

Reidvale Housing Association



**Housing Application for
John Butterly House
Retirement Housing**

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

1. PERSONAL DETAILS

	<i>Applicant</i>	<i>Partner/Spouse</i>
Full Name
Address

Post Code
Home Tel. No.
Date of Birth

2. OTHER PERSONS TO BE HOUSED

FULL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH

3. Is there someone else you would wish us to contact to help with your application? YES NO

If YES please give details

Name

Address

Post Code

Home Tel. No.

Relationship to You

13 Whitevale Street, Glasgow G31 1QW
Tel: 0141-554 2406 Fax: 0141-550 2399
E-mail: a.dundas@reidvale.org.uk
www.reidvale.org.uk
Property Factor Reg. No. PF000099
Registered Scottish Charity No. SCO44023

4. PRESENT ACCOMMODATION

When did you move into your present home?

Do you currently reside in retirement or sheltered accommodation?

Please state tenure type (eg. owner, tenant, no fixed abode, etc)

Who is your landlord?

Name

Address

Post Code

Tel. No.

Name of Local Officer if Known

Do you share any amenities? Kitchen Bathroom Bedroom

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

If YES please provide brief details.....

.....

5. PREVIOUS ACCOMMODATION

If you have resided less than five years in your present accommodation, please provide details of your previous address(es) and landlord(s) if applicable: (continue on a separate sheet of paper if required)

Address:	
Landlord:	
Tenure Type:	
Lived There: From	To:
Reason for Leaving	
Address:	
Landlord:	
Tenure Type:	
Lived There: From	To:
Reason for Leaving	

6. PREVIOUS CONNECTION

Have you previously been a tenant with Reidvale Housing Association?

Self **Partner/Spouse**
YES NO YES NO

If YES please provide brief details
.....

7. SUPPORT

Do you receive or provide support to someone who lives within the Reidvale area?

Self **Partner/Spouse**
YES NO YES NO

If YES please provide brief details.....
.....

8. MEDICAL FACTORS

PLEASE DO NOT ASK YOUR DOCTOR FOR A MEDICAL REPORT OR APPROACH YOUR DOCTOR IN CONNECTION WITH YOUR APPLICATION FOR RETIREMENT HOUSING. IF REIDVALE HOUSING ASSOCIATION WISHES TO OBTAIN A MEDICAL REPORT WE SHALL INFORM YOU ACCORDINGLY.

(i) Details of Present Medical Condition

.....
.....
.....

(ii) Do you suffer from any illness, condition or diseases which causes falls or other conditions that lead to urgent assistance being needed? If so, how often do you need assistance?

	Self	Partner/Spouse
(a) Not At All	<input type="checkbox"/>	<input type="checkbox"/>
(b) Infrequently	<input type="checkbox"/>	<input type="checkbox"/>
(c) Frequently	<input type="checkbox"/>	<input type="checkbox"/>

(iii) Stairs

Does your house have external or internal stairs which are managed with difficulty?

Self YES NO **Partner/Spouse** YES NO

(iv) Walking Aids

Do you need any of the following aids:

	Self	Partner/Spouse
A walking stick	<input type="checkbox"/>	<input type="checkbox"/>
A walking frame	<input type="checkbox"/>	<input type="checkbox"/>
A wheelchair when going out	<input type="checkbox"/>	<input type="checkbox"/>
A wheelchair at all times	<input type="checkbox"/>	<input type="checkbox"/>

9. DAILY LIVING

(i) How much help do you need with the following:

SELF	NO HELP	SOME HELP	A LOT OF HELP
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go/rising From Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTNER	NO HELP	SOME HELP	A LOT OF HELP
Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go/rising From Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(ii) Do you have any current Social Work Department Involvement, eg. Home Help, Occupational Therapist, etc

Self YES NO **Partner/Spouse** YES NO

If YES please give details
.....
.....

10. SOCIAL CONTACTS

Do you have social contact with other people outwith your household?

	Self	Partner/Spouse
Everyday	<input type="checkbox"/>	<input type="checkbox"/>
Most, but not all days	<input type="checkbox"/>	<input type="checkbox"/>
At least once a week	<input type="checkbox"/>	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	<input type="checkbox"/>
No social contacts	<input type="checkbox"/>	<input type="checkbox"/>

11. ACCOMMODATION WANTED

(i) Do you wish to be considered for property on:

Ground Floor First Floor Second Floor

(ii) Do you Require:

	SELF	PARTNER/SPOUSE
Bath <input type="checkbox"/>	Walk in <input type="checkbox"/>	Bath <input type="checkbox"/>
	Shower	Walk in <input type="checkbox"/>
		Shower

12. REASONS FOR APPLYING

Please give your reasons for applying for a retirement housing property:

.....
.....
.....
.....

13. 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:

13a. 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"/>

13b. 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)	

14. 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.

15. 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 14.
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