

# 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.

**If you do not want to be considered for housing by any of the landlords please put a cross in the box beside their name.** Otherwise your application will be considered by two landlords.

- East Dunbartonshire Council  
 Caledonia Housing Association

As well as the two landlords who form the current **Common Housing Register**, there are 14 other Housing Associations who have rented housing within East Dunbartonshire who may be able to meet your housing need. Sometimes these Housing Associations ask us for names from the Common Housing Register for a house becoming vacant. This is called a **Nomination**. If you **do not** want to be nominated to any of the following Housing Associations **please put a cross in the box beside their name**.

In order to improve your chances of being offered a suitable house, **you should also contact the Housing Associations directly so that you can complete their housing application form and be registered on their own Housing List.**

- |   |  |
|---|--|
| <input type="checkbox"/> Bield Housing Association        | <input type="checkbox"/> Link Housing Association                |
| <input type="checkbox"/> Cairn Housing Association        | <input type="checkbox"/> Loretto Housing Association             |
| <input type="checkbox"/> Crown Housing Association        | <input type="checkbox"/> Margaret Blackwood Housing Association  |
| <input type="checkbox"/> Cube Housing Association         | <input type="checkbox"/> Sanctuary Housing Association           |
| <input type="checkbox"/> Hanover Housing Association      | <input type="checkbox"/> Trust Housing Association               |
| <input type="checkbox"/> Key Housing Association          | <input type="checkbox"/> Castle Rock Edinvar Housing Association |
| <input type="checkbox"/> Clyde Valley Housing Association | <input type="checkbox"/> 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.

## 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.

## Data Protection

All personal data provided within this application will be treated in confidence and comply with the Data Protection Act 1998. All the personal data you give us on this form will be placed in secure files and will be used for the purpose of assessing your housing need as defined in participating landlords' Allocation Policies.

## 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:

*an interpreter?*

Yes

No

Yes

No

*a signer?*

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

Yes

No

If **yes**, please give details:

# Section One - Applicant Details

1.1

a) Main Applicant

b) Joint Applicant

	Mr	Mrs	Miss	Ms	Other state	Mr	Mrs	Miss	Ms	Other state
Title <i>(please tick)</i>										
First name										
Last name										
Date of birth										
Present address										
Postcode										
Relationship to Main Applicant <i>(e.g. brother, sister, partner)</i>										
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 <i>(if different from Main Applicant’s address above)</i>	

1.2 Contact tel number(s)  
Please indicate whether home work or mobile phone

1. Main contact telephone no.
2. Additional telephone no.
3. Additional telephone no.

If you wish to be contacted by e-mail please insert your e-mail address

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## 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 4 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.**

First name	Last name	Date of birth	Male/ female M or F	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.**

First name	Last name	Date of birth	Male/ female M or F	Relationship to you	Status M C S	Reason not living with you now and present address	For office use only PIN

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

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How often do they or will they stay?

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## Section Three - Current Housing Circumstances

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

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 ✓)

A single level cottage or bungalow	<input type="checkbox"/>	G bedsit (self contained)	<input type="checkbox"/>
B main door house on two or more levels	<input type="checkbox"/>	H rooms in a house/hotel/ hostel	<input type="checkbox"/>
C flat - shared access e.g. tenement	<input type="checkbox"/>	I caravan/mobile home	<input type="checkbox"/>
D flat - four in block upper	<input type="checkbox"/>	J long term hospital/residential care	<input type="checkbox"/>
E flat - four in block lower	<input type="checkbox"/>	K homeless/no fixed abode	<input type="checkbox"/>
F maisonette flat on two or more levels	<input type="checkbox"/>	L other, please give details	<input type="checkbox"/>

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.

please ✓ as appropriate

Facilities	Yes	No	
hot and cold water supply	<input type="checkbox"/>	<input type="checkbox"/>	
central heating	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Shared
inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kitchen/kitchen area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bath/shower room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
structural problems or serious disrepair	<input type="checkbox"/>	<input type="checkbox"/>
closing/demolition order served on property	<input type="checkbox"/>	<input type="checkbox"/>
Declared by Environmental Health or Building Control to be below tolerable standard. Please provide evidence.	<input type="checkbox"/>	<input type="checkbox"/>




## 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	if other, please give details	N

### Main Applicant

Please insert the tenure code from the table.

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

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

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

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 on a separate sheet 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

Main Applicant

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.

- |  |  |                          |
|--|--|--------------------------|
| <input type="checkbox"/> overcrowding              | <input type="checkbox"/> to give/receive support       | <input type="checkbox"/> |
| <input type="checkbox"/> under-occupied            | <input type="checkbox"/> relationship breakdown        | <input type="checkbox"/> |
| <input type="checkbox"/> harassment                | <input type="checkbox"/> health/disability reasons     | <input type="checkbox"/> |
| <input type="checkbox"/> domestic abuse            | <input type="checkbox"/> to live independently         | <input type="checkbox"/> |
| <input type="checkbox"/> crime/fear of crime       | <input type="checkbox"/> homeless/threatened homeless  | <input type="checkbox"/> |
| <input type="checkbox"/> employment reasons        | <input type="checkbox"/> different/better house type   | <input type="checkbox"/> |
| <input type="checkbox"/> current home unaffordable | <input type="checkbox"/> other, please explain briefly | <input type="checkbox"/> |

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? Date   
 (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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you resided in the UK, Isle of Man, Channel Islands or Republic of Ireland for at least the past two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

If <b>no</b> , do you have indefinite or exceptional leave to remain in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please give details


Do you have any restrictions on your access to public funds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **yes**, please give details


## 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 circle the boxes below to be more specific about location			
01 BEARSDEN		No preference	A	Courthill	B
Stockiemuir	C	Bearnsden Cross	D	Westerton	E
Hillfoot	F	Kessington	G		

02 MILNGAVIE		No preference	A	Keystone	B
Allander	C	Town Centre	D	Park/Lennox	E
East Dumgoyne	F	West Dumgoyne	G	Cloberfield	H

04 LENNOXTOWN		No preference	A	High Park	B
Slatefield	C	Bencloch/Holyknowe	D	Main/Service Street	E
Whitefield	F	Crow Road/St Machans	G	Haughead	H

05 MILTON OF CAMPSIE		No preference	A	Derrywood/Scott/Craighead	B
Mt Pleasant/Newlands Cross	C	Beechtree/Birdston	D	Cairview/Montgomery/Hillside	E

06 TORRANCE		No preference	A	Rosehill	B
Campsie Road/Mill Crescent	C	Balmore	D		

07 TWECHAR		No preference	A	Gartshore	B
Alexander	C				

08 WATERSIDE	A				
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09 BISHOPBRIGGS		No preference	A	Springfield/Emerson	B
Crowhill	C	East Springfield	D	Callieburn/Kentigern	E
Auchinairn	F	Rowans (sheltered aged 60+)	G	Hilton/Westerhill	H

10 KIRKINTILLOCH/OTHER		No preference	A	Harestanes	B
Central	D	Back o'Loch	E	Monklands	F
Lower Gallowhill/Greens	G	High Gallowhill	H		

11 KIRKINTILLOCH/HILLHEAD		No preference	A		
Eildon Road, Friarscroft, Lammermoor Road, Marmion Drive, Dryburgh Place	B	Abbotsford Drive, Highfield Avenue/Court/Grove/Road, Newdyke Ave/Road/Woodstock Ave, Conway Court Mitchell Gardens, Rosebank Avenue	C	Banks Road, Crossgates, Eastside, John Street, Kilsyth Road, Waterloo Gardens	D
Border Way, Ivanhoe Drive McFarlane Place, Lily Gardens Scott Wynd	E	Blackdyke Road, Kenilworth Road, Redbrae Place/Road, Waverley Crescent	F	Cleddans Road, Hardmuir Gardens/Road, Langmuir Avenue, Meiklehill Road, Hillhead Road, Shells Road, Whitehill Ave/Cres/Court Fernlea Road, Meiklehill Avenue	G

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**

1<sup>st</sup> area  sub area

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

2<sup>nd</sup> area  sub area

3<sup>rd</sup> 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.

<b>Two storey house</b>	end terrace*	<input type="checkbox"/>	<b>Own door flat</b>	ground floor	<input type="checkbox"/>
	mid terrace*	<input type="checkbox"/>			
	semi detached*	<input type="checkbox"/>	<b>Tenemental/shared entry flat</b>	ground floor	<input type="checkbox"/>
	detached*	<input type="checkbox"/>		middle floor*	<input type="checkbox"/>
<b>Single storey house</b>	end terrace	<input type="checkbox"/>	<b>Maisonette</b>	ground floor*	<input type="checkbox"/>
	mid terrace	<input type="checkbox"/>		middle floor*	<input type="checkbox"/>
	semi detached	<input type="checkbox"/>		top floor*	<input type="checkbox"/>
<b>Four in block flat</b>	lower	<input type="checkbox"/>			
	upper*	<input type="checkbox"/>			

\*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	<input type="checkbox"/>	New Shared Equity for Sale	<input type="checkbox"/>
Shared Ownership	<input type="checkbox"/>	Open Market Shared Equity for Sale	<input type="checkbox"/>

Qualifying Criteria is applied.

For further information please visit [www.eastdunbarton.gov.uk](http://www.eastdunbarton.gov.uk). Housing Strategies, Policies and Plans

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

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

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](http://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

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Joint applicant's signature

Date

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(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.

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.

In the table below 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	yourself	joint applicant
<b>1 White</b>		
(a) Scottish		
(b) Other British		
(c) Irish		
(c) Gypsy/traveller		
(c) Polish		
(d) Any other white background		
<b>2 Mixed or multiple ethnic background</b>		
<b>3 Asian, Asian Scottish, or Asian British</b>		
(a) Indian		
(b) Pakistani		
(c) Bangladeshi		
(d) Chinese		
(e) Any other Asian background		
<b>4 Black, Black Scottish or Black British</b>		
(a) Caribbean		
(b) African		
(c) Any other black background		
<b>5 Other ethnic background</b>		
(a) Arab, Arab Scottish or Arab British		
(b) Any other group		
<b>6 Unknown</b>		

Part 2

7.2(A) East Dunbartonshire Council is obliged to give applicants the opportunity to identify to the Council that they have particular support or care needs. Do you or any member(s) of your household have a physical disability, learning disability or a brain injury?

Yes  No

If **yes** please complete the section below.  
If **no** you can ignore the rest of this section.

Please ✓ whichever applies.

Person who has the disability/injury	Date of birth	Physical disability	Learning disability	Brain injury

Details

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7.2(B) Authorisation

I authorise that the above information may be passed to Social Work Department and I understand that someone from this department may contact me if further information is required.

I do not authorise for the above information to be passed to Social Work Department.

Please ✓ whichever applies.

Signature ..... Date .....

## 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.



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  
69 Drymen Road  
Bearsden  
G61 3QT  
Tel: 0300 1234510

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

## Further information

For further information please contact:  
Tel: 0141 578 8156

## Other formats and translations

This document can be provided in large print, Braille or in audio format and can be translated into other community languages. Please contact the Council's Communications & Engagement Team at: East Dunbartonshire Council, 12 Strathkelvin Place, Southbank, Kirkintilloch G66 1TJ Tel: 0300 123 4510

本文件可按要求翻譯成中文，如有此需要，請電 0300 123 4510。

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज़ हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फ़ोन कीजिए।

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫ਼ੋਨ ਕਰੋ।

اس دستاویز کا درخواست کرنے پر (اردو) زبان میں ترجمہ کیا جاسکتا ہے۔ براہ مہربانی فون نمبر 0300 123 4510 پر رابطہ کریں۔

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](http://www.eastdunbarton.gov.uk/reportfraud) or  
By emailing: [fraud@eastdunbarton.gov.uk](mailto:fraud@eastdunbarton.gov.uk) or  
by calling: 0300 123 4510