

**Margaret  
Blackwood  
Housing  
Association**

# Housing Application Form

**Please read the separate Guidance Notes for Applicants before you complete this form.**

Please write clearly and answer all the questions as fully as possible. The information you provide will be treated in confidence and in compliance with the Data Protection Act (1998). If anything is unclear or if you need help filling in this form, please call our Housing staff who will be happy to help you.

	Applicant	Joint Applicant
Title (Mr, Mrs, Miss, Ms)		
First Name(s)		
Surname		
Date of Birth	/ /	/ /
Present address		
Postcode		

For Office Use Only					
House size		House types		Housing Support	Y/N
Application Ref. No.		Points allocated:		Tenure:	
				Over/under occupancy:	
				Housing conditions:	
				Disability, health and support:	
				Social and other factors:	
				<b>Total:</b>	

## Section 1 - About you

	Applicant	Joint Applicant
1.01 Home telephone number		
1.02 Mobile number		
1.03 Email address		
1.04 National Insurance Number		
1.05 Correspondence address (if different from above)		
1.06 Other contact telephone number		
1.07 Relationship to applicant		

1.08 If you would prefer us to discuss your application with a relative, friend, carer, support worker or other person, please give their details:

Name	Relationship to you	Telephone No

1.09 Do you need future correspondence in any of the following formats? Please tick those you prefer.

Braille	Large Print	Audio tape or CD	Other language	Other

If you ticked 'Other language' or 'Other', please give details

1.10 If we have to contact or visit you, will you need an interpreter or signer; for example, for language translation or because you have hearing difficulties?

Yes

No

If you ticked 'Yes', please give details

## Section 1 - About you

1.11 Are you in arrears with your rent or mortgage?

Yes

No

If you are in arrears, do you have an agreed repayment arrangement?

Yes

No

If 'Yes', please give details.

1.12 Do you or anyone included on this application form have to register with the police as a relevant offender under the Sexual Offences Act 2003?

Yes

No

If 'Yes', please give the full name of the registered person.

1.13 Have you, or anyone applying with you, ever had court action taken against you (or them) for anti-social or violent behaviour?

Yes

No

If 'Yes', please give details.

*Please provide a copy of any current court order or discharge.*

1.14 Are you, or anyone included on this application form, subject to Immigration Control (Asylum and Immigration Act 1999, as amended)?

Yes

No

Do you have indefinite or exceptional leave to remain?

Yes

No

## Section 1 - About you

If 'No', please give details.

1.15 Are you currently eligible for employment or able to apply for welfare benefits in the UK?

Yes  No  Don't Know

1.16 Please give details of the places you and, if applicable, the joint applicant have lived during the past three years. Start with your present address.

Applicant				
Address	Landlord's name and address (if applicable)	From	To	Reason for moving
			<i>Present</i>	

Joint Applicant				
Address	Landlord's name and address (if applicable)	From	To	Reason for moving
			<i>Present</i>	

## Section 1 - About you

- 1.17 We will ask your current and/or previous landlords for a reference. If you do **not** want us to contact your current landlord, please tell us here, together with your reasons for this.

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- 1.18 Which area or developments would you prefer to live in?  
Please look at the list of places where the Association has housing at the end of the Guidance Notes for Applicants leaflet. You can state as many areas as you wish.

Town	Development Name

- 1.19 What type of property would you consider? Please tick all of those you would consider. Check in the Guidance Notes for Applicants leaflet if we have the type of house you want in the areas you have chosen.

Flat or house designed for a wheelchair user	<input type="checkbox"/>
Ground floor flat, bungalow, or flat accessed by a lift and suitable for someone with limited mobility	<input type="checkbox"/>
General housing	<input type="checkbox"/>

- 1.20 Some developments have studio flats for single people (with a combined living area and bedroom). Would you consider a studio flat?

Yes  No

- 1.21 How did you find out about Margaret Blackwood Housing Association?

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## Section 2 - Current Accommodation

2.01 Please tell us your current housing arrangements. (Tick one box only)

Points

Current housing	Tick	Current housing	Tick
Council tenant	<input type="checkbox"/>	Group home/shared supported living	<input type="checkbox"/>
Housing Association tenant	<input type="checkbox"/>	Living with family and want to live independently	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>	Living with family/friends on a temporary basis	<input type="checkbox"/>
Shared ownership owner occupier	<input type="checkbox"/>	Sleeping rough/no fixed place to stay	<input type="checkbox"/>
Tenant of a private landlord - long lease (greater than one year)	<input type="checkbox"/>	In long stay hospital, institutional or residential care	<input type="checkbox"/>
Tenant of a private landlord - short lease (less than one year)	<input type="checkbox"/>	In hospital and unable to return to former home	<input type="checkbox"/>
Tied accommodation (including HM Forces)	<input type="checkbox"/>	Supported temporary housing or lodgings	<input type="checkbox"/>
Living in caravan, mobile home or boat	<input type="checkbox"/>	Temporary accommodation, for example bed & breakfast, hostel, refuge	<input type="checkbox"/>
Sharing home with ex-partner after relationship breakdown	<input type="checkbox"/>	In prison	<input type="checkbox"/>
Separated family - living at different addresses	<input type="checkbox"/>	Other	<input type="checkbox"/>

2.02 Have you, or anyone included in your application form, been assessed by the Council as homeless?

Yes

No

If 'Yes', please provide a copy of the assessment letter from the Council.

2.03 Are you threatened with homelessness? For example, you have received a Notice to Quit, your house is being sold or is due to be demolished, you are leaving your tied house or residential placement.

Yes

No

If 'Yes', what date are you expecting to leave your current accommodation?

*Please provide confirmation of this, for example Notice to Quit, Court Order, employment termination date.*

## Section 3 - Your Household Details

- 3.01 Please give details of all the other people who will be living with you if you are rehoused. Include any children who stay with you under a regular overnight access arrangement for three or more nights a week.

Name	Sex M/F	Date of birth (dd/mm/yy)	Relationship to you	Currently lives with you?	
				Yes	No

- 3.02 Please give details of any access arrangements; for example, how often the children stay with you. (Please provide written confirmation of the access arrangement).

- 3.03 If anyone included in this application is expecting a baby please give the name of the person and date the baby is expected. (Please provide written confirmation of the baby's due date.)

Mother's Name:

Expected date:

- 3.04 Please give us the details of other people with whom you currently live, but who will **not** move with you.

Name	Sex M/F	Date of birth	Relationship to you

- 3.05 The Guidance Notes for Applicants leaflet tells you how many bedrooms we consider you need for your household size. Do you need an extra bedroom or extra space due to a health problem or disability?

Yes

No

## Section 3 - Your Household Details

3.06 How many single and double bedrooms are there in your present accommodation?

Single

Double

How many of these bedrooms does your household currently have sole use of?

Single

Double

3.07 Does your home have one or more bedrooms that are **not** used regularly?

Yes

No

If 'Yes', how many spare bedrooms do you have?

3.08 Do you live in a property designed for a wheelchair user, which your household no longer needs?

Yes

No

## Section 4 - Your housing conditions

4.01 Has your home been declared 'Below Tolerable Standard' by your local Council?

Yes

No

*If 'Yes', please provide evidence of this, for example a letter from your Council.*

4.02 Do you have the following facilities in your current home?

	Yes	No		Yes	No
Hot water supply	<input type="checkbox"/>	<input type="checkbox"/>	Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>
Cold water supply	<input type="checkbox"/>	<input type="checkbox"/>	Sink or wash hand basin	<input type="checkbox"/>	<input type="checkbox"/>
Mains electricity	<input type="checkbox"/>	<input type="checkbox"/>	Full central heating	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	Partial central heating	<input type="checkbox"/>	<input type="checkbox"/>
Living area	<input type="checkbox"/>	<input type="checkbox"/>	Solid fuel heating	<input type="checkbox"/>	<input type="checkbox"/>
Bath or a shower	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

4.03 Do you, or any member of your household, have difficulties with the following aspects of your current home because of a long term health condition or disability? Please tick if any of the following apply:

	Yes	No
The heating type is unsuitable for my needs	<input type="checkbox"/>	<input type="checkbox"/>
Have insufficient space for essential equipment, for example wheelchair, exercise machines, supplies	<input type="checkbox"/>	<input type="checkbox"/>
Cannot access kitchen without assistance, for example due to its size, design or stairs	<input type="checkbox"/>	<input type="checkbox"/>
Have limited access to kitchen, for example due to its size, design or stairs	<input type="checkbox"/>	<input type="checkbox"/>
Cannot access bathroom without assistance due to size, design or stairs	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty accessing bathroom due to internal stairs, size or design	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty accessing a bedroom or other essential living rooms due to internal stairs	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulty going out due to external stairs	<input type="checkbox"/>	<input type="checkbox"/>
Cannot go out without assistance due to external stairs	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4 - Your housing conditions

4.04 Are there any other issues about the repair, condition or design of your home, which mean you need or want to move?

Yes

No

If 'Yes', please give details.

4.05 Do you share any of the following facilities with people who are not related to you? Please tick:

Room	Yes	No
Living room	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom and/or toilet	<input type="checkbox"/>	<input type="checkbox"/>

## Section 5 - Disability, health and support

5.01 Please tick which of the following - if any - apply to you:.

	Applicant		Joint Applicant		Anyone else to be housed	
	Yes	No	Yes	No	Yes	No
Use wheelchair indoors						
Use wheelchair outdoors						
Use walking stick						
Use walking frame/crutches						
Difficulty hearing						
Profoundly deaf						
Difficulty with eyesight						
Blind						

5.02 Do you, or any member of your household, have a long term health condition or disability?

	Yes	No
Applicant		
Joint applicant		
Anyone else to be housed with you		

If 'Yes', please give details.

5.03 Are any of your health problems or your disability made worse, or more difficult to manage, because of your current accommodation?

	Yes	No
Applicant		
Joint applicant		
Anyone else to be housed with you		

If 'Yes', please give details.

## Section 5 - Disability, health and support

5.04 Do you need to move nearer to family or friends in order to receive support from them?

Yes

No

If 'Yes', what support do you need and who will be providing this support?  
Why will a house move help? Please provide details:

5.05 Do you need to move nearer to family or friends in order to provide support to them?

Yes

No

If 'Yes', who will you be supporting and how will a house move help?  
Please give details:

5.06 Are you applying for Housing with Support?

Yes

No

If 'Yes', please complete a 'Housing with Support' Self Assessment Form and tick here to say that you have done this.

Self-assessment form enclosed

*If you have an Occupational Therapist's report, Community Care Assessment or other written information which could assist our assessment of your housing support needs, please provide this.*

## Section 5 - Disability, health and support

5.07 Do you expect your housing needs to change in the future, for example, because you or someone in your household has a health condition which is likely to get worse?

Yes

No

Not sure

If 'Yes' or 'Not sure', please give details.

5.08 Does your household have any other requirements e.g. heating type, garden, specific adaptations or equipment? If 'Yes', please give details:

*If you have an Occupational Therapist's report or other housing assessment describing your requirements, please provide this.*

## Section 6 - Other factors

6.01 Are you, or any member of your household, experiencing any form of harassment or abuse in your current housing situation?

Yes

No

If 'Yes', please give details, including how often this happens.

Have you reported this to your landlord or to the police?

Yes

No

*If you have relevant documents to support this such as incident numbers or court orders, please provide them.*

6.02 Are you in danger if you remain in your current home?

Yes

No

If 'Yes', please give details:

Have you reported this to your landlord or to the police?

Yes

No

*If you have relevant documents to support this such as police incident numbers, please provide them.*

## Section 6 - Other factors

6.03 Have you been offered employment in your area of choice, or is your current employer asking you to transfer to this area?

Yes

No

If 'Yes', please provide evidence of this with your employer's details and your start date:

6.04 Are you finding it difficult to travel to work from your current home, because of financial reasons or location?

Yes

No

If 'Yes', please give details, including travel time:

6.05 Do you need to move in order to be nearer to facilities and amenities that are essential for you e.g. hospitals, schools, shops?

Yes

No

If 'Yes', how far away do you currently live from these amenities?

under 1 mile

1-3 miles

more than 3 miles

Do you have a car or the use of a car?

Yes

No

6.06 Do you consider your current housing costs to be affordable?

Yes

No

If 'No', please provide details:

## Section 6 - Other factors

6.07 Private tenants only: Do you claim any Housing Benefit?

Yes

No

Is there a shortfall between the rent you are charged by your landlord and the amount allowed by Housing Benefit?

Yes

No

If 'Yes', please give details.

6.08 Does your current home have a garden or access to safe local play facilities?

Yes

No

Do you have any difficulties with maintaining your garden?

Yes

No

If 'Yes', please give details.

6.09 Are you isolated from friends or relatives because of where you live?

Yes

No

If 'Yes', please give details.

6.10 Are there any other reasons why you wish to move, that we have not asked about or that you want to tell us more about?

Yes

No

If 'Yes', please give details.

## Declaration

1. Are you, or anyone included in your application, related to any Board member or member of staff of Margaret Blackwood Housing Association, or anyone who has been a Board member or staff member in the last 12 months?

Yes

No

If 'Yes' please give details.

2. I/We have completed the form with answers that are true and correct. I understand that if any of these answers are found to be false or misleading, or if relevant information has been held back, you may suspend my application or withdraw an offer of tenancy or take court action to end a tenancy.
3. I/We agree to tell Margaret Blackwood Housing Association of any changes in circumstances that may affect this application.
4. I/We are aware that the information I/we have given on this form will be used by Margaret Blackwood Housing Association in compliance with the Data Protection Act 1998 in order to process this application. I/we will allow this to be used for housing management and development purposes. I/we agree that information on the application form be transferred to the tenancy records should we be offered and accept a tenancy. I/we understand that the personal information I have provided will be used for these purposes only.
5. I am aware that the information I/we have given on this form may be shared with the local authority in connection with the provision of housing across the authority's area.
6. I authorise my current and any previous landlords or mortgage lenders to provide information to Margaret Blackwood Housing Association relating to the conduct of any tenancy held by me or house purchased by me.
7. I authorise you to contact Social Work or health professionals as considered necessary to ensure satisfactory assessment of my housing, or housing and support, needs.
8. I/We have the right to ask for a copy of the information which the Association holds about me, and I may have to pay a small fee to obtain this. I also have the right to have any inaccuracies in the information corrected.

**Signature:**  
(Applicant)

**Date:**

**Signature:**  
(Joint Applicant)

**Date:**

# Equal Opportunities monitoring form

Margaret Blackwood Housing Association is committed to promoting equal opportunities and diversity in communities. We assist people in housing need regardless of sex or marital status, race, disability, age, sexual orientation, language, nationality or social origin, religious or political beliefs. To ensure we do not discriminate directly or indirectly we need to keep accurate records for all applicants. Please help us by completing this form. This information is for monitoring purposes only and will not affect your application. You do not have to provide the information if you do not want to.

## 1. Ethnic Origin (please tick one box only for each person)

	Applicant	Joint Applicant
White Scottish		
White English		
White Welsh		
White Northern Irish		
White British		
White Irish		
Gypsy/Traveller		
Polish		
Other White background		
Any mixed background		
Pakistani		
Indian		
Bangladeshi		
Chinese		
Other Asian background		
African		
Caribbean		
Black		
Other Black background		
Arab		
Other background		

## 2. Disability

Do you consider yourself to have a disability?

	Applicant	Joint Applicant
Yes		
No		
Do not wish to declare		

## For official use

House size		House types		Housing Support	Y/N
Town/Area					
Date received		Date acknowledged			
Date pointed		Pointed by			
Date checked		Checked by			
Data entry		Date entered			
Housing Support assessment required		Technical/OT assessment required			
Homeless confirmation requested					
Reference No.		Status	Accepted	Suspended	

Points Amended	Date Amended	Reason/s for change	Initials

## Margaret Blackwood Housing Association Limited

### Customer Service Team

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