

East Dunbartonshire Housing Partnership



east dunbartonshire
common housing register

Main Applicant

First name:

Last name:

Address:

Postcode:

If mailing address is different from above please tick the box and give us the mailing address on page 4

For office use only

Application ref:

PIN No:

File location:

Date received:

Date input:

Processed by:

Patch

Date of original
application:

About the Common Application Form

This single application form can be used to apply to the two landlords below within East Dunbartonshire who form part of the **Common Housing Register** who may have social rented housing to suit your requirements.

By completing this form you are applying to EDC and Caledonia Housing Association. Please tick both boxes to confirm you are applying to both housing providers:

East Dunbartonshire Council

Caledonia Housing Association

There are also a further 13 Housing Associations who have rented housing within East Dunbartonshire who may be able to suit your housing needs. Sometimes these Housing Associations ask the Council for names from the CHR for one of their vacant properties. This is known as a nomination.

If you are happy for your name to be put forward as a nomination to any of the following Housing Associations then please TICK the box beside their name:

Please note your chances of being offered a suitable house are better if you are registered directly with each Housing Association. Please contact them to apply to their list.

Bield Housing Association

Link Housing Association

Cairn Housing Association

Loretto Housing Association

Crown Housing Association

Margaret Blackwood Housing Association

Hanover Housing Association

Sanctuary Housing Association

Key Housing Association

Trust Housing Association

Clyde Valley Housing Association

Castle Rock Edinvar Housing Association

Hillhead Housing Association

Data Protection Statement

The information you provide on this form will be processed initially by the organisation you send it to. The information will be processed in accordance with the Data Protection Act 1998. The information will be used for the purpose of administering your housing application and tenancy, including the recovery of rent arrears. The information you provide will be shared with the organisations you choose to submit your application to.

The information may be shared with the NHS and/or East Dunbartonshire Council Social Work for the purpose of assessing housing need. Authorities have a duty to protect public funds and to this end the information you provide may be used for the detection and prevention of fraud. It may be shared with other bodies responsible for auditing or administering public funds for these purposes.

Should you require further information about how the Council uses your information please click the following link to the [Housing Privacy Statement](#)

Homelessness

If you are homeless, or expect to be homeless within the next two months, then as well as completing this form, please contact the Homeless Team at East Dunbartonshire Council (0141 578 2133) who will assess your housing situation and advise you of your housing options.

Assistance to complete the form

If you require any assistance to complete this application please see the enclosed information sheets and contact any of the numbers to arrange an appointment.

Main Applicant

Joint Applicant

Please state the first language of

If we contact or visit you, do you require:

<i>an interpreter?</i>	Yes	No	Yes	No
------------------------	-----	----	-----	----

<i>a signer?</i>	Yes	No	Yes	No
------------------	-----	----	-----	----

If yes, please give details:

Please tick (✓) if you require information in another format.

Large print
Braille
Tape

Large print
Braille
Tape

Do you have any accessibility needs that could make visiting our offices difficult?

Yes	No
-----	----

If yes, please give details:

Section One - Applicant Details

I.1

a) Main Applicant

b) Joint Applicant

Title (please tick)

Mr Mrs Miss Ms

Mr Mrs Miss Ms

Other, please state

Other, please state

First name(s)

Last name

Maiden/Previous name

Date of birth

Present address

Postcode

Relationship to Main Applicant
(e.g. brother, sister, partner)

National Ins No

Your National Insurance number is a unique identifier. Therefore in the course of administering your housing application and tenancy, including the recovery of rent arrears, your NI number may be used to match the information we hold with that of other landlords in the Housing Partnership and other departments within the Council.

All correspondence will be sent to Main Applicant's address unless an alternative address is inserted below.

Mailing address (if different from Main Applicant's address above)

I.2 Contact details

Please indicate whether home work or mobile phone number:

Email address.

Main telephone no.

Additional telephone no.

Section Two - Household Details

2.1 Please give details of the people who you wish to be re-housed with you. When filling in the tables at 2.2 and 2.3 please note:

- 1) If you have children who only stay with you some of the time, then include them here only if they stay with you four or more nights a week, or on average more than 50% of the time.
- 2) The status column **must** be filled in for all household members because we require this information to determine the size of house required. If two people within your household are a couple then please insert either M(married) or C(couple) against **each** of their names.

2.2 Starting with yourself, please give details of everyone who you want to be re-housed with you and who are living with you just now.

1	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
	Relationship to you e.g. husband, daughter etc.		Status M = Married, C = Couple, S = Single			For office use only PIN		
2	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
	Relationship to you e.g. husband, daughter etc.		Status M = Married, C = Couple, S = Single			For office use only PIN		
3	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
	Relationship to you e.g. husband, daughter etc.		Status M = Married, C = Couple, S = Single			For office use only PIN		
4	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
	Relationship to you e.g. husband, daughter etc.		Status M = Married, C = Couple, S = Single			For office use only PIN		
5	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
	Relationship to you e.g. husband, daughter etc.		Status M = Married, C = Couple, S = Single			For office use only PIN		
6	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
	Relationship to you e.g. husband, daughter etc.		Status M = Married, C = Couple, S = Single			For office use only PIN		

7	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
Relationship to you e.g. husband, daughter etc.			Status M = Married, C = Couple, S = Single			For office use only PIN		

8	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
Relationship to you e.g. husband, daughter etc.			Status M = Married, C = Couple, S = Single			For office use only PIN		

9	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
Relationship to you e.g. husband, daughter etc.			Status M = Married, C = Couple, S = Single			For office use only PIN		

2.3 Please give details below of everyone **who you want to be re-housed with you and who are not living with you just now.**

1	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
Relationship to you e.g. husband, daughter etc.			Status M = Married, C = Couple, S = Single			For office use only PIN		
Reason not living with you now and present address (please list).								

2	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
Relationship to you e.g. husband, daughter etc.			Status M = Married, C = Couple, S = Single			For office use only PIN		
Reason not living with you now and present address (please list).								

3	First name(s)	Last name	Date of birth	Male	Female	Non binary	Gender: Other	prefer not to answer.
Relationship to you e.g. husband, daughter etc.			Status M = Married, C = Couple, S = Single			For office use only PIN		
Reason not living with you now and present address (please list).								

4	First name(s)	Last name	Date of birth	Gender:				prefer not to answer.
				Male	Female	Non binary	Other	
Relationship to you e.g. husband, daughter etc.			Status M = Married, C = Couple, S = Single			For office use only PIN		
Reason not living with you now and present address (please list).								

2.4 Is anyone listed in the tables above pregnant? Yes No

If yes, please name who is pregnant and tell us when the baby is due.

Month Year

Please supply the birth certificate when the baby is born to enable us to include the baby in your house size requirements.

2.5 Please give the name of anyone that you wish to be housed with you (other than yourself and the joint applicant) who currently has a tenancy from East Dunbartonshire Council, or Caledonia Housing Association.

Name

and the name and address of their landlord

Will this property be given up when your household is re-housed? Yes No

2.6 If you regularly have any children staying with you overnight, but who do not stay with you permanently, please give details below:

Do you have a residency/access arrangement? Yes No

Proof of the arrangement such as a Minute of Agreement, lawyer's letter or confirmation of the arrangement from your partner/ex partner may be required.

Please provide details of the arrangement

How often do they or will they stay?

Section Three - Current Housing Circumstances

3.1 At your present address, are you? (please tick)

Council tenant	A	Staying with friends/relatives	H
Housing Assoc/co-op tenant	B	Lodger/hotel/hostel	I
Tenant of a private landlord	C	In supported accommodation	J
Owner occupier	D	In housing tied to employment	K
Shared owner with Housing Assoc.	E	In hospital/prison/residential care	L
HM Forces	F	Staying in caravan	M
Staying with parent(s)	G	Other, please give details below	N

Please tell us who owns your present accommodation.

If you are a tenant please insert the name and address of your landlord.

Name

Address

3.2 a) What type of accommodation do you live in at present? (please tick)

Single level cottage or bungalow	A	bedsit (self contained)	G
Main door house on two or more levels	B	Rooms in a house/hotel/hostel	H
Flat - shared access e.g. tenement	C	Caravan/mobile home	I
Flat - four in block upper	D	Long term hospital/residential care	J
Flat - four in block lower	E	Homeless/no fixed abode	K
Maisonette flat on two or more levels	F	Other, please give details	H

b) How many steps are there leading to your front door?

On which floor is your front door? Ground 1st 2nd 3rd 4th higher

c) Does your household have sole use of a garden? Yes No

d) How many rooms are in your present house? How many rooms do the people included in the table at 2.2 have exclusive use of?*

Separate living/public rooms

Double bedrooms - over 10.22 sq metres (110 sq ft)

Single bedrooms - under 10.22 sq metres (110 sq ft)

Combined living/bedroom

* If there are rooms in the house that are not available for you to use, please explain why below.

- 3.3 Do you have the following facilities/amenities in your accommodation? Please tick the shared box if a toilet, kitchen or bathroom is shared with anyone who will not be moving with you when you are re-housed.

Facilities	Please tick as appropriate		
	Yes	No	
Hot and cold water supply			
Central heating			
	Yes	No	Shared
Inside toilet			
Kitchen/kitchen area			
Bath/shower room			

If your accommodation lacks these facilities or you share them please give details.

- 3.4 If you are the householder, does your accommodation have any of the following problems? (please tick). If yes, give details in box at the bottom of the page.

	Yes	No
rising dampness/water penetration		
structural problems or serious disrepair		
closing/demolition order served on property		
Declared by Environmental Health or		
Building Control to be below tolerable standard.		

Please provide evidence.

Section Four - Personal Circumstances

We may require confirmation of the information which you have given or additional information regarding your present or previous housing circumstances. Any of the landlords who are considering you for re-housing may seek this information from any of the contacts that you have listed below.

4.1 Please list your addresses for the last five years. Please begin with your present address first and continue on a separate sheet if necessary.

Tenure codes

Council tenant	A	Staying with friends/relatives	H
Housing Assoc/co-op tenant	B	Lodger/hotel/hostel	I
Tenant of a private landlord	C	In supported accommodation	J
Owner occupier	D	In housing tied to employment	K
Shared owner with Housing Assoc.	E	In hospital/prison/residential care	L
HM Forces	F	Staying in caravan	M
Staying with parent(s)	G	Other, please give details below	N

Main Applicant

Please insert the tenure code from the table.

1	Address	Date from	Date to
	Tenure code		
	Name and address of landlord/owner	Reason for leaving	

2	Address	Date from	Date to
	Tenure code		
	Name and address of landlord/owner	Reason for leaving	

3

Address

Date from

Date to

Tenure code

Name and address of landlord/owner

Reason for leaving

4

Address

Date from

Date to

Tenure code

Name and address of landlord/owner

Reason for leaving

Joint Applicant (if any addresses are different from those listed by the main applicant)

1

Address

Date from

Date to

Tenure code

Name and address of landlord/owner

Reason for leaving

2

Address

Date from

Date to

Tenure code

Name and address of landlord/owner

Reason for leaving

3

Address

Date from

Date to

Tenure code

Name and address of landlord/owner

Reason for leaving

4

Address

Date from

Date to

Tenure code

Name and address of landlord/owner

Reason for leaving

Apart from the addresses noted in 4.1 are you, or the joint applicant, the tenant of any other property in the UK or abroad, If yes please provide details (please continue in the box on page 15 if necessary).

Address

Name and address of landlord/owner

4.2 Are you, or anyone on your application, required to register with the police under the Sex Offenders Act 1997 or Sexual Offences Act 2003 or by the granting of a Civil Order which imposes such a requirement? Yes No

If yes, please give full name of person and refer to the note for 4.2 in the 'Guide to Completing Your Housing Application'.

4.3

a) Main Applicant

b) Joint Applicant

Has any landlord ever taken court action against you, or anyone on your application, for antisocial behaviour?

Yes

No

Yes

No

Has any landlord ever taken less formal action e.g. a written warning?

Yes

No

Yes

No

Has an Antisocial Behaviour Order (ASBO) ever been granted against you, or anyone on your application?

Yes

No

If yes, please give full name of person

the address that the person stayed at when the Order was issued or when the action was taken

Date of the Order or action

4.4 Why do you wish to be rehoused?

Please tick all that apply, you may be asked to verify this information.

Overcrowding

Under-occupied

Harassment

Domestic abuse

Crime/fear of crime

Employment reasons

Current home unaffordable

To give/receive support

Relationship breakdown

Health/disability reasons

To live independently

Homeless/threatened homeless

Different/better house type

Other, please explain briefly

4.5 Are you presently homeless?

Yes

No

Do you expect to be homeless within the next two months?

Yes

No

Have you been asked to leave your present accommodation?

Yes

No

If yes, by what date must you leave?

(If you have been given written notice to leave please provide a copy)

Has a court order for possession been granted?

Yes

No

If yes, please provide a copy of the order.

Over the past year have you stayed with different friends/relatives (not parents) as temporary arrangements at more than one address, and are continuing to do so?

Yes

No

- 4.6 If you need to move to be nearer to your place of employment, please give the name, address and telephone number of your employer or prospective employer.

Name

Address

Telephone number

- 4.7 Do you, or anyone in your household, need to move in order to:

Provide support to someone already living in the area	Yes	No
Receive support from someone living in the area	Yes	No

If you have said yes to either of the above, we will require more information to enable us to assess your priority for housing and housing support needs. We will send you a Health & Access Needs form which you should complete and return to us.

Do you have a child under 16 years with learning support needs and require to be near an essential facility e.g. a specialist school?

Yes	No
-----	----

If you have said yes, please give details of who we can contact to obtain more information.

Name of school or hospital

Address

Contact person

Telephone number

Asylum and Immigration

- 4.8 Under the Housing (Scotland) Act 2001, the Asylum and Immigration Act 1999 and the Immigration (EAA) Regulations 2006, landlords are required to establish whether a person qualifies for help provided from public funds, including housing.

	Main Applicant		Joint Applicant	
Are you a British Citizen?	Yes	No	Yes	No
Have you resided in the UK, Isle of Man, Channel Islands or Republic of Ireland for at least the past two years?	Yes	No	Yes	No

Only complete the rest of this page if you have ticked any of the ‘No’ boxes above.

	Main Applicant		Joint Applicant	
If no, do you have indefinite or exceptional leave to remain in the UK?	Yes	No	Yes	No

Please give details

	Main Applicant		Joint Applicant	
Do you have any restrictions on your access to public funds?	Yes	No	Yes	No

If yes, please give details

If neccessary, this box is provided for additional information from question 4.1

Section Five - Your Housing Needs/Preferences

5.1 Please choose areas and if desired, more specific locations. The more flexible you are willing to be, the more quickly you are likely to be re-housed. However you should only tick the areas that are definitely of interest to you because it could affect your application if you refuse offers of housing in areas that you have requested. (Please refer to the suspensions information). If you are making an application to the Council because you are homeless or threatened with homelessness then your application will be dealt with under the terms of our homeless policy and procedures.

AREA			SUB AREA please tick the boxes below to be more specific about location					
01 BEARSDEN			No preference	A	<input type="checkbox"/>	Courthill	B	<input type="checkbox"/>
Stockiemuir	C	<input type="checkbox"/>	Bearnsden Cross	D	<input type="checkbox"/>	Westerton	E	<input type="checkbox"/>
Hillfoot	F	<input type="checkbox"/>	Kessington	G	<input type="checkbox"/>			
02 MILNGAVIE			No preference	A	<input type="checkbox"/>	Keystone	B	<input type="checkbox"/>
Allander	C	<input type="checkbox"/>	Town Centre	D	<input type="checkbox"/>	Park/Lennox	E	<input type="checkbox"/>
East Dumgoyne	F	<input type="checkbox"/>	West Dumgoyne	G	<input type="checkbox"/>	Cloberfield	H	<input type="checkbox"/>
04 LENNOXTOWN			No preference	A	<input type="checkbox"/>	High Park	B	<input type="checkbox"/>
Slatefield	C	<input type="checkbox"/>	Bencloich/Holyknowe	D	<input type="checkbox"/>	Main/Service Street	E	<input type="checkbox"/>
Whitefield	F	<input type="checkbox"/>	Crow Road/St Machans	G	<input type="checkbox"/>	Haughead	H	<input type="checkbox"/>
05 MILTON OF CAMPSIE			No preference	A	<input type="checkbox"/>	Derrywood/Scott/Craighead	B	<input type="checkbox"/>
Mt Pleasant/Newlands Cross	C	<input type="checkbox"/>	Beechtree/Birdston	D	<input type="checkbox"/>	Cairnview/Montgomery/Hillside	E	<input type="checkbox"/>
06 TORRANCE			No preference	A	<input type="checkbox"/>	Rosehill	B	<input type="checkbox"/>
Campsie Road/Mill Crescent	C	<input type="checkbox"/>	Balmore	D	<input type="checkbox"/>			
07 TWECHAR			No preference	A	<input type="checkbox"/>	Gartshore	B	<input type="checkbox"/>
Alexander	C	<input type="checkbox"/>						
08 WATERSIDE			A	<input type="checkbox"/>				
09 BISHOPBRIGGS			No preference	A	<input type="checkbox"/>	Springfield/Emerson	B	<input type="checkbox"/>
Crowhill	C	<input type="checkbox"/>	East Springfield	D	<input type="checkbox"/>	Callieburn/Kentigern	E	<input type="checkbox"/>
Auchinairn	F	<input type="checkbox"/>	Rowans (sheltered aged 60+)	G	<input type="checkbox"/>	Hilton/Westerhill	H	<input type="checkbox"/>
10 KIRKINTILLOCH/OTHER			No preference	A	<input type="checkbox"/>	Harestanes	B	<input type="checkbox"/>
Central	D	<input type="checkbox"/>	Back o'Loch	E	<input type="checkbox"/>	Monklands	F	<input type="checkbox"/>
Lower Gallowhill/Greens	G	<input type="checkbox"/>	High Gallowhill	H	<input type="checkbox"/>			
11 KIRKINTILLOCH/HILLHEAD			No preference	A	<input type="checkbox"/>			
Eildon Road, Friarscroft, Lammermoor Road, Marmion Drive, Dryburgh Place	B	<input type="checkbox"/>	Abbotsford Drive Highfield Avenue/Court/ Grove/Road Newdyke Avenue/Road Woodstock Avenue	C	<input type="checkbox"/>	Banks Road, Crossgates, Eastside, John Street, Kilsyth Road, Waterloo Gardens	D	<input type="checkbox"/>
Border Way, Ivanhoe Drive McFarlane Place, Lily Gardens Scott Wynd	E	<input type="checkbox"/>	Blackdyke Road, Kenilworth Road, Redbrae Place/Road, Waverley Crescent	F	<input type="checkbox"/>	Cleddans Road, Hardmuir Gardens/Road, Langmuir Avenue, Meiklehill Road, Hillhead Road, Shells Road, Whitehill Ave/Cres/Court Fernlea Road, Meiklehill Avenue	G	<input type="checkbox"/>

5.2 Please give your preferred location. You must be specific about your first choice area then sub area. Do not write 'no preference'. If you do not give us this information your application will not be processed.

Example

01 Bearsden

Kessington

1st area

sub area

If you would consider other locations please state in order of preference:

2nd area

sub area

3rd area

sub area

Please list the names of any streets where you do not wish to be re-housed although they are in the sub areas which you are requesting.

5.3 Please tick here if you wish to be considered for all house types

If you wish to be more specific please tick below all of the house types that you would consider. The more flexible you are willing to be, the more quickly you are likely to be re-housed. You will only be considered for the house types that you have ticked. If you want more information The Housing Options Guide lists the types of housing that are in each area.

Two storey house	End terrace*	Own door flat	Ground floor
	Mid terrace*		
	Semi detached*		Ground floor
	Detached*		Middle floor* Top floor*
Single storey house	End terrace	Maisonette	Ground floor*
	Mid terrace		Middle floor*
	Semi detached		Top floor*
Four in block flat	Lower		
	Upper*		

*These properties have either internal or external stairs and are not suitable for people who have Accessibility needs.

5.4 Would you consider other affordable tenures types? Yes No

Please tick the affordable housing tenure types you would consider.

Mid Market Rent

New Shared Equity for Sale

Shared Ownership

Open Market Shared Equity for Sale

Qualifying Criteria is applied.

For further information please visit www.eastdunbarton.gov.uk/shared-equity

5.5 Do you have a particular reason why it is important for you to have an additional bedroom? (e.g. a couple that requires separate bedrooms or a room required for a carer.)

If **yes** please tell us why

Yes

No

Even if you have no particular reason, would you like an additional bedroom if this is available?

Yes

No

Would you accept a studio/bedsit flat?

Yes

No

Please be aware that households in receipt of housing benefit may have their entitlement reduced for properties rented from the Council or Housing Associations that are deemed too large for their needs

5.6 What type of housing do you wish to apply for?

General needs

Yes

No

Sheltered (over 60's)

Yes

No

5.7 Do you, or anyone in your household, consider themselves to have a disability and to have accessibility needs that could be better provided for if you moved to alternative housing.

Yes

No

If yes, who is that person(s)?

Please tick if you require either of the following:

Level access housing

Wheelchair housing

Please give details of any other particular house features or facilities required.

5.8 Do you or anyone in your household have housing support needs which cannot be provided by other members of the household?

Yes

No

If you require alternative housing because there is a disabled person in your household, then we will require more information to enable us to assess your priority for re-housing and your housing support needs. If you have said yes at 5.6 or 5.7 we will send you a **Health and Access Needs Assessment** form which you should complete and return to us.

5.9 If you are presently a tenant of one of the Partnership landlords, do you wish to go on to the mutual exchange list?

Yes

No

Please contact your landlord for more information on how to make an application.

5.10 Is there anything else about your health, housing or social circumstances that you would like to tell us that might be important to your application?

5.11 If any of the following factors are relevant to your application, then it will help us to fully assess your priority and process your application quickly if you can provide the associated documentation as soon as possible. If you do not provide this then your application may not get the points/priority that it deserves.

Factors	Required documentation
Asylum	Documentation associated with the application and granting of "leave to remain"
Residency/access to children	Minute of agreement, lawyer's letter or other confirmation of the arrangement
Requirement to vacate tied housing	Confirmation from employer or HM Forces
Present house in poor condition or Below Tolerable Standard	Environmental Health/Building control report
Insecurity of tenure - Notice to Leave	Confirmation from present landlord or householder
Proof of staying with relatives or friends at more than one address	Confirmation from the householders
Access to Employment	Confirmation from employer, prospective employer or employment agency
Harassment	Any supporting evidence or information
Living in a Caravan	Evidence of having lived in a caravan in East Dunbartonshire for at least six months

Section Six – Other Information

Relationship to management committee, staff or elected members of the landlords

Are you, or anyone you are wishing to be re-housed with, related to any member of the management committee, staff or elected members of any of the landlords included on this form. Common law relationships should be included. This will not affect your application in any way, but we need to collect this information to comply with the Housing (Scotland) Act 2001.

Yes

No

Name of committee member, employee or elected member

Name of organisation

Relationship to you

Section Seven – Equalities Monitoring form

7.1 East Dunbartonshire Council and the other landlords participating in the East Dunbartonshire Common Housing Register are committed to equal opportunities. This means we aim to ensure that no housing applicant is treated less favourably than any other. For our policies and procedures to be effective, detailed monitoring is necessary to ensure that no housing applicant is discriminated against on the grounds of gender, race, colour, nationality, ethnic or national origins, disability, sexuality or age.

Your assistance would be appreciated in providing information which will be treated in the strictest confidence and will be used by the landlords participating in the Common Housing Register who are processing your application, simply to provide a statistical profile of our equal opportunities monitoring process. The information will only be made available to those persons involved in the equal opportunities monitoring process. Thank you for your cooperation.

Please tick the box which best describes your ethnic origin as well as the ethnic origin of any joint tenant if they are included in your application.

Ethnicity

Main Applicant

Joint Applicant

1. White

- (a) Scottish
- (b) Other British
- (c) Irish
- (d) Gypsy/traveller
- (e) Polish
- (f) Ukrainian
- (g) Syrian
- (h) Afghan
- (i) Any other white background

Please describe

2. Mixed or multiple ethnic background

3. Asian, Asian Scottish, or Asian British

- (a) Indian
- (b) Pakistani
- (c) Bangladeshi
- (d) Chinese
- (e) Any other Asian background

Please describe

4. Black, Black Scottish or Black British

- (a) Caribbean
- (b) African
- (c) Any other black background

Please describe

5. Other ethnic background

- (a) Arab, Arab Scottish or Arab British
- (b) Any other group

Please describe

6. Unknown

What religion or religious denomination best describes you?

Religion

Main Applicant

Joint Applicant

Buddhist
Church of Scotland
Hindu
Humanist
Jewish
Muslim
None
Other Christian
Other religion/belief
Pagan
Prefer not to say
Roman catholic
Sikh

Which nationality identity best describes you?

Nationality

Main Applicant

Joint Applicant

British
English
Northern Irish
Scottish
Welsh
Prefer not to say
Other
Please describe

Which of the following options best describes you?

Sexual orientation

Main Applicant

Joint Applicant

Bisexual
Gay/Lesbian
Heterosexual/Straight
Other
Prefer not to say

Do you use a language other than English at home?

Language

Main Applicant

Joint Applicant

No, English only
Prefer not to say
Yes, British Sign Language
Yes, Gaelic
Yes, Other

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term adverse effect on the person's ability to carry out normal day-to-day activities. Do you consider yourself to have a disability according to the terms given in the Equality Act?

No

Prefer not to say

Yes

How does your impairment affect you? You may select more than one.

Disability

Main Applicant

Joint Applicant

Dexterity (for example lifting or carrying objects, using a keyboard)

Hearing (for example deafness or partial hearing)

Learning or understanding or concentrating

Memory

Mental Health

Mobility (for example walking short distances or climbing stairs)

Other

Prefer not to say

Social or behavioural (for example associated with autism, attention deficit disorder or Aspergers' Syndrome)

Stamina or breathing or fatigue

Vision (for example blindness or partial sight)

What is your gender identity?

Gender

Main Applicant

Joint Applicant

Female

Male

Non-binary

Prefer not to say

Is your gender identity different to the sex you were assumed to be at birth?

No

Yes

Prefer not to say

Do you have any unpaid caring responsibilities for a child or for another adult?

No

Prefer not to say

Yes - Child/Children under 18

Yes - Other

How many hours you spend providing unpaid care in a typical week.

0-19 hours

20-34 hours

35-49 hours

50 hours or more

Prefer not to say

Supporting Information

If you wish any of the following to be taken into account when we are considering your application we will need verification of your circumstances. We have listed some examples of the types of verification required.

Please ☒ where this verification has been provided along with the application form.

- 1 **Your present house has been declared by the Council to be “Below Tolerable Standard”, or it is in a state of disrepair.**
Certificate or letter from the Council, or confirmation from a qualified surveyor, or other qualified professional that serious disrepair exists.
- 2 **You are unable to continue to reside in present housing.**
Confirmation of when you must leave from the owner, landlord, householder, or your employer if the accommodation is tied to your employment.

Evidence of court action or impending court action because of mortgage or rent arrears.
- 3 **A member of your household has particular learning support needs because of a disability and requires to be near a specialist school.**
Letter of confirmation from the school or from Social Work Department.
- 4 **You have health/mobility problems and/or support needs.**
Completed Health & Access Needs Assessment Form.
- 5 **If you have not resided in the UK, Isle of Man, Channel Islands or Republic of Ireland for at least the past two years.**
Evidence of ‘leave to remain’ in the UK.

Declaration

Please read carefully and only sign if you agree with all the aspects of the declaration.

I/we agree that you will use the information I/we have provided for the assessment of housing. I/we authorise you to check the information, I/we have provided, with other sources as allowed by law. I understand that the information I/we have provided may be used to prevent and detect fraud and may be shared with other sections within the Council, with other Councils, Government departments, Credit Reference Agencies or others as allowed by law. It may also be shared with other bodies responsible for auditing or administering public funds.

For further information, see www.eastdunbarton.gov.uk/nfi

I/we understand that if I/we give information that is incorrect or incomplete, or fail to report any changes in circumstances which affect the application for housing, I/we may be prosecuted.

I/we understand that if a tenancy is granted on the basis of incomplete, false or misleading information made by me/us that the landlord can instigate proceedings to recover possession of the property and that I/we may be prosecuted. By signing this application form I/we give consent to the landlords to share information and for it to be used as described in the above section on Data Protection.

Please note

The issue and acceptance of this form does not constitute an agreement binding on the landlords of the East Dunbartonshire Housing Partnership and it is not taken as a pledge that the applicant will be allocated housing.

I understand and agree to the conditions noted in the declaration

Applicant's signature

Date

Joint applicant's signature

Date

(If more than one applicant then both applicants must sign or the form will not be processed)

I/we understand that if I/we accept an offer of housing in East Dunbartonshire, from either the Council or a registered housing association, then my/our housing application will automatically be cancelled and that I/we will require to submit a new housing application form if I/we want to re-apply.

East Dunbartonshire Council Community HUB William Patrick Library
2/4 West High Street Kirkintilloch
G66 1AD
Tel: 0300 1234510

East Dunbartonshire Council Community HUB Bishopbriggs Library
170 Kirkintilloch Road Bishopbriggs
G64 2LX
Tel: 0300 1234510

East Dunbartonshire Council Community HUB Bearsden Library
69 Drymen Road Bearsden
G61 3QT
Tel: 0300 1234510

East Dunbartonshire Council Community HUB Main Street,
Lennoxtown G66 7JJ
Tel: 0300 1234510

Email: housing@eastdunbarton.gov.uk



For further information please contact:
Tel: 0300 123 4510

Other formats and translations

This document can be provided in large print,
Braille or on audio cassette and can be translated into other
community languages.

Please call the
Council's Corporate Communications Team
on
0300 123 4510.

本文件提供英、國語、中文、及有聲書格式。請電 0300 123 4510。
هذه الوثيقة متوفرة باللغة الإنجليزية، الفرنسية، العربية، وبتسجيل صوتي.
This document is available in English, French, Arabic, and audio cassette. 0300 123 4510.
Qatbihaq an agribmanen soo oar gu Gachig ma ma an a dham outa. Qatbihaq soo gu 0300 123 4510.
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If you suspect that anyone is committing fraud against the
council please join your council's fight against fraud by
reporting this online at

www.eastdunbarton.gov.uk/reportfraud
or by emailing:
fraud@eastdunbarton.gov.uk
or by calling:
0300 123 4510