cairn

HOUSING APPLICATION FORM

This housing application form is available on CD, in Braille, in large print and in community languages from Cairn.
Citypoint, 65 Haymarket Terrace, Edinburgh, EH12 5HD.
Email enquiries@cairnha.com or call 0800 990 3405 (free from landlines) or 0300 456 1245 (local rate from mobiles).

这个简报在 CD 上有，盲文的, 大号的字体并且有来自凯尔房屋协会的社区语言, 65 海马克特街, 市点市，爱丁堡 EH12 5HD。 发电邮 enquiries@cairnha.com 或者致电 08009903405 或 03004561245

یہ کتابچہ بڑے پرنٹ اور مختلف کمیونٹی کی زبانوں میں بریل سی ڈی پر دستیاب ہے ۔ ہمارا پتہ یہ ہے کرین ایچ ، سٹی پوائنٹ، 65 ہائی مارکیٹ ٹیرس ایڈن برگ، ای ایچ 125، ایچ ڈی ہمارا ای میل یہ ہے enquiries@cairnha.com آپ ہمیں کال کر سکتے ہیں ہمارا فون نمبر ہے 08009903405 ای 03004561245 ۔

تتوفر هذه النشرة على أقراص مدمجة، وبطريقة براي، وحروف الطباعة الكبيرة، واللغات المختلفة عبر كارن، سيتيبوينت، 65 هايماركت تراس، ادنبره EH12 5HD. البريد الالكتروني enquiries@cairnha.com أو الاتصال على الرقم 08009903405 وأ 03004561245.

Niniejsza ulotka dostępna jest na płycie CD, w Braille'u, w zapisie z dużą czcionką oraz w językach mniejszości narodowych pod adresem: Cairn, Citypoint, 65 Haymarket Terrace, Edinburgh EH12 5HD.
Adres e-mail: enquiries@cairnha.com, numer telefonu: 08009903405 lub 03004561245

HAPPY TO TRANSLATE

1. ABOUT YOU

If you are applying jointly please complete both sections.

Are you ready to move if you receive an offer soon? ☐ Yes ☐ No

If not, why not? _____

	Applicant	Joint applicant
Title		
First name		
Last name		
Present address and postcode		
Date of birth		
National Insurance No.		
Sex (M/F)		
Phone number		
Email address		
Relationship to applicant		

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General	
Transfer	
Nominee	

If you want your post sent to a different address or someone else to act on your behalf, please provide details below.

Do you want: ☐ Your post sent to a different address?

☐ Someone else to act on your behalf?

First name	
Last name	
Present address and postcode	
Relationship to you	

2. WHO ELSE WILL BE MOVING WITH YOU?

Please give the names of all the people who will live with you when you are re-housed, including children who visit under access arrangements and people who do not currently live with you but will when you move. Do not include yourself or the joint applicant.

First name	Last name	Relationship to you	Date of birth	Sex (M/F)	Do they live with you now (Y/N)?	Child access

If any of these people don't live with you now, please explain why.

3. IF ANYONE ON YOUR APPLICATION IS PREGNANT WHAT IS THEIR NAME AND WHEN IS THE BABY DUE?

Name _____ Date baby due _____

Please provide proof of pregnancy.

4. DO YOU OR ANY OF YOUR HOUSEHOLD HAVE PETS?

☐ Yes

☐ No

If yes, what type of pet(s)? _____

Cats and dogs are not allowed in some of our properties. Please contact us for more information on this.

5. PREVIOUS ADDRESSES

Please give the addresses of yourself and other adults included in this application form for the last three years. Do not include your current address. Use an additional sheet of paper if you need to.

	Applicant	Joint applicant
Landlord or mortgage company name and address		
Address		
Dates lived there		
Reason for leaving		

	Applicant	Joint applicant
Address		
Landlord or mortgage company name and address		
Dates lived there		
Reason for leaving		

6. WHERE DO YOU STAY NOW?

- ☐ Cairn property
- ☐ Council property (you must be the tenant)
- ☐ Other housing association/co-operative property (you must be the tenant)
- ☐ Shared ownership (you must be the owner)
- ☐ Property that comes with your job
- ☐ Privately rented property
- ☐ Parents / relatives / friends
- ☐ Council temporary accommodation
- ☐ Residential care/supported accommodation
- ☐ Caravan/mobile home
- ☐ Other (please specify):
- ☐ Own your property
- ☐ Prison
- ☐ Hostel
- ☐ Hospital
- ☐ Bed & Breakfast
- ☐ Sleeping rough

7. HOMELESSNESS

If you are an owner do you have to sell your home? ☐ Yes ☐ No

If yes, please state the reason for sale:

Are you homeless OR threatened with homelessness? ☐ Yes ☐ No

If yes, please give details:

Have you been assessed by the Council as homeless or at risk of becoming homeless? ☐ Yes ☐ No

If yes, please give the name of the Council office you applied to, the date of your application and the outcome:

Have you been told to leave your current accommodation? ☐ Yes ☐ No

If yes, please give date for leaving and reason:

For office use only
CA01
CA02
CA03
CA04
Type
Initial
Date
CA05
LEV1
LEV2
LEV3
LEV4

Please provide relevant evidence. For example, a copy of your Notice to Quit, Court Order or a copy of your homeless assessment.

8. CONDITION OF YOUR CURRENT HOUSING

Condition

For office use only

Is your home in need of major repair? ☐ Yes ☐ No
For example, it's not wind or water tight, or it's unsafe.

CA06

OR

Is your home in a poor state of general maintenance? ☐ Yes ☐ No
For example, poor internal fittings, joinery or plasterwork.

MAJR

GENR

If you answered yes to one of the above, please give details. Evidence will be needed.

Facilities

Do you have the following in your current property?

No piped water supply	☐ Yes	☐ No
Hot water to kitchen	☐ Yes	☐ No
Hot water to bathroom	☐ Yes	☐ No
Inside toilet	☐ Yes	☐ No
Bath or shower	☐ Yes	☐ No
Cooking facilities	☐ Yes	☐ No

CA07
CA08
CA09
CA10
CA11
CA12

Heating

In your current home, do you have? Tick one box only.

- ☐ Full central heating
- ☐ Fixed heating in some, but not all rooms
- ☐ No fixed heating (portable heaters only)

CA13
Full
Some
None

Overcrowding and under-occupation

How many double ☐ and single ☐ bedrooms does the property you stay at have?

Is the living room of the property you are staying at being used as a bedroom?

☐ Yes ☐ No

Do you share any of the following rooms with another household (other than your parents or children)?

☐ Living room ☐ Kitchen ☐ Bathroom

CA17

Is any member of your household forced to live apart from you due to overcrowding in your current home?

☐ Yes ☐ No

If yes, tell us who this is:

9. PERSONAL HOUSING NEEDS

Domestic abuse

For office use only
APO1

Are you at risk of physical, mental or sexual abuse from someone in your household if you stay in your current home? ☐ Yes ☐ No

Harassment

Type
Initial
Date
APO2
SHAR
OHAR

Are you suffering from harassment, violence or other antisocial behaviour from outwith your household? ☐ Yes ☐ No

If yes, please give details:

If you answered yes to the above question, we will need confirmation of this from the Police or another official source, such as a Solicitor or a Social Worker.

Support

APO3

Do you need to move to live nearer relatives to provide or receive support? ☐ Yes ☐ No

If yes, please give details

Name	
Address and postcode	
Relationship	
Phone number	
Details of support	

Medical

Are you or anyone in your household registered disabled? ☐ Yes ☐ No

Do you or anyone in your household suffer from any illness or medical conditions which would affect or influence your need for housing ☐ Yes ☐ No

If you answered yes, please complete a medical form for each person with an illness or medical condition and return it with this form. You can pick up a form from your local office.

10. AREAS OF CHOICE

Please tick the areas you would like to live below.

General Needs - housing designed for people where no special support or design is required.

Amenity – housing designed to meet specific needs. Features include handrails and raised sockets.

Sheltered / Retirement - Flats in a court with communal facilities.

Type of Housing	Town	Cairn Office	Tick
General Needs	East Whitburn	South	
General Needs	Perth	South	
General Needs	Stirling	South	
General Needs	Tillicoultry	South	
General Needs	Dumbarton	South	
General Needs	Falkirk	South	
General Needs	Glasgow (Pollok)	South	
General Needs	Glasgow (Lambhill)	South	
Amenity	Dumbarton	South	
Sheltered / Retirement	Peterhead (Frank Jack Court)	North	
Sheltered / Retirement	Blairgowrie (Cluny Court)	South	
Sheltered / Retirement	Carnoustie (Condor Court)	South	
Sheltered / Retirement	Broughty Ferry (Wimberley Court)	South	
Sheltered / Retirement	Perth (Dewar Court)	South	
Sheltered / Retirement	Glenrothes (Gilmour Court)	South	
Sheltered / Retirement	Kirkcaldy (Aitkin Court)	South	
Sheltered / Retirement	Rosyth (Calum MacDonald Court)	South	
Sheltered / Retirement	Stirling (Devlin Court)	South	
Sheltered / Retirement	Bathgate (Royal Scot Court)	South	
Sheltered / Retirement	Stenhousemuir (Adam Grossert)	South	
Sheltered / Retirement	Paisley (Glentanar Court)	South	
Sheltered / Retirement	Sanquhar (Nigel Henderson Court)	South	
Sheltered / Retirement	Campbeltown (Lorne Campbell)	South	

Nominations

In several areas we have properties which we only let through a nomination agreement with the local authority. You must apply for these houses through the local authority. We can help you do this.

Type of Housing	Town	Cairn Office	Contact
General Needs	Arbroath	South	Angus Council
General Needs	Dundee	South	Dundee City Council
General Needs	Kelty	South	Fife Council
General Needs	Forres	North	Moray Council
Amenity	Burntisland	South	Fife Council
Amenity	Cowdenbeath	South	Fife Council
Amenity	Kirkcaldy	South	Fife Council
Supported (women only)	Inverness (central)	North	Highland Council

Common Housing Registers (CHR)

In other areas we are part of a common housing register with the local authority and other local housing providers. You must apply for these houses through the relevant common housing application form. We can help you do this.

Town	Cairn Office	Contact
Eyemouth	South	Border Choice Homes
Galashiels	South	Border Choice Homes
Hawick	South	Border Choice Homes
Newcastleton	South	Border Choice Homes
Kirkintilloch	South	East Dumbartonshire Council CHR
Edinburgh	South	EdIndex
Ardersier	North	Highland Housing Register
Aviemore	North	Highland Housing Register
Boat of Garten	North	Highland Housing Register
Culbokie	North	Highland Housing Register
Dingwall	North	Highland Housing Register
Dornoch	North	Highland Housing Register
Fort Augustus	North	Highland Housing Register
Inverness	North	Highland Housing Register
Muir of Ord	North	Highland Housing Register
Munlochy	North	Highland Housing Register
Nairn	North	Highland Housing Register
North Kessock	North	Highland Housing Register
Tain	North	Highland Housing Register
Tore	North	Highland Housing Register
Thurso	North	Highland Housing Register
Ullapool	North	Highland Housing Register
Wick	North	Highland Housing Register
Airdrie	South	North Lanarkshire Council CHR
Coatbridge	South	North Lanarkshire Council CHR
Motherwell	South	North Lanarkshire Council CHR
Blantyre	South	South Lanarkshire HomeFinder
Cambuslang	South	South Lanarkshire HomeFinder
East Kilbride	South	South Lanarkshire HomeFinder
High Blantyre	South	South Lanarkshire HomeFinder
Rutherglen	South	South Lanarkshire HomeFinder

Have you visited the locations you are applying for? If not, please arrange to.

11. HOUSING YOU WANT

What size of property would you accept?

- [ ] 1 person flat
- [ ] 1 bedroom
- [ ] 2 bedroom
- [ ] 3 bedrooms
- [ ] 4+ bedrooms

You may be ineligible for some property sizes as stated in our Allocations Policy.

A high number of our sheltered or retirement housing consists of one person flats. This is a flat which has a separate bathroom and kitchen with living room and bedroom combined.

Does this include an extra bedroom?

- [ ] Yes, for health reasons
- [ ] Yes, for support
- [ ] Yes, for child access
- [ ] No

If you need an extra bedroom, please give details:

What type of property would you accept?

- [ ] Bungalow
- [ ] House
- [ ] Flat

What is the highest floor you would accept:

- [ ] With a lift?
- [ ] Without a lift?

Do you have a need for:

- [ ] Ground floor accommodation only?
- [ ] Wheelchair accessible housing?
- [ ] Other specialist adaptations?

If yes, please provide details:

If there is a reason why you are applying for housing which you feel has not been covered fully in this application form, please give details:

12. MONITORING

The following questions are for monitoring purposes only and will not be used when assessing your application.

How would you describe your household's ethnic group?

White	**Applicant**	**Joint applicant**
Scottish	☐	☐
English	☐	☐
Welsh	☐	☐
Northern Irish	☐	☐
British	☐	☐
Irish	☐	☐
Gypsy/traveller	☐	☐
Polish	☐	☐

Other white background (please specify):

Asian, Asian Scottish or Asian British		
Pakistani	☐	☐
Indian	☐	☐
Bangladeshi	☐	☐
Chinese	☐	☐

Other Asian background (please specify):

Black, Black Scottish or Black British		
African	☐	☐
Caribbean	☐	☐

Other black background (please specify):

Mixed Background

Any mixed background (please specify):

Other Ethnic Background

Arab, Arab Scottish or Arab British	☐	☐

Other ethnic background (please specify):

Do you consider yourself to have a disability?

By disability we mean a condition which has a long term and substantial effect on your ability to carry out day to day activities.

☐	Yes	☐	Yes
☐	No	☐	No

13. ADDITIONAL INFORMATION

Has anyone ever evicted you or anyone on your application for antisocial behaviour within the last three years? ☐ Yes ☐ No

If yes, please give details, including the name of who was evicted and the landlord who evicted:

Has anyone on this application ever received an Antisocial Behaviour Order(ASBO) on or after 30 September 2002? ☐ Yes ☐ No

If yes, please give details, including the name of who was given the ASBO:

Are you or anyone on your application required to register with the Police under the terms of the Sexual Offences Act 2003? ☐ Yes ☐ No

Is anyone on this application related to a member of Cairn's Board or staff? ☐ Yes ☐ No

If yes, please give details, including the name of relation, their position at Cairn and your relationship:

14. DECLARATION

Please read through the following statements and sign at the bottom to show you understand and agree with them.

All of the answers given by me/us is correct. If I/we supply any false information or keep back any information my/our application may be cancelled.

That if I/we are given a tenancy because I/we have supplied false information or I/we have kept back information, the tenancy may be ended.

That my/our current or previous landlord(s) can be contacted for a reference.

My/our doctor, hospital consultant, health visitor, social worker, police or any other relevant person can be contacted if more information is needed for my/our housing application.

I have read the Data Protection statement on the following page.

I/we will inform Cairn Housing Association of any change in my/our circumstances.

I understand that completion of this application form does not guarantee an offer of housing.

Signature of applicant

Date

Signature of joint applicant:

Date

15. CHECKLIST

Please use the checklist below to make sure you have included all relevant documents. This will prevent any delay in your form being processed and ensure you have been awarded the correct points.

- [ ] A copy of your homeless assessment notification, if applicable?
- [ ] Proof of pregnancy, if applicable?
- [ ] Written confirmation of antisocial behaviour, harassment or violence, if applicable?
- [ ] Medical forms, if applicable?
- [ ] Power of attorney, if applicable?
- [ ] Proof of custody or child access arrangements, if applicable?

16. THE DATA PROTECTION ACT 1998

The Data Protection Act (DPA) is there to protect you having your personal details misused or passed to a third party without your agreement.

Cairn Housing Association is registered under the DPA as a data controller and will make sure that we follow the Act in storing and processing personal information correctly and securely.

The information that you have given in this application form will be used by Cairn Housing Association to process your application for housing.

If your application is successful, the information you have given will only be used for the purposes housing management and support.

The information may be given to the following people for the above reasons only:

- Your Doctor
- Housing, health, social work or benefits authorities
- Other statutory authorities, including our representatives and partner organisations

By signing and submitting the application form to us you are giving permission to the use of the information as given above.

Under the DPA you are allowed to ask for a copy of the information that we hold about you. We will charge you £10 to cover administration costs involved in providing this information. You have the right to have any inaccuracies in the information changed.

cairn

Please return your completed application form to your nearest office or to the office ticked below.

Head Office Citypoint, 65 Haymarket Terrace, Edinburgh EH12 5HD	☐
North Office Cairn House, 30 Waterloo Place, Inverness IV1 1NB	☐
South Office Murdostoun House, 5 Linnet Way, Strathclyde Business Park, Bellshill ML4 3RA	☐

0800 990 3405

www.cairnha.com

enquiries@cairnha.com