DWP rules)
- A carer (or team of carers) who does not live with the applicant but provides the applicant or their partner with overnight care.

Note: Children whose main residence is elsewhere are not eligible for a bedroom.

Please ensure you answer the following questions in as much detail as possible. This will allow us to assess your application as fairly as possible.

Question 15 - What type of property would you consider?

Flat House Bedsit Bungalow Maisonette

Would you like more information on amenity accommodation for older persons? Yes No

Are you able to manage a property with stairs? Yes No

Question 16 - Where would you like to live?

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Additional information

Question 17 - Provide any information to support your application including medical details

If you have any other information relating to the reasons you wish to be re-housed, or the health or disability of yourself or any other member of your household that will help with your application, please use the space below.

Please enclose any medical evidence that will support your claim. Please note we will not pay your doctor for details of your medical needs.

Please note: This is not applicable for applicants seeking housing in Dundee. Applicants with a medical need are required to complete a Tayside Medical Advisory Service Form if you have not already done so.

Please continue on a separate sheet if necessary and attach it to this form.

Your financial and work status

Question 18 - You and the joint customer's work status

Please tell us whether or not you and the joint applicant work?

Please tick the box that you think is most relevant	Your details	Joint customer details		Your details	Joint customer details
Works full-time	<input type="checkbox"/>	<input type="checkbox"/>	Is in full-time education at school, college or university	<input type="checkbox"/>	<input type="checkbox"/>
Works part-time	<input type="checkbox"/>	<input type="checkbox"/>	Is looking after family or the home	<input type="checkbox"/>	<input type="checkbox"/>
Is self-employed	<input type="checkbox"/>	<input type="checkbox"/>	Is permanently sick or disabled	<input type="checkbox"/>	<input type="checkbox"/>
Is on government-supported training	<input type="checkbox"/>	<input type="checkbox"/>	Is doing something else	<input type="checkbox"/>	<input type="checkbox"/>
Is unemployed	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Is retired from work	<input type="checkbox"/>	<input type="checkbox"/>			

Your details Name and address of employer

Joint customer details Name and address of employer

Question 19 - Benefits

Please tell us whether or not you and the joint customer receive any benefits?

	Your details	Joint customer details		Your details	Joint customer details
I do not receive any benefits	<input type="checkbox"/>	<input type="checkbox"/>	Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>	Personal Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Disability Living Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	State Pension	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	Council Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 20 - Bank and building society accounts

Do you have a bank, building society or savings account?

	Your details	Joint customer details		Your details	Joint customer details
Yes	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>			

Your current home

Question 21 - Please tell us about the type of home you live in

Flat	<input type="checkbox"/>	Hostel/Refuge	<input type="checkbox"/>
House	<input type="checkbox"/>	Supported/Sheltered accommodation	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	Housing association/Local Authority	<input type="checkbox"/>
Bed & Breakfast	<input type="checkbox"/>	Other (please specify below)	
Maisonette	<input type="checkbox"/>		
Bungalow	<input type="checkbox"/>		

Number of bedrooms in the property	<input type="checkbox"/>	Number of bedrooms used	<input type="checkbox"/>
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On which floor do you live?

Ground	<input type="checkbox"/>	Second	<input type="checkbox"/>
First	<input type="checkbox"/>	Third or above (please specify)	<input type="checkbox"/>

Do you require a lift in your property Yes No

Have you or a member of your household previously had a tenancy with Home Group (including Stonham, Nashayman, Home Scotland and Copeland Homes)?

Yes No

If 'Yes' please give details below of the name, address and dates of tenancy

Previous addresses

Question 22 - Please give dates and details of your previous addresses that you and your joint applicant (if applicable) have lived in over the last five years. Please start with the earliest.

	Your details	Joint customer details
1. Previous address		
Name and address of landlord		
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving		
2. Previous address		
Name and address of landlord		
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving		
3. Previous address		
Name and address of landlord		
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving		

4. Previous address		
Name and address of landlord		
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving		

Declaration

Question 23 - Immigration status

- Did you or any of the persons applying with you come into the UK during the last five years? Yes No
- Are you or any of the persons applying with you subject to any immigration controls? Yes No
- Are you or the persons applying with you Asylum Seekers? Yes No

Question 24 - Relationship to Home Group

Have you or the joint applicant, currently or in the past 12 months been:

- Employed by Home Group? Yes No
- Involved in customer activities? Yes No
- A board member of Home Group? Yes No

If 'Yes' to any of the above, please give details below:

**For office use only:
If 'Yes' to the above, please refer application to your line manager prior to banding.**

Question 25 - Suspensions

We operate a suspension policy, details of which can be provided upon request

Does one or more of the following criteria apply or have they applied in the last two years to you, the joint applicant and/or any member of your household?

Are you or anyone on your application required to register under the Sexual Offences Act 2003 Yes No

Have you or anyone on your application harrassed or used threats or violence against any tenant, employee, Board member or Agent of Home Scotland or other housing provider or anyone else lawfully on one of their estates or properties. Yes No

Have you or anyone on your application had rent arrears (our approach is one of support and if you have had previous arrears we will consider the circumstances before making a decision) Yes No

Have you or anyone on your application had action taken against you/them because of Anti-Social Behaviour Yes No

Have you or anyone on your application had legal action taken against you for breaking the terms and conditions of a tenancy Yes No

Have you or anyone on your application had any convictions in the last two years (convicted of a criminal offence, other than spent convictions under the Rehabilitation of Offenders Act 1974). This may not necessarily affect your application Yes No

Have you or anyone on your application ever been convicted of a criminal offence of violence, a sexual offence or involving illegal use/supply of drugs. This may not necessarily affect your application Yes No

If 'Yes' to the above, please provide further details:

Home Scotland contacts

Edinburgh

PO Box 15699,
Newbridge,
Edinburgh
EH28 9AB

Glasgow

Pavilion 6,
Parkway Court,
321 Springhill Parkway,
Baillieston, Glasgow
G69 6GA

Dundee

PO Box 10295,
Dundee, DD1 9FP

Contact us by calling 0345 141 4663

Email: scotland@homegroup.org.uk
Web: www.homegroup.org.uk

Informed consent

	Your details	Joint customer details
First name(s)	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>

By signing this form you are confirming that:

1. You understand that the information supplied on this form will be used to process your application for housing. As part of your application for housing, you understand that it may be necessary for us to request information from a previous or current landlord, mortgage lenders, local government departments, social workers, probation officers or the police. You hereby authorise and agree to us contacting any of the above to obtain such information as we feel is necessary.
2. The European General Data Protection Regulation and the Data Protection Act 2018 came into force in May 2018. This required some changes in how data is managed but also provides additional rights for you as an individual.

Please ensure that all sections of this form are completed. Partially completed forms will not be accepted. Both applicants must sign if this is a joint application.

You

Signature _____

Print name _____ Date _____

Joint customer

Signature _____

Print name _____ Date _____

If this form has been filled in by someone other than the person(s) making the application please tell us why you are filling in this form for the applicant.

I declare that as far as possible, I have confirmed with the person(s) applying that the answers I have written on this form are correct

Signature _____

Name _____ Date _____

Relationship to the applicant(s) _____

We promise:

- To keep your data safe and private
- Not to sell your data
- To act in accordance with the law when processing your personal data

Our privacy policy will tell you:

- What data we hold about you
- Why we hold it
- Who we might share it with
- About your rights in relation to your personal data

You can find our full Privacy Policy on our website using the following link:

www.homegroup.org.uk/Privacy-Policy. If you require a copy of our Privacy Policy or this leaflet in another format or language please contact us on **0345 141 4663**.

3. The details given in this application are true. You understand that if you have knowingly or recklessly given false information, or withheld information in connection with this application, your home may be repossessed.

Translation service

If you need help to complete this form, or need any part of it to be translated or in another format, please contact your local office. Please let us know if you would like an audio or large print version of this document.

Arabic

إذا رغبت بأن تحصل على كامل محتويات هذه الوثيقة أو احد أجزاء هذه الوثيقة مترجماً برايل أو على هيئة صوتية أو مطبوعاً بالخط الكبير ، فيرجى الاتصال مع مركز خدمة الـ 0345 141 4663.

Tamil

இந்த ஆவணத்தின் எந்த ஒரு பகுதியை மட்டுமோ அல்லது முழு ஆவணத்தையோ, உங்களுக்கு மொழிபெயர்த்தோ, பிரெய்ல் எழுத்து வடிவிலோ, ஒலி வடிவிலோ அல்லது பெரிய எழுத்து பிரசுரித்தல் செய்தோ தரவேண்டுமென நினைத்தால், தயவு செய்து வாடிக்கையாளர் சேவை மையத்தை 0345 141 4663 என்ற எண்ணில் தொடர்பு கொள்ளுங்கள்.

Chinese

您如果需要将本文件或者其中的一部分进行翻译，或者需要以盲文、声音、或者大号印刷体的形式显示，请您联系我们的‘顾客服务中心’，电话号码是 0345 141 4663。

Portuguese

Se desejar que este documento ou qualquer parte do mesmo seja traduzido, ou em Braille, áudio ou letras grandes, entre em contacto com o nosso Centro de Atendimento ao Cliente através do número 0345 141 4663.

Polish

Jeśli chciał(a)by Pan(i) uzyskać tłumaczenie tego dokumentu lub dowolnej jego części, czy też otrzymać jego wersję alfabetem Braille'a, audio lub dużym drukiem, prosimy o kontakt z naszym Centrum Obsługi Klienta (Customer Service Centre) pod numerem tel. 0345 141 4663.

Welsh

Os hoffech chi i'r ddogfen hon neu unrhyw ran ohoni gael ei chyfieithu, neu os oes arnoch ei hangen mewn braille, sain, neu brint fawr, cysylltwch â'n Canolfan Gwasanaethau i Gwsmeriaid ar 0345 141 4663.

Russian

Если вы хотели бы получить полный или частичный перевод этого документа, или он нужен вам шрифтом Брайля, в аудиоформате или крупным шрифтом, пожалуйста, свяжитесь с нашим Центром клиентского обслуживания по телефону 0345 141 4663.

Urdu

اگر آپ اس دستاویز کا یا اس کے کسی حصے کا ترجمہ چاہتے ہیں، یا اگر یہ آپ کو بریل، چاہیے تو 0345 141 4663 پر ہمارے کسٹمر سروس سنٹر سے رابطہ کریں۔

Data Protection:

In order to help us deliver efficient services and to manage your relationship with us, we need to collect relevant personal details from you. We comply with the General Data Protection Regulation and Data Protection Act 2018 when dealing with personal data. This means that your personal data will be processed in accordance with the law.

Please note in some circumstances we may share your personal data with external third parties. For more information on how we process your personal data, including on data security, data retention and lawful processing bases, please access our full privacy notice at: www.homegroup.org.uk/Privacy-Policy