

| | |
|---------------------|--|
| Ref | |
| Name | |
| Date of Application | |



Williamsburgh

Housing Association Limited

Ralston House
Cyril Street
Paisley
PA1 1RW

Phone: 0141 887 8613
Email: lettings@williamsburghha.co.uk

Housing Application Form

Mobility Property

Supporting Evidence

We will tell you what Group and Priority you have been given based on information that you give us in this form.

Some of the questions in the form ask you to supply proof or evidence of your circumstances. It is important that you supply this information so that your application can be fully assessed and we give you the correct group and level of priority.

If you don't supply all the information required, we will contact you. However, if we don't receive what is needed within 28 days of us asking for it, your application may be cancelled.

If you need help to fill in this form please contact us.

If you are returning this application by post, please ensure that you pay the correct postage as the Association does not accept responsibility for any undelivered items.

Emergency housing

If you are homeless, are about to become homeless, are a refugee, or you or your children are experiencing violence or abuse from a member of your household, you should contact:

Renfrewshire Council, Development and Housing Services,
Housing Advice and Homeless Services
15 Abercorn Street, Paisley, PA3 4AA
0300 300 0222 during office hours,
or 0800 121 4466 outwith office hours.

Contacting you

We aim to contact you in a format that is accessible to you. Please give us details if you wish to receive any future correspondence or information in an alternative format.

| Where did you hear about Williamsburgh Housing Association? | Please tick |
|---|-----------------------|
| Advert | <input type="radio"/> |
| Friend or Relative | <input type="radio"/> |
| Other Landlord | <input type="radio"/> |
| Social Media | <input type="radio"/> |
| Williamsburgh Housing Association Office | <input type="radio"/> |

Confidentiality and Data Protection

Any information given to us as part of the application process will be processed in compliance with Data Protection Legislation.

You can ask to look at the information held on your record. If you wish to do this, you should make a written request to the Association. There is a fee applied for this service, which should be sent to us along with the request and we will respond within one calendar month.

We will not keep your personal information longer than is needed.

Do you have a disability?

Please tell us if you or any joint applicant have any of the following disabilities. This will allow us to communicate appropriately with you.

| | Applicant (Please tick) | Joint Applicant (Please tick) |
|--------------------------|--------------------------|-------------------------------|
| Autism Spectrum Disorder | <input type="checkbox"/> | <input type="checkbox"/> |
| Blindness | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health problems | <input type="checkbox"/> | <input type="checkbox"/> |
| Partial sight | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

Sharing information with someone else

I/we give permission to share information about the progress of my housing application with:

| | Applicant | Joint Applicant |
|--|-----------|-----------------|
| Representative's name: | | |
| Representative's date of birth or organisation | | |
| Representative's telephone number | | |
| Applicant's signature | | |
| Joint applicant's signature | | |

Does anyone hold Power of Attorney for you?

| | Applicant | Joint Applicant |
|--|------------------------------------|------------------------------------|
| Representative's name: | | |
| Representative's date of birth or organisation | | |
| Representative's telephone number | | |
| Applicant's signature | | |
| Joint applicant's signature | | |
| Reason for Power of Attorney? | Financial <input type="checkbox"/> | Financial <input type="checkbox"/> |
| | Welfare <input type="checkbox"/> | Welfare <input type="checkbox"/> |

Please provide a copy of the Power of Attorney along with supporting proof from a medical professional.

Information we need about you and any joint applicant

| | Applicant | Joint Applicant |
|--|----------------|-----------------|
| Title | Mr/Mrs/Miss/Ms | Mr/Mrs/Miss/Ms |
| First name | | |
| Last name | | |
| National insurance number | | |
| Date of birth | / / | / / |
| Gender | Male / Female | Male / Female |
| Relationship to joint applicant (if any) | | |
| Home telephone Number* | | |
| Work Telephone Number* | | |
| Mobile Telephone Number* | | |
| Email address* | | |

*By providing us with your contact information above you are consenting to us contacting you via these methods. Please note, where an email address is provided we will send correspondence via email where possible.

| Current address | |
|---|----------------|
| House number: | |
| Flat position: | |
| Street: | |
| Town: | |
| Postcode: | |
| Date moved in: | |
| Where an email address is not available we will only write to one address per application form. Which address should we send all correspondence to? | House number: |
| | Flat position: |
| | Street: |
| | Town: |
| | Postcode: |

Information on who else will be moving with you

Please give details of everyone who will be living with you when you move. You need to tell us about people who do not currently live with you but will when you move. If your child/children stay with you overnight, for only part of the week, or you have a shared residency agreement, please provide proof detailing how many nights per week.

| Name | Male/ Female/ Unborn | Relationship to you | Date of birth (or date expected) | Are they living with you now? | | If no, please give their current address | Date moved in |
|------|----------------------------|------------------------|---|-------------------------------------|----|--|---------------------|
| | | | / / | Yes | No | | / / |
| | | | / / | Yes | No | | / / |
| | | | / / | Yes | No | | / / |
| | | | / / | Yes | No | | / / |
| | | | / / | Yes | No | | / / |
| | | | / / | Yes | No | | / / |

Please tell us who lives with you but who will not be moving with you:

You

| Name | Male/Female | Date of birth | Relationship to you |
|------|-------------|---------------|---------------------|
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |

Joint applicant

| Name | Male/Female | Date of birth | Relationship to you |
|------|-------------|---------------|---------------------|
| | | / / | |
| | | / / | |
| | | / / | |
| | | / / | |

If you are a tenant please give your landlord's details.

| | | |
|--|---------------------|--|
| You | Name of landlord | |
| | Address of landlord | |
| | Telephone number | |
| | Email address | |
| Joint applicant | Name of landlord | |
| | Address of landlord | |
| | Telephone number | |
| | Email address | |
| If there is any reason why we cannot contact your landlord, please give details: | | |

What floor is your present home on?
For example: ground (0), first floor (1), fourth floor (4) etc.

| | | | |
|-----|--|-----------------|--|
| You | | Joint applicant | |
|-----|--|-----------------|--|

| What size of property do you live in? Please tell us the number of rooms in your home | You | Joint tenant |
|--|-----------------------|-----------------------|
| Living room(s) | <input type="radio"/> | <input type="radio"/> |
| Separate dining room | <input type="radio"/> | <input type="radio"/> |
| Double bedroom(s) | <input type="radio"/> | <input type="radio"/> |
| Single bedroom(s) | <input type="radio"/> | <input type="radio"/> |

Information we need about you and your joint applicant (if required)

What type of property do you and your joint applicant live in?

| Property type | You | Joint applicant | Property type | You | Joint applicant |
|------------------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| House: | <input type="radio"/> | <input type="radio"/> | Maisonette: | <input type="radio"/> | <input type="radio"/> |
| Detached | <input type="radio"/> | <input type="radio"/> | Balcony access | <input type="radio"/> | <input type="radio"/> |
| Semi detached | <input type="radio"/> | <input type="radio"/> | Walk-up | <input type="radio"/> | <input type="radio"/> |
| End terrace | <input type="radio"/> | <input type="radio"/> | Own door | <input type="radio"/> | <input type="radio"/> |
| Mid terrace | <input type="radio"/> | <input type="radio"/> | Other: | <input type="radio"/> | <input type="radio"/> |
| Flat: | <input type="radio"/> | <input type="radio"/> | Caravan | <input type="radio"/> | <input type="radio"/> |
| Tenement | <input type="radio"/> | <input type="radio"/> | Prison | <input type="radio"/> | <input type="radio"/> |
| Multi storey | <input type="radio"/> | <input type="radio"/> | Hospital | <input type="radio"/> | <input type="radio"/> |
| Balcony access | <input type="radio"/> | <input type="radio"/> | Homeless accommodation | <input type="radio"/> | <input type="radio"/> |
| Own door | <input type="radio"/> | <input type="radio"/> | Pre-fab | <input type="radio"/> | <input type="radio"/> |
| Walk-up | <input type="radio"/> | <input type="radio"/> | HM Forces accommodation | <input type="radio"/> | <input type="radio"/> |
| Bungalow: | <input type="radio"/> | <input type="radio"/> | Hostel | <input type="radio"/> | <input type="radio"/> |
| Detached | <input type="radio"/> | <input type="radio"/> | No fixed address | <input type="radio"/> | <input type="radio"/> |
| End terrace | <input type="radio"/> | <input type="radio"/> | Sheltered: | <input type="radio"/> | <input type="radio"/> |
| Semi detached | <input type="radio"/> | <input type="radio"/> | Flat | <input type="radio"/> | <input type="radio"/> |
| Mid terrace | <input type="radio"/> | <input type="radio"/> | Bungalow | <input type="radio"/> | <input type="radio"/> |
| Other – please give details: | | | | | |

| At your present address are you? (please tick one box) | You | Joint applicant |
|--|-----------------------|-----------------------|
| Williamsburgh Housing Association tenant | <input type="radio"/> | <input type="radio"/> |
| Renfrewshire Council tenant | <input type="radio"/> | <input type="radio"/> |
| Another Council tenant | <input type="radio"/> | <input type="radio"/> |
| A Housing Association or co-op tenant | <input type="radio"/> | <input type="radio"/> |
| Private landlord tenant | <input type="radio"/> | <input type="radio"/> |
| Owner occupier | <input type="radio"/> | <input type="radio"/> |
| HM Forces accommodation | <input type="radio"/> | <input type="radio"/> |
| Lodger (a person who rents a room in a house from the owner/tenant of that house and where the owner/tenant also lives and shares the accommodation with the lodger) | <input type="radio"/> | <input type="radio"/> |
| Supported or specialist accommodation (where care, support or supervision is provided to occupants of that accommodation) | <input type="radio"/> | <input type="radio"/> |
| Residential care (provides accommodation with board, for example, meals and provides personal care for people who need care because of age, disability, dependence on drugs/alcohol or mental health impairment) or hospital | <input type="radio"/> | <input type="radio"/> |
| I have nowhere permanent to live | <input type="radio"/> | <input type="radio"/> |
| Staying with family | <input type="radio"/> | <input type="radio"/> |
| Staying with friends | <input type="radio"/> | <input type="radio"/> |
| Prison | <input type="radio"/> | <input type="radio"/> |
| Housing tied to employment | <input type="radio"/> | <input type="radio"/> |
| Other – please give details | | |

Information about previous addresses

Apart from your current address, where else have you lived in the last 3 years?

| Main Applicant Previous Address | Date moved in | Date moved out | Type of tenure* | Landlord's name | Reason for leaving | Any outstanding housing related debt? |
|---------------------------------|---------------|----------------|-----------------|-----------------|--------------------|---------------------------------------|
| | / / | / / | | | | |
| | / / | / / | | | | |
| | / / | / / | | | | |
| | / / | / / | | | | |

| Joint Applicant Previous Address | Date moved in | Date moved out | Type of tenure* | Landlord's name | Reason for leaving | Any outstanding housing related debt? |
|----------------------------------|---------------|----------------|-----------------|-----------------|--------------------|---------------------------------------|
| | / / | / / | | | | |
| | / / | / / | | | | |
| | / / | / / | | | | |
| | / / | / / | | | | |

* By tenure we want to know if you are a home owner, rent your home from a local authority (council), housing association or a private landlord. You may also be a tied tenant, live 'care of' family or friends or have other living arrangements, which you should clearly state.

Please note that we will seek tenancy references from your landlord(s) from the previous three years. This reference will include checks involving the conduct of your tenancy and the history of your rent account. Should this be unsatisfactory we will suspend your application.

Reasons for Applying and Supporting Evidence Required

Required for everyone moving with you:

| | |
|---------------------|--|
| Identification (ID) | Birth Certificate, Driving Licence, Passport, MATB1form (Confirming expected due date if you are pregnant) |
| Proof of Address | Bank Statement, Utility Bill or any official letter dated in the previous 6 months. |

To allow us to prioritise your application you must submit the required evidence for each reason. Please tick all reasons why you are applying for housing with us.

| Current circumstance | Evidence to be submitted | You | Joint |
|--|--|--------------------------|--------------------------|
| Current home is too small | A copy of your tenancy agreement, property missives or other formal proof of your property size if you are not a tenant of the landlord to which you are applying. | <input type="checkbox"/> | <input type="checkbox"/> |
| Current home is too big | A copy of your tenancy agreement, property missives or other formal proof of your property size if you are not a tenant of the landlord to which you are applying. | <input type="checkbox"/> | <input type="checkbox"/> |
| Harassment targeted at you in or around your home (e.g. threatening behaviour, assault, disturbance) | We will only give you priority if there is evidence that the harassment is targeted at you or a member of your household, in or around your current accommodation. You must provide written confirmation from a relevant agency e.g. Police/Landlord confirming the harassment and the nature of the harassment. | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic abuse | Confirmation from a social worker, Victim Support or Women's Aid or written confirmation from the applicant that you are experiencing domestic abuse. | <input type="checkbox"/> | <input type="checkbox"/> |
| Because of a relationship breakdown with your partner | Letter from your solicitor or written confirmation from your partner confirming the breakdown. | <input type="checkbox"/> | <input type="checkbox"/> |
| To provide or receive support | A letter from a relevant agency e.g. social worker, health professional, or proof of DLA/PIP/carers allowance/attendance allowance, also a letter from both parties explaining why you need to move. | <input type="checkbox"/> | <input type="checkbox"/> |
| For mobility reasons | Please complete the Medical Questionnaire. | <input type="checkbox"/> | <input type="checkbox"/> |
| Want a home of my own | Written confirmation from the householder(s) you temporarily reside with. | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeless or threatened with homelessness | A letter from Renfrewshire Council confirming that you are statutorily homeless. | <input type="checkbox"/> | <input type="checkbox"/> |
| Repossession order/court order | Copy of the repossession/court order confirming that your house is to be repossessed or sold and the reasons why. | <input type="checkbox"/> | <input type="checkbox"/> |

| Current circumstance | Evidence to be submitted | You | Joint |
|---|---|-----------------------|-----------------------|
| Notice to Leave (private rented tenancy) | Written proof confirming that your tenancy is not being renewed and you have to leave through no fault of your own. Copy of the Notice to Leave. Your landlord should give you these if they want you to leave. | <input type="radio"/> | <input type="radio"/> |
| Leaving tied accommodation | A letter from your landlord confirming your date to leave and the reasons you have to leave. We also need a copy of your employment contract. | <input type="radio"/> | <input type="radio"/> |
| Leaving residential care/hospital/ supported accommodation. | Written confirmation from the relevant agency that you have nowhere to live when you leave. If you have a date to leave, please provide written confirmation. | <input type="radio"/> | <input type="radio"/> |
| In prison | Written confirmation from the relevant agency that you are currently in prison and will have nowhere to live when you leave. If you have a date to leave, please provide written confirmation. | <input type="radio"/> | <input type="radio"/> |
| Leaving HM Forces | A letter from HM Forces confirming that you will have nowhere to live when you leave. If you have a date of discharge please provide written confirmation. | <input type="radio"/> | <input type="radio"/> |
| To take up or stay in employment | Written evidence to support your circumstances e.g. letter from employer/prospective employer supporting the application and outlining why the applicant needs to move to keep/take up their job. | <input type="radio"/> | <input type="radio"/> |
| Access to children/ joint/shared custody | Written confirmation from a solicitor/ex-partner confirming details of overnight access. | <input type="radio"/> | <input type="radio"/> |
| I have applied to foster a child | Written confirmation from the local authority or agency you have applied to that you are in the final stages of the assessment process and require an additional bedroom to be approved to foster. We will only consider applications that are in the final stages of this process and are approved subject to having an additional bedroom where applicant has no spare bedroom. | <input type="radio"/> | <input type="radio"/> |
| Kinship Carer | Written confirmation from the local authority or agency you have applied to that you are in the final stages of the assessment process and require an additional bedroom to be approved to be a Kinship Carer. We will only consider applications that are in the final stages of this process and are approved subject to having an additional bedroom where applicant has no spare bedroom. | <input type="radio"/> | <input type="radio"/> |

| Current circumstance | Evidence to be submitted | You | Joint |
|---|--|-----------------------|-----------------------|
| I have applied to adopt a child | Written confirmation from the local authority or agency you have applied to that you are in the final stages of the assessment process and require an additional bedroom to be approved to adopt. We will only consider applications that are in the final stages of this process and are approved subject to having an additional bedroom where applicant has no spare bedroom. | <input type="radio"/> | <input type="radio"/> |
| Property is below tolerable standard, for example structurally unstable, rising or penetrating damp | Copy of confirmation from the relevant Local Authority department confirming that your property fails to meet the tolerable standard. | <input type="radio"/> | <input type="radio"/> |
| Other – please state | Proof will be dependent on circumstances. | <input type="radio"/> | <input type="radio"/> |
| Health and Social Care Panel award | Please advise if you have a current award from the Community Care Panel/Health and Social Care Panel. We will contact them to confirm your award. | <input type="radio"/> | <input type="radio"/> |

If you are applying because of harassment, please answer the following:

| | |
|---|--|
| What is the harassment? | |
| Who is causing the problem? (e.g. someone who lives/lived with you, your neighbour or someone else) | |
| Name and address of perpetrator if known | |
| Where did the incidents take place? | |
| Dates of incidents? | |
| Who have you reported the problems to? | |
| Please state any police incident numbers if you have them. | |

Support

If you are applying because you are providing or receiving support, please provide details of who will support you or of the person you wish to support

| Is the support | <input type="radio"/> Given | <input type="radio"/> Received |
|---|-----------------------------|--------------------------------|
| Name | | |
| Relationship to you | | |
| Address | | |
| Telephone Number | | |
| Briefly describe the support you give/receive | | |
| How often is the support required? | | |

If you are under 26, have you ever been in care as a 'looked after' person?

Yes

No

If yes, please give details:

Do you or your joint applicant own or rent any other property which you do not live in?

You

Yes

No

Joint applicant

Yes

No

Address:

Address:

Reason for not living there:

Reason for not living there:

Additional bedroom required

Please tell us if you need another bedroom for any of the following reasons:

I have applied to adopt a child

Who have you applied to adopt with? State local authority or agency

I have applied to foster a child

Who have you applied to foster with? State local authority or agency

Kinship Care

Joint custody award

Overnight child access

How many nights per week?

Please provide proof and/or supporting information if you tick any of the above.

Your choice of housing

If you require a one bedroom property would you consider a property with a combined living room and kitchen?

Yes

No

Mobility Questionnaire

Details of person claiming medical priority

First name

Last name

Date of Birth

Please describe your current health conditions and symptoms:

Why is your current accommodation unsuitable for your mobility needs?

Do you have difficulties walking?

Yes – can only walk short distances

Yes - unable to walk

No

If yes, do you use any aids or special equipment?

- | | | |
|---|--|-------------------------------------|
| <input type="radio"/> Crutches | <input type="radio"/> Walking stick | <input type="radio"/> Walking frame |
| <input type="radio"/> Wheelchair (indoor use) | <input type="radio"/> Wheelchair (outdoor use) | |

Do you have difficulties climbing stairs?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Please indicate how many stairs there are at your current property?

- | | |
|------------------------------|-------------------------------|
| <input type="radio"/> Inside | <input type="radio"/> Outside |
|------------------------------|-------------------------------|

How many stairs can you manage easily?

Do you require an additional space for a carer?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Why do you require an additional space for a carer?

How many carers do you have?

Do you require an additional space for medical equipment?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

If yes, is a larger or separate room required?

- | | |
|--|--|
| <input type="radio"/> Larger room required | <input type="radio"/> Separate room required |
|--|--|

Please note, to assess your application for an additional space we require written confirmation from a Health Professional.

Property Features

We define our properties as wheelchair and amenity standard based on the features included in the property. Please specify what features you currently have in your property and what features you require to allow us to queue you for a suitable property type.

| Feature | Current Property | | Required | |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Yes | No | Yes | No |
| Shower over bath | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Step in shower | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Level access shower area | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

General Practitioner information of person claiming medical priority

| | |
|------------------|--|
| Name | |
| Practice Name | |
| Address | |
| Telephone Number | |

I hereby declare that the information supplied is true and accurate and I give my permission for Williamsburgh Housing Association to contact my GP should they require any additional information.

| | Main Applicant | Person claiming medical priority |
|---------------------|----------------|----------------------------------|
| Name (Please print) | | |
| Signature | | |
| Date | | |

Your choice of housing

What type of property would you accept?

House
 Main door flat
 Maisonette
 Tenement flat

If you require a one bedroom property would you consider a property with a combined living room and kitchen?

Yes
 No

Please look at 'Your Family Composition' below and select the size of property your family will be entitled to based on our guidelines:

| Your Family Composition: | Please tick | Size of property you are entitled to with Williamsburgh Housing: |
|--|-----------------------|---|
| Single person | <input type="radio"/> | 1apt 1p Living/bedroom/kitchen combined. |
| Single person | <input type="radio"/> | 2apt 1p One single bedroom. |
| Couple or single person | <input type="radio"/> | 2apt 2p One double bedroom. |
| Family (single parent or couple) with child access or a carer | <input type="radio"/> | 2apt 2p with flexi One double bedroom with one flexi room. A flexi room is for occasional use. |
| Family (single parent or couple) with one child regardless of age. | <input type="radio"/> | 3apt 3p One double bedroom and one single bedroom. |
| Family (single parent or couple) with two children of same sex to age 16 of oldest child or different sexes up to age 10 of oldest child. | <input type="radio"/> | 3apt 4p Two double bedrooms. |
| Family (single parent or couple) with two children regardless of age. | <input type="radio"/> | 4apt 4p One double and two single bedrooms. |
| Family (single parent or couple) with three children. The two sharing the double bedroom can be of same sex to age 16 of oldest child or different sexes up to age 10 of oldest child. | <input type="radio"/> | 4apt 5p Two double bedrooms and one single bedroom. |
| Family (single parent or couple) with four children. Two sharing each double bedroom can be of same sex to age 16 of oldest child or different sexes up to age 10 of oldest child. | <input type="radio"/> | 4apt 6p Three double bedrooms. |
| Family (single parent or couple) with four children. Two sharing the double bedroom can be of same sex to age 16 of oldest child or different sexes up to age 10 of oldest child. | <input type="radio"/> | 5apt 6p Two double bedrooms and two single bedrooms. |
| Family (single parent or couple) with five children. Two sharing each double bedroom can be of same sex to age 16 of oldest child or different sexes up to age 10 of oldest child. | <input type="radio"/> | 5apt 7p Three double bedrooms and one single bedroom. |
| Family (single parent or couple) with five children. Two sharing each double bedroom can be of same sex to age 16 of oldest child or different sexes up to age 10 of oldest child. | <input type="radio"/> | 6apt 7p Two double bedrooms and three single bedrooms. |

Property Type - please tick the type of property you require

| | |
|--|--|
| Amenity Needs Properties - Ground floor amenity properties are adapted to suit those with mobility needs however would not suit wheelchair users | |
| Wheelchair Needs Properties - Ground floor properties which have been adapted for wheelchair users | |

Please tick the streets you would accept based on the property type and size you are entitled to:

Amenity Needs Properties

| Letting Area | Street | House Type | 1 Apt 1p | 2 Apt 1p | 2 Apt 2p | 2 Apt 2P Flexi | 3 Apt 3p | 3 Apt 4p | 4 Apt 4p | 4 Apt 5p |
|--|-----------------------|----------------|-------------|-------------|-------------|----------------------|-------------|-------------|-------------|-------------|
| Blackhall (Please tick box) | Blackford Road | Cottage Flat | | | | | | | | |
| Johnstone (Please tick box) | Brewery Street | Main Door Flat | | | | | | | | |
| | Broomward Drive | Cottage Flat | | | | | | | | |
| | Buchanan Street | Main Door Flat | | | | | | | | |
| | Buchanan Way | Main Door Flat | | | | | | | | |
| | | Tenement | | | | | | | | |
| | Clark Street | Main Door Flat | | | | | | | | |
| | John Lang Street | Cottage Flat | | | | | | | | |
| | | Main Door Flat | | | | | | | | |
| | Miller Street | Cottage Flat | | | | | | | | |
| | | Tenement | | | | | | | | |
| | Rankine Place | Main Door Flat | | | | | | | | |
| | | Tenement | | | | | | | | |
| | Rankine Street | End Terrace | | | | | | | | |
| | | Main Door Flat | | | | | | | | |
| Thomson Street, Johnstone | Cottage Flat | | | | | | | | | |
| | Tenement | | | | | | | | | |
| Paisley East (Please tick box) | Bank Street | Tenement | | | | | | | | |
| | Clarence Street | Tenement | | | | | | | | |
| | Cochran Street | Tenement | | | | | | | | |
| | Dunn Street | Tenement | | | | | | | | |
| | Kilnside Road | Tenement | | | | | | | | |
| | Lacy Street | Tenement | | | | | | | | |
| | Lang Street | Tenement | | | | | | | | |
| | McKerrell Street | Tenement | | | | | | | | |
| | Seedhill Road | Tenement | | | | | | | | |
| | Unsted Place | Tenement | | | | | | | | |
| | Williamsburgh Terrace | Tenement | | | | | | | | |

| Letting Area | Street | House Type | 1 Apt 1p | 2 Apt 1p | 2 Apt 2p | 2 Apt 2P Flexi | 3 Apt 3p | 3 Apt 4p | 4 Apt 4p | 4 Apt 5p |
|---|--------------------------|----------------|-------------|-------------|-------------|----------------------|-------------|-------------|-------------|-------------|
| Paisley North (Please tick box) | Caledonia Street | Tenement | | | | | | | | |
| | Love Street | Attached House | | | | | | | | |
| | | Tenement | | | | | | | | |
| | New Sneddon Street | Tenement | | | | | | | | |
| | Renfrew Road | Main Door Flat | | | | | | | | |
| | St Margarets Court | Tenement | | | | | | | | |
| | Wallace Street | Tenement | | | | | | | | |
| Paisley West (Please tick box) | Underwood Court | Tenement | | | | | | | | |
| | William Street | Tenement | | | | | | | | |
| Renfrew (Please tick box) | Birch Place | Main Door Flat | | | | | | | | |
| | | Tenement | | | | | | | | |
| | Birch Way | Main Door Flat | | | | | | | | |
| | Moorpark Square | Tenement | | | | | | | | |
| | Paisley Road | Tenement | | | | | | | | |
| | Porterfield Road | Tenement | | | | | | | | |
| | Thompson Street, Renfrew | Tenement | | | | | | | | |
| Victoria Drive East | Tenement | | | | | | | | | |

Wheelchair Needs Properties

| Letting Area | Street | House Type | 2 Apt 2p | 3 Apt 3p | 3 Apt 4p | 4 Apt 4p | 4 Apt 5p | 5 Apt 5p | 4 Apt 6p | 5 Apt 7p |
|---|--------------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Blackhall (Please tick box) | Blackford Road | Cottage Flat | | | | | | | | |
| | | Semi | | | | | | | | |
| Johnstone (Please tick box) | Cassidy Drive | Main Door Flat | | | | | | | | |
| | John Lang Street | Main Door Flat | | | | | | | | |
| | | Main Door Flat | | | | | | | | |
| Paisley East (Please tick box) | Rankine Place | Tenement | | | | | | | | |
| | Bank Street | Tenement | | | | | | | | |
| | Clarence Street | Tenement | | | | | | | | |
| | Cochran Street | Tenement | | | | | | | | |
| | Dunn Street | Tenement | | | | | | | | |
| | Kilinside Road | Tenement | | | | | | | | |
| | Seedhill Road | Tenement | | | | | | | | |
| | Unsted Place | Tenement | | | | | | | | |
| Paisley North (Please tick box) | Caledonia Street | Tenement | | | | | | | | |
| | Love Street | Tenement | | | | | | | | |
| | New Sneddon Street | Main Door Flat | | | | | | | | |
| | | Tenement | | | | | | | | |
| | North Lodge | Detached House | | | | | | | | |
| | South Lodge | Detached House | | | | | | | | |
| | St Margarets Court | Tenement | | | | | | | | |
| | Wallace Street | Tenement | | | | | | | | |
| Paisley West (Please tick box) | Broomlands Lane | Tenement | | | | | | | | |
| | Underwood Court | Tenement | | | | | | | | |
| Renfrew (Please tick box) | Birch Place | Main Door Flat | | | | | | | | |
| | Porterfield Road | Tenement | | | | | | | | |

Mutual Exchange

Are you a tenant of a Local Authority or Registered Social Landlord and are interested in exchanging your current property with another tenant of a Local Authority or Registered Social Landlord? Landlords of both properties must agree to the exchange before it can go ahead.

Please tick here if you are interested in registering for our own list and we will send you a Mutual Exchange form.

Please also visit www.houseexchange.org.uk/ or call into the Homexchange Shop at 7a Moss Street, Paisley, PA1 1BG for advice and information about where there may be someone who may exchange homes with you.

Other important information

In addition to the information you have provided earlier in this form, there are several other important areas that we need to know about when processing your application and considering you for housing with us. Please answer all these questions fully.

Your eligibility for housing

The law covering asylum and immigration is complex and applies differently to the Council and the housing association partners.

If you could be affected by the legislation, you must advise us. We may be unable to assist but may be able to provide details to you of agencies who can help you.

Please answer the questions below.

| | Main applicant | | Joint applicant | |
|---|---------------------------|--------------------------|---------------------------|--------------------------|
| What is your nationality? | | | | |
| Are you subject to immigration control? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Are there conditions or limits to your leave to remain/right to reside in the UK? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| If yes, please give details | | | | |

Please provide us with the following important information about your current and previous addresses:

In the past 3 years, has anyone ever taken action against you, joint applicant or anyone moving with you, or a visitor to your home, for anti-social behaviour in the following:

| Antisocial behaviour | Main applicant | | Joint applicant | | Other person | |
|---|---------------------------------|--------------------------|---------------------------------|--------------------------|---------------------------------|--------------------------|
| At your current or any previous address? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| | If yes, please provide details: | | If yes, please provide details: | | If yes, please provide details: | |
| Harassment of another person, or antisocial behaviour towards another person? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| | If yes, please provide details: | | If yes, please provide details: | | If yes, please provide details: | |

| Antisocial behaviour | Main applicant | Joint applicant | Other person |
|---|--|--|--|
| A course of conduct amounting to antisocial behaviour in relation to an employee of the social landlord? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| | If yes, please provide details: | If yes, please provide details: | If yes, please provide details: |
| Previous convictions | Main applicant | Joint applicant | Other person |
| Been convicted of using a house or allowing a house to be used for immoral or illegal purposes? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| | If yes, please provide details: | If yes, please provide details: | If yes, please provide details: |
| Been convicted of an offence punishable by imprisonment which was committed in, or in the locality of a house occupied by them? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| | If yes, please provide details: | If yes, please provide details: | If yes, please provide details: |
| Recovery of possession | Main applicant | Joint applicant | Other person |
| Have you been evicted from a tenancy? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | N/A |
| | If yes, please provide details: | If yes, please provide details: | |

| Abandoning or neglecting a let property | Main applicant | Joint applicant | Other person |
|--|--|--|--------------|
| Has a tenancy been repossessed by a social landlord because the property was abandoned by you, or where a court order has ordered recovery of possession due to the deterioration of the condition of the property or furniture provided for your use? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | N/A |
| | If yes, please provide details: | If yes, please provide details: | |

| Rent arrears or other tenancy debt | Main applicant | Joint applicant | Other person |
|--|--|--|--------------|
| Have any housing related debt from their current or former tenancy in the last 3 years? If yes please complete page 4. | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | N/A |
| | If yes, please provide details: | If yes, please provide details: | |

| Sexual Offences Act 2003 | Main applicant | Joint applicant | Other person |
|--|--|--|--|
| Required to register with the Police under the Sexual Offences Act 2003? A requirement to register under the Act will not affect the assessment of your application but may affect where you could be rehoused. | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| | If yes, please provide details: | If yes, please provide details: | If yes, please provide details: |

Personal connections with Williamsburgh Housing Association

We will tell our Committee if we allocate housing to employees, former employees, Committee members, former Committee members or their close relatives. Close relatives, including step relatives, husband, wife, partner, father, mother, sister, brother, son or daughter. Former in these instances will mean one year prior to the date of application.

Are you, or anyone you are wishing to be rehoused with, an employee, Committee member or related to one of our employees or Committee members?

Yes No

If yes, please give details below:

Relationship:



Williamsburgh

Housing Association Limited

Declaration

Before returning your completed form to us please read through the following statements, sign and date the boxes below to show you understand and agree with them.

- That I/we are 16 years of age or over and are eligible to apply for housing.
- That I/we will inform you immediately of any changes in my/our circumstances.
- That all the information given by me/us on this form is true. If I/we supply any false information or do not disclose any relevant information my/our application may be cancelled.
- That if I/we are given a tenancy because I/we may have supplied knowingly or recklessly false information or I/we have kept back any relevant information, the tenancy may be ended.
- That I/we have read and understand the Fair Processing Notice provided which covers Data Protection legislation.
- That my/our current or previous landlords can be contacted for a reference.
- That I/we agree that the information provided in this application may be shared with other social landlords where I/we have indicated that we would accept a tenancy with another social landlord. In these instances, landlords who are partners in the Renfrewshire Common Allocation Policy reserve the right to apply the award given by the partner landlord you made your initial application with.
- That we may use this information to assess what help you may need to set up your new home.
- That we may use the information you have provided to check with council departments and other agencies including health professionals, Police Scotland, social workers, social and private landlords, to make sure the information is accurate or to detect fraud or crime or to find out more information in relation to your application.

| | |
|---------------------------|------|
| Your Signature | Date |
| Joint Applicant Signature | Date |

Common Housing Allocation Policy Partners



Bridgewater Housing Association
1st Floor, Bridgewater Shopping Centre
Erskine PA8 7AA
www.bridgewaterha.org.uk
Tel: 0141 812 2237



Linstone Housing Association
17 Bridge Street
Linwood
Paisley
PA3 3DB
www.linstone.co.uk
Tel: 01505 382383



Paisley Housing Association
64 Espedair Street
Paisley
PA2 6RW
www.paisleyha.org.uk
Tel: 0141 889 7105



Renfrewshire
Council

Renfrewshire Council Contact Centres:
0300 300 0222
www.renfrewshire.gov.uk

Johnstone:
Johnstone Town Hall,
25 Church Street,
Johnstone,
PA5 8FA

Paisley:
Renfrewshire
House,
Cotton Street,
Paisley, PA1 1AN

Renfrew:
14 Renfield Street,
Renfrew, PA4 8RN

Housing Advice &
Homeless service:
15 Abercorn Street
Paisley, PA3 4AA
Tel during office hours
0300 300 0222
Tel outwith office hours
0800 121 4466



Williamsburgh Housing Association
Ralston House
Cyril Street
Paisley
PA1 1RW
www.williamsburghha.co.uk

Other housing associations that have housing in Renfrewshire are:

Bield - provide housing for older people
www.bield.co.uk

Cairn - provide housing for older people
www.cairnha.com

Hanover - provide housing for older people
www.hsha.org.uk

Horizon - provide housing for general need and also older and disabled people
www.horizonhousing.org

Key - provide housing for disabled people
www.keyhousing.org

Link - provide housing for general need and also older and disabled people
www.homehunt.info

Loretto - provide housing for general need and also older and disabled people
www.lorettoha.co.uk

Blackwood - provide housing for general need and also older and disabled people
www.blackwoodgroup.org.uk

Sanctuary - provide housing for general need and supported accommodation
www.sanctuary-group.co.uk

Ferguslie Park – provide housing for general need
<http://fpha.org.uk/>

Equality Monitoring Form

Equality Act 2010

The Equality Act 2010 (the Act) introduces a new public sector equality duty. On 5 April 2011 the 'general duty' set out in the Equality Act 2010 (the Act) came into force and applies to public bodies listed in Schedule 19 Part 3 of the Act. The 'general duty' requires public authorities to pay due regard to the need to:

- Eliminate discrimination
- Advance equality and
- Foster good relations across a range of protected characteristics

Williamsburgh Housing is committed to equality across all functions.

Data Protection

Williamsburgh Housing Association will ensure compliance with the requirements of the Data Protection Act 1998. The information provided by you will be treated in strict confidence and names will not be reported or published in any way that makes it possible for individuals to be identified.

You do not have to complete this section however it will help us to ensure 'Fairness and Equality For All' if you answer the questions below.

Age

What is your date of birth?

| | | | | | | | |
|-----|--|-------|--|------|--|----------------------|-----------------------|
| Day | | Month | | Year | | Prefer not to answer | <input type="radio"/> |
|-----|--|-------|--|------|--|----------------------|-----------------------|

Sex

Are you male or female?

| | | | |
|------------------------------|----------------------------|-----------------------------------|--|
| <input type="radio"/> Female | <input type="radio"/> Male | <input type="radio"/> Transgender | <input type="radio"/> Prefer not to answer |
|------------------------------|----------------------------|-----------------------------------|--|

Religion or Belief

What religion, religious denomination or body do you belong to?

| | | |
|---|--|--------------------------------------|
| <input type="radio"/> None | <input type="radio"/> Church of Scotland | <input type="radio"/> Roman Catholic |
| <input type="radio"/> Other Christian | <input type="radio"/> Muslim | <input type="radio"/> Buddhist |
| <input type="radio"/> Sikh | <input type="radio"/> Jewish | <input type="radio"/> Hindu |
| <input type="radio"/> Pagan | <input type="radio"/> Prefer not to answer | |
| Other religion or belief (please specify) | | |

Race

Please choose ONE section and then tick ONE box which best describes your ethnic group or background.

| | |
|--|--|
| White | African |
| <input type="radio"/> Scottish | <input type="radio"/> African, African Scottish or African British |
| <input type="radio"/> Other British | <input type="radio"/> Other, please specify |
| <input type="radio"/> Irish | Caribbean or Black |
| <input type="radio"/> Gypsy/Traveller | <input type="radio"/> Caribbean, Caribbean Scottish or Caribbean British |
| <input type="radio"/> Polish | <input type="radio"/> Black, Black Scottish or Black British |
| Other white ethnic group, please specify | Other, please specify |
| | |
| Mixed or Multiple Ethnic Groups | Other ethnic group |
| Any mixed or multiple ethnic groups, please specify: | <input type="radio"/> Arab, Arab Scottish or Arab British |
| | Other, please specify: |
| | |
| Asian, Asian Scottish or Asian British | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Pakistani, Pakistani Scottish or Pakistani British | |
| <input type="radio"/> Indian, Indian Scottish or Indian British | |
| <input type="radio"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British | |
| <input type="radio"/> Chinese, Chinese Scottish or Chinese British | |
| Other, please specify: | |
| | |

Disability

Do you have any of the conditions listed below which have lasted, or are expected to last at least 12 months? Please tick all that apply

| | |
|---|--|
| <input type="checkbox"/> Deafness or partial hearing loss | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Blindness or partial sight loss | <input type="checkbox"/> Mental Health condition |
| <input type="checkbox"/> Learning disability (e.g. Down's Syndrome) | <input type="checkbox"/> Learning Disability (e.g. Dyslexia) |

| | |
|---|---|
| <input type="radio"/> Development disorder (e.g. Autistic Spectrum Disorder or Asperger's Syndrome) | <input type="radio"/> Long term illness, disease or condition |
| Other condition, please specify | <input type="radio"/> Prefer not to answer |
| | |

Are your day to day activities limited because of a health problem, old age or disability which has lasted or is expected to last, at least 12 months?

| | | |
|--|--------------------------|--|
| <input type="radio"/> Yes, limited a lot | <input type="radio"/> No | <input type="radio"/> Prefer not to answer |
|--|--------------------------|--|

Marriage and Civil Partnership

What is your legal marital status?

| | | |
|--|---|---|
| <input type="radio"/> Single | <input type="radio"/> Married/Civil Partnership | <input type="radio"/> Living with partner |
| <input type="radio"/> Divorced | <input type="radio"/> Separated | <input type="radio"/> Widowed |
| <input type="radio"/> Prefer not to answer | | |

Pregnancy and Maternity

Are you currently?

| | | |
|--|--|-------------------------------|
| <input type="radio"/> Pregnant | <input type="radio"/> On maternity leave | <input type="radio"/> Neither |
| <input type="radio"/> Prefer not to answer | | |

Sexual Orientation

Which of the following best describes how you think of yourself?

| | | |
|--------------------------------|-----------------------------|---|
| <input type="radio"/> Bisexual | <input type="radio"/> Gay | <input type="radio"/> Heterosexual/Straight |
| <input type="radio"/> Lesbian | <input type="radio"/> Other | <input type="radio"/> Prefer not to answer |

Gender Reassignment

The term gender reassignment applies to the process of transitioning from one gender to the other.

The term used in the Equality Act to describe people who intend to transition, are transitioning or have transitioned is 'transsexual'.

Do you or have you ever considered yourself to be transsexual? Please tick the relevant box.

| | | |
|---------------------------|--------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to answer |
|---------------------------|--------------------------|--|

