

**APPLICATION FORM**



**SECTION A:            DETAILS OF APPLICANT(S)**

1. Applicant/Joint Applicant: \_\_\_\_\_  
 (Mr/Mrs/Ms/Miss)

Present Address: \_\_\_\_\_

Flat Position: \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

E-mail address \_\_\_\_\_ (Please tick if you would prefer to be contacted through e-mail )

National Insurance Number \_\_\_\_\_

Type of Accommodation (House; Flat; Multi-storey Flat; Caravan; etc) \_\_\_\_\_

2. (a) Please give details of your present housing situation.

Name of Everyone who is staying at the above address starting with yourself	Relationship to you	Date of Birth	Do they wish to be rehoused with you?
	Applicant		-

N.B. If expecting a baby, please include above and submit evidence of your expected date of delivery.

(b) Is there anybody else requiring rehousing with you who does not currently live with you? **YES/NO**

If so please list below.

Alternatively, do you have access to your children or wish access when rehoused. **YES/NO**

If so please list below.

Name	Address	Relationship to you	Date of Birth

3. (a) **Landlord's Details**

Please tick if you are:

An Owner Occupier

A Council, Housing Association or Co-operative Tenant

A Private Tenant

A Sub-Tenant

A Lodger

Living with Relatives

Any Other (please state) \_\_\_\_\_

(b) Please write below your Landlord's details, if applicable.

Name	
Address	
Email address	
Telephone Number	

(c) Do you currently have a housing application with a Local Authority under Homelessness criteria? **YES/NO**

4. **Your Current Home**

(a) Length of time at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

(b) Number of Bedrooms in present accommodation. \_\_\_\_\_ (DOUBLE)

\_\_\_\_\_ (SINGLE)

5. **Your Previous Home**

If you terminated your previous tenancy less than one year ago, please state address & reason(s) below.

Address: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. **Condition of Property/Lack of Amenities**

Please tick if any of the following apply to you:

- Sharing Amenities (including parental home)  
(eg: Kitchen, Bathroom)
- No Inside Toilet
- No Fixed Bath/Shower
- Inadequate Hot Water Supply
- No Central Heating
- No Double Glazing
- Dampness (please submit report from landlord)

7. **Insecure Tenancy/Owner-Occupancy**

Please tick if any of the following apply to you:

- 1. Tenant in hostel
- 2. Tied Accommodation
- 3. Under a Notice to Quit
- 4. Mortgage Repossession Pending

If you ticked (2), (3) or (4), please provide documentary evidence for situation with your application.

**SECTION B: HOUSING HISTORY**

1. Please list below all previous addresses that you have lived at in the past 5 years.

**Main Applicant**

Address	Landlord's Name & Address	Time you lived there From To		Reason for leaving	Tenant? Yes/No

**Joint Applicant (if different from main applicant)**

Address	Landlord's Name & Address	Time you lived there From To		Reason for leaving	Tenant? Yes/No

2. Have you or your joint applicant been evicted in the previous five years?

**YES/NO**

If yes, please state reason(s) below:

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3. Has an Anti Social Behaviour Order been granted against you or anyone on your application?

**YES/NO**

4. Do you or joint applicant have any current or former rent/repairs arrears outstanding?

**YES/NO**

If yes, please provide details of landlord:

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**SECTION C:            SOCIAL/MEDICAL**

1.     If you are or any member of your household wish to be rehoused under health/medical reasons, please ensure you complete a separate medical form for each individual with a medical condition.  
(You may be asked to provide additional written evidence from your GP, consultant, social worker etc.

2.     If you are applying for rehousing on social grounds (including harassment) please provide details of how this affects yourself or family members (Please include any documentary evidence to support this, i.e crime number/reports)

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3.     If you have any relatives living within Pineview (or within one mile of Pineview housing) who require your support and assistance, then please give their name(s), address, relationship to you and details of their support requirements.

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4.     If you require support and assistance from any relative who lives in the Pineview area (or within one mile of Pineview housing) then please give their name, address, relationship to you and details of your support requirements.

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**SECTION D: REHOUSING REQUIREMENTS**

Please answer the questions in section D in order to indicate the type(s) and location(s) of housing for which you wish to be considered.

**AREAS:**

(i) **Broadholm Area** ANY   
Dewar Drive   
Dewar Gate

(ii) **Pinewood Area** ANY   
Jedworth Avenue   
Jedworth Road   
Pineview Court   
Rozelle Avenue   
Tallant Road

(iii) **Waverley Area** ANY   
Backmuir Road   
Drummore Road   
Grogarry Road   
Kilcloy Avenue   
Ladyloan Avenue   
Peel Glen Gardens   
Peel Glen Road   
Springside Gardens   
Springside Place   
Summerhill Road

(iv) **Cairnsmore Area**   
Kendoon Avenue   
Halgreen Avenue   
Abbotshall Avenue



**TYPES:**

Ground Floor Flat	<input type="checkbox"/>
First Floor Flat	<input type="checkbox"/>
Second Floor Flat	<input type="checkbox"/>
Cottage Flat (Lower)	<input type="checkbox"/>
Cottage Flat (Upper)	<input type="checkbox"/>
House	<input type="checkbox"/>
Wheelchair Property	<input type="checkbox"/>

**SIZE REQUIRED:**

One bedroom	<input type="checkbox"/>
Two bedroom	<input type="checkbox"/>
Three bedroom	<input type="checkbox"/>
Four bedroom	<input type="checkbox"/>
Five or more bedrooms	<input type="checkbox"/>

**SECTION E: FURTHER INFORMATION**

1. Are you related to an Employee or Committee Member of Pineview Housing Association Ltd? **YES/NO**

If yes, what is their relationship to you?

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What is their name and address?

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2. Were you previously a tenant of Pineview Housing Association? **YES/NO**

If yes, please state where you lived.

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3. Are you or is any member of your household an asylum seeker or do immigration controls apply to anyone in your household? **YES/NO**

Details:

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4. Have you ever been convicted of any criminal offence which cannot be regarded as spent as defined within the Rehabilitation of Offenders Act 1974? (N.B. This will not affect your application)

**YES/NO**

Are you required to register with the Police under the Sexual Offences Act 2003?

**YES/NO**



**DECLARATION**

I/We confirm that to the best of my knowledge the details I have provided on this application are true and correct and that I will inform you of any changes to my circumstances.

I understand that any false or misleading information or withholding relevant information, now and at any time, may result in my application being cancelled, any offers of tenancy being withdrawn or I may lose any tenancy I am granted.

I give permission to Pineview Housing Association to make any necessary enquiries in connection with my application for housing to verify the circumstances stated on the form or to obtain details relating to former tenancies.

I understand that failure to return an annual review form will result in my application being cancelled.

I understand and agree to the conditions noted in the declaration.

**Applicant's Signature:** \_\_\_\_\_  
**Name (Print):** \_\_\_\_\_  
**Joint Applicant's Signature:** \_\_\_\_\_  
**Name (Print):** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Please return completed forms to:

Pineview Housing Association Ltd  
5 Rozelle Avenue  
GLASGOW G15 7QR

## EQUAL OPPORTUNITIES MONITORING FORM

Pineview Housing Association Ltd is committed to equal opportunities, regardless of: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race (including colour, nationality ethnic or national origins and citizenship), religion/belief, sex and sexual orientation.

We would therefore ask you to please complete the following questionnaire to help us ensure that we are reaching all sections of the community.

The personal information provided will be handled and used by us in accordance with the "How We Will Use Your Personal Information (Housing Applicant)" statement available at the start of this form. Please read that statement carefully before completing your this form. By submitting this form to us, you accept the content of that statement.

**Gender:**                     Female                     Male                     Trans Gender

**Disability: Do you consider yourself to have a disability/special needs?**    Yes    No

If yes, please describe your disability/special needs (e.g. visual, speech, hearing). This will help us to facilitate your needs/requirements.

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**Ethnic Origin: Please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.**

**A White**

- English
- Scottish
- Welsh
- Irish
- Polish
- Gypsy Traveller
- Other white

**B Mixed**

- Any mixed background

**C Asian or Asian Scottish/British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian

**D Black or Black Scottish/British**

- Caribbean
- African
- Other black

**E Other ethnic group**

- Arab, Arab Scottish/British

Prefer not to say

Any other ethnic group (please state) \_\_\_\_\_

**Religion:** I would describe my religious background/belief as: \_\_\_\_\_

- None
- I prefer not to say

**Sexual Orientation:**

- Bi-sexual
- Gay/Lesbian
- Heterosexual/Straight
- Prefer not to say

**Age: Please indicate your age group.**

- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 & over