

Reidvale Housing Association



Initials:	Surname:
Apt.Size:	Date Recd:
Ref. No	

TRANSFER APPLICATION FORM

1. PERSONAL DETAILS

	<i>Applicant</i>	<i>Partner/Spouse</i>
Full Name
Address
Post Code
Home Tel. No.
Mobile Tel. No
Work Tel. No.
Email address
Date of Birth
National Insurance No
Are You in Employment?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, is it full or part time

2. OTHER PERSONS TO BE HOUSED
 (Include details of any unborn children ie. expected date due)

FULL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	CURRENT ADDRESS IF DIFFERENT FROM APPLICANT

3. PRESENT ACCOMMODATION

Do you consider your present home to be unsuitable? (Medical Problem, Overcrowding, Under Occupation) YES NO

If YES please provide brief details

.....

.....

If you have answered NO please provide reasons as to why you wish to move:

.....

.....

.....

4. ACCOMMODATION WANTED

In this section we have listed property types, kitchen types, street and floor levels. Please tick those that you will consider and cross those that you will not consider.

Please bear in mind that the more properties that you will not consider the more difficult it will be for the Association to offer suitable accommodation to you.

FLOOR LEVELS

Ground First Floor Second Floor Third Floor
Fourth Floor

PROPERTY TYPES

New Build Improved Retirement

KITCHEN TYPE

Separate Kitchen Kitchen Off Livingroom
Recess Kitchen Open Plan Livingroom/Kitchen (New Build Only)

BATHING

Bath Stand alone shower Either

STREETS

Duke Millerston Bluevale Whitevale
Bathgate Garfield Bellfield Thomson
Sword Annbank St Bellgrove Reidvale
Annbank Pl

ARE YOU INTERESTED IN A MUTUAL EXCHANGE?: YES NO
(If YES, please complete enclosed Mutual Exchange Form)

5. EQUAL OPPORTUNITIES MONITORING

The following questions are intended to ensure that all applicants receive equal treatment regardless of race, colour, ethnic or national origins or disability.

Please tick one box for yourself and one for your partner as appropriate:

5a. ETHNIC GROUP (As described by the Commission for Racial Equality)

GROUP	YOURSELF	PARTNER
White Scottish	<input type="checkbox"/>	<input type="checkbox"/>
White English	<input type="checkbox"/>	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	<input type="checkbox"/>
White Northern Irish	<input type="checkbox"/>	<input type="checkbox"/>
White British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	<input type="checkbox"/>
Any Mixed Background (Asian, Asian Scottish or Asian British)	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian Background (Black, Black Scottish, Black British)	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>
Other Black Background (Other Ethnic Background)	<input type="checkbox"/>	<input type="checkbox"/>
Arab	<input type="checkbox"/>	<input type="checkbox"/>
Other Background	<input type="checkbox"/>	<input type="checkbox"/>

5b. DISABILITY

Do you consider you have a Disability? YES NO

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

If "YES", is it? (please tick as appropriate)

	Applicant	Partner
Physical	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	

6. General Data Protection Regulations Statement (GDPR)

The information you provide on this form will be processed in accordance with the General Data Protection Regulations 2018. It will be used for the purpose of administering your housing application and any future tenancy. Please read the attached GDPR Fair Processing Notice that explains what information Reidvale Housing Association collects, when we collect it and how we use it.

7. DECLARATION

1. I consent to the Association using the information I have provided on this form, in accordance with the General Data Protection Regulations Statement in Section 6.
2. I hereby certify that the information given in this application is correct and complete and I consent to Reidvale Housing Association making any enquiries as may be necessary to verify the information provided by me in this application.
3. I understand that any false or misleading information or relevant information withheld by me, will result in:
 - (a) my application being cancelled and my being removed from the waiting list
 - (b) any offer of tenancy being immediately withdrawn
 - (c) where a tenancy has been granted, proceedings for repossession being initiated
4. Neither I, nor any other person applying with me for housing, is related to, or in a relationship of any kind with, a member of staff or of the Committee of Reidvale Housing Association. If you are unable to certify this you should complete the section entitled **Personal Connection** at the foot of the page. This will not debar you from consideration for housing but your application must be processed in accordance with special procedures monitored by the Scottish Housing Regulator.
5. I undertake to notify the Association immediately of any change in my circumstances described in this application.

Signature of applicants: 1)

2)

Date:

Personal Connection

I have a personal connection with who is a Committee/Staff member of Reidvale Housing Association.

The nature of the relationship is

NB:

1. Information provided on this form will be treated as strictly confidential.
2. Please answer all questions.
3. In the case of joint applications both applicants must sign the declaration.

FOR OFFICE USE ONLY

PRO FORMA FOR PROCESSING FORMS

Date Form Received

Form Assessed By

Checked by

Outcome

Date Applicant Notified

Date Interviewed at Office: Interviewed by:.....

Date of Home Visit:..... Interviewed by:.....

Proofs/Tenancy References Obtained

.....

**DETAILS OF ANY DISCUSSIONS/TELEPHONE CALLS FROM APPLICANT
(other than main office interview - continue on separate page if required)**

Details of Offers Made to Applicant

DATE	ADDRESS	REF/ ACC	DATE	REASON FOR REFUSAL

INTERNAL MUTUAL EXCHANGE FORM

HOUSE OFFERED

NO OF BEDROOMS..... FLOOR LEVEL.....

KITCHEN TYPE
.....

STREET
.....

ADDITIONAL INFORMATION ABOUT YOUR FLAT
.....
.....

HOUSE WANTED

NO OF BEDROOMS FLOOR LEVEL.....

KITCHEN TYPE

STREET(S)WANTED
.....
.....

CONTACT NO

REF NO (office use only).....

Date Completed / /

**WOULD APPLICANTS PLEASE ADVISE THE ASSOCIATION OF ANY
CHANGE IN THEIR CIRCUMSTANCES OR IF THEY NO LONGER WISH
TO BE CONSIDERED FOR A MUTUAL EXCHANGE**