



**Initial:**

**Surname:**

**Ref:**

# Housing Application Form

ARK Housing Association Limited  
The Priory  
Canaan Lane  
Edinburgh  
EH10 4SG

Scottish Housing Regulator No HEP66  
Scottish Charity No.: SC015694  
Co-operative and Community Benefit Society Act No: 1899r(s)





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Jeśli potrzebujesz tego dokumentu przetłumaczonego na brajl, duży druk, taśmę audio lub inny język, skontaktuj się z nami za pomocą jednej z poniższych metod:

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التالية الطرق بإحدى بنا الاتصال

ضرورت کی کرنے ترجمہ میں زبان دوسری کسی یا ٹیپ آڈیو ، پرنٹ بڑے ، بریل کو دستاویز اس کو آپ اگر  
کریں رابطہ سے ہم سے طریقہ ایک کسی سے میں ذیل کرم براہ ، تو ہے

আপনার যদি এই ডকুমেন্টটির ব্রেইল, বড় মুদ্রণ, অডিও টেপ বা অন্য কোনও ভাষায় অনুবাদ করা  
প্রয়োজন হয় তবে দয়া করে নীচের একটি পদ্ধতির মাধ্যমে আমাদের সাথে যোগাযোগ করুন:

Si necesita traducir este documento al Braille, letra grande, cinta de audio u otro idioma, contáctenos por uno de los siguientes métodos:

Phone:	0131 478 8146
Fax:	0131 478 8173
E-mail:	housing@arkha.org.uk

**PLEASE REMEMBER TO INCLUDE ANY SUPPORTING DOCUMENTS WITH YOUR APPLICATION, SUCH AS:  
Homeless Assessment letter, Medical forms, Maternity Form**

## PROCESSING OF YOUR PERSONAL INFORMATION

You will have been issued a **FAIR PROCESSING NOTICE** with this application form.

Please read this carefully as it tells you how we deal with the Information that you provide on the form.

If you provide information about other members in your household, or other family members who may not become part of your household, (for example if you give us details of a family member that you may need to move near to), you must also let them see a copy of the FAIR PROCESSING NOTICE.

If they have any concerns about the data that we will be processing they should make us aware of this in writing, otherwise we will assume that they have consented to us processing their data.

If you have any dependent children under the age of 12, by signing the declaration form you are agreeing to us processing their information.

## APPLICANTS' PERSONAL DETAILS

1.0 If we contact or visit you, do we need an interpreter or someone to help with communication?

YES

NO

If **YES**, what language or other help do you require?

2.0 Please give details of the person (s) whom will become the tenant / joint tenant if an offer of housing is made:

	APPLICANT	JOINT APPLICANT
Title		
First Name(s)		
Last Name		
Maiden name or Previous name(s)		
Date of Birth		
National Insurance Number		
Current address	Postcode:	Postcode:
Telephone number (including dialling code)		
Mobile number		
E-mail address		
Relationship to applicant		

3.0 Does the applicant(s) need anyone else to act on their behalf?

YES

NO

If **YES**, is this a legally appointed Welfare Guardian?

YES

NO

Please send us a **copy of the Guardian Order** and provide the details below:

	<b>APPLICANT</b>	<b>JOINT APPLICANT</b>
Name		
Address		
	Postcode:	Postcode:
Telephone Number		
E-mail address		

4.0 Does the applicant(s) want mail to be sent to a different address?

YES

NO

If **YES**, please provide details below:

	<b>APPLICANT</b>	<b>JOINT APPLICANT</b>
Address		

5.0 Under the Housing (Scotland) Act 2014, the Asylum and Immigration Act 2004, and the Immigration (EEA) Regulations 2015, local authorities are required to establish whether a person qualifies for public assistance. Please complete the following sections, providing **written confirmation** where applicable:

	<b>APPLICANT</b>	<b>JOINT APPLICANT</b>
Is a UK resident	YES / NO	YES / NO
If NO, do you have indefinite leave to remain in the UK?	YES / NO	YES / NO
Do you have limited leave to remain in the UK?	YES / NO	YES / NO
Do you have refugee status in the UK?	YES / NO	YES / NO
Do you have humanitarian or discretionary leave to remain?	YES / NO	YES / NO
Do you have any restrictions on your recourse to public funds?	YES / NO	YES / NO
Are you a national of one of the EEA countries and a qualified person? ie. a worker, self employed, job seeker, student?	YES / NO	YES / NO
Are you the spouse or civil partner of a qualified person from one of the above listed EEA countries?	YES / NO	YES / NO
Staying in the UK on any kind of VISA?	YES / NO	YES / NO

6.0 Are you or anyone on this application required to be **REGISTERED** with the **POLICE** under the **SEXUAL OFFENCES ACT 2003**?

YES

NO

If **YES**, please give the full name of the person(s).

7.0 Please tell us if any of the following apply to you, or anyone on this application.

	<b>APPLICANT</b>	<b>JOINT APPLICANT</b>
Employed by ARK in the past 12 months	YES / NO	YES / NO
Is related to or friends with a member of staff working with ARK.	YES / NO	YES / NO
Is related to or friends with a Board member	YES / NO	YES / NO

If **YES**, please provide details below.

ARK Staff/ Board Member name	Relationship to you



## HOUSEHOLD MEMBERS

8.0 Please give details of all the people who will live with you, if rehoused. Please include any children whom you have access arrangements for.

Name	Relationship to you	Date of birth	Sex	Does this person live with you now Yes / No	Child access Yes / No

9.0 If you have said **YES** to “**access to children**”, please provide details of the access arrangements below, along with **written confirmation** of access arrangements:

Name	Details of whether the children stay overnight and the number of times each week

10.0 Are any members listed on the application expecting a baby?

YES

NO

If **YES**, please provide a copy of the **MATB1 Form** provide the details below:

Name	Expected Due Date

**Once the baby is born, please get in touch with us to provide the baby's details.**

11.0 Are there any other people living with you at the moment who **will not** move with you if you are rehoused?

YES

NO

If **YES**, please provide details below:

Name	Relationship to you

# CURRENT HOUSING DETAILS

12.0 Do you, or the person you are applying with, currently own a home, rent a home from any Council, Housing Association, Housing Co-operative or Private Sector Leasing Scheme

YES

NO

If **NO**, please go to **Section 15 .0**.

If **YES**, please tell us what date you started living in this property.

If **YES**, please tick the box that applies:

Property Owner	<input type="checkbox"/>	<div style="background-color: #D3D3D3; padding: 2px;">If you have a mortgage, please tell us which company this is with</div> <div style="border: 1px solid black; height: 100px;"></div>
Owner within a Share Ownership /Shared Equity Scheme	<input type="checkbox"/>	<div style="background-color: #D3D3D3; padding: 2px;">If you are part of a sharing scheme, please tell us which company this is with</div> <div style="border: 1px solid black; height: 100px;"></div>
Rent a property that comes with a job	<input type="checkbox"/>	<div style="background-color: #D3D3D3; padding: 2px;">Please give us your landlord details.</div> <div style="border: 1px solid black; padding: 5px;"> <p>Name:</p> <p>Address:</p> <p>E-mail/Tel No.:</p> </div>
Rent from a Private Landlord	<input type="checkbox"/>	
Rent from a Council	<input type="checkbox"/>	
Rent from a Housing Association/Co-operative	<input type="checkbox"/>	

13.0 Please tell us about the type of accommodation you currently live in.

Bungalow		Please tell us how many bedrooms are in the property	
Detached house			
Semi –detached house			
Terraced House			
Flat			
Room in a shared property			

If you live in a Flat	Please tell us how <b>many floors</b> are in the building and <b>which floor</b> your flat is on	
If you live in a room in a shared property	Please tell what areas you share with others eg kitchen/bathroom/dining room	

14.0 If you have lived at your current address for less than **THREE** years please tell us where else you have lived. We need **THREE** years address history.

Dates	From:	To:
Address	Postcode:	
Name of person(s) on the tenancy		
Landlord's Name		
Landlord's Address		
Reason for tenancy ending		

Dates	From: _____ To: _____
Address	_____ Postcode: _____
Name of person(s) on the tenancy	_____
Landlord's Name	_____
Landlord's Address	_____
Reason for tenancy ending	_____

Dates of Tenancy	From: _____ To: _____
Tenancy Address	_____ Postcode: _____
Name of person(s) on the tenancy	_____
Landlord's Name	_____
Landlord's Address	_____
Reason for tenancy ending	_____

Please continue on an extra sheet if necessary.

15.0 Please tell us where you are currently living.

Hospital		Hostel	
Residential Care / Supported accommodation for adults		Bed & Breakfast	
Residential Care/ Supported accommodation for children		Sleeping Rough	
Student accommodation		With parents/relatives/friends	
Council provided temporary accommodation		Other - Please tell us what type of accommodation you are living in:	
Prison			

16.0 If you are staying in one of the options above but have stayed here for less than **THREE** years and not **RENTED/OWNED** a property, please tell us where you lived and for what periods.

17.0 Do you or anyone detailed in this application form currently rent or own **ANY OTHER** property other than the one you are currently living in?

YES

NO

If **YES**, please provide details below:

	<b>APPLICANT</b>	<b>JOINT APPLICANT</b>
Address		
	RENT / OWN	RENT / OWN

18.0 If there are any outstanding rent arrears or rechargeable costs at any of the addresses that you have listed, please give details below, including any repayment agreements that might be in place.

19.0 Has anyone ever taken action against you or anyone on your application for anti-social behaviour?

YES

NO

If YES, please provide details below:

Name of person	
Date of action	

20.0 What was the outcome of the action taken?

Court Action leading to eviction	YES / NO
Court Action leading to an Anti-social behaviour Order granted	YES / NO
Less formal action such as a written warning	YES / NO

If YES, please give details below:

**We will seek information about your current or previous tenancies from the Landlord before offering you a property.**

**If you do not inform us of any information that we later are provided in a reference you may lose the property that has been allocated to you.**



21.0 Do you, or anyone living with you, have any of the following:

Mental Health Problems	YES / NO
A learning disability	YES / NO
A physical disability	YES / NO
Hearing difficulties	YES / NO
Blind/partially sighted	YES / NO
Autism	YES / NO

22.0 If **YES**, What is the name of the person(s) in your household who has a health or disability.

23.0 Please describe below why your current property is unsuitable.

24.0 If this person falls into any of the following categories, please let us know.

In hospital with a <b>severe health or mobility problem</b> and they are unable to return to the current home as it would pose a danger to them.	YES / NO
In a property which is first floor or above, with a <b>severe health or mobility problem</b> and they are house bound. There is a need to move to a ground floor home because the property cannot be adapted.	YES / NO
In a property with a <b>severe health or mobility problem</b> which restricts daily activities in your home, but the property could be adapted.	YES / NO

25.0 If you answered **YES**, is it because of any of the following reasons:

Needs to uses a wheelchair and the property is not suitable	YES / NO
Using walking aids and needs ground floor accommodation	YES / NO
Needs a wet floor shower area	YES / NO
Needs a level access shower area	YES / NO
Needs ramp access to the property	YES / NO

26.0 If you need to give us any more details below about the health/mobility issue and how it makes your current property unsuitable, please do so below.

27.0 Are you, your partner or anyone living in your household, living in a residential care home setting, which is not appropriate for your/their needs?

YES

NO

If **YES**, please provide details below:

28.0 Do you need to move to be nearer family/a support network to **get support**?

YES

NO

If **YES**, please provide details below of why you need support, who will support you, the type of support you will get and how often.

29.0 Do you need to move to be nearer relatives to **give support**?

YES

NO

If **YES**, please provide details below of who you will give support to, why you need to give support , the type of support you will give and how often.

30.0 Are you, or a member of your household, a victim of domestic abuse in your current home and you are unable to continue living in your home?

YES

NO

If **YES**, please provide details below and details of any other organisations working with you:

31.0 Are you currently statutorily homeless, with an assessment of unintentionally?

YES

NO

If **YES**, please provide the **letter from the Local Authority** and provide details below:

Reason(s) why you are homeless	
Name of Local Authority who completed your assessment	
Date assessment made	
Name of Case worker	
Contact details of Case Worker	Telephone: E-mail:

32.0 Do you live in a **Council, Housing Association or Housing Co-operative** property that has **MORE** bedrooms than you need?

YES

NO

If **YES**, how many extra bedrooms do you have?

One bedroom	<input type="checkbox"/>
Two or more bedrooms	<input type="checkbox"/>

33.0 Do you live in a **Council, Housing Association or Housing Co-operative** property that has **TOO FEW** bedrooms for your needs?

YES

NO

If **YES**, how many extra bedrooms do you need?

One bedroom	<input type="checkbox"/>
Two or more bedrooms	<input type="checkbox"/>

34.0 Are you currently living in accommodation that you have been **asked to leave**?

YES

NO

If **YES**, is it for one of the following reasons? Please provide **written confirmation**.

You are a private tenant and you have been served a Notice to Leave	<input type="checkbox"/>
You are in tied accommodation which you need to leave	<input type="checkbox"/>
You are an owner-occupier with a repossession notice	<input type="checkbox"/>
You are about to be released from prison	<input type="checkbox"/>

35.0 Does your home meet the following criteria?

Is <b>structurally stable</b>	YES / NO
Is <b>substantially free</b> from <b>rising or penetrating damp</b>	YES / NO
Has <b>satisfactory provision</b> for <b>natural and artificial lighting</b> , for <b>ventilation and for heating</b>	YES / NO
Has <b>satisfactory thermal insulation</b>	YES / NO
Has an <b>adequate piped supply</b> of <b>wholesome water</b>	YES / NO
Has a <b>sink provided with a satisfactory supply of both hot and cold water</b>	YES / NO
Has a <b>toilet available</b> for the exclusive use of the occupants	YES / NO
Has a <b>fixed bath or shower and a wash-hand basin, all with a satisfactory supply of both hot and cold water</b>	YES / NO
Has an <b>effective system for the drainage</b> and disposal of foul and surface water	YES / NO
The supply of <b>electricity</b> within the property complies with the requirements in relation to <b>the electrical installation</b>	YES / NO
Has <b>satisfactory facilities</b> for the <b>cooking of food within the house</b>	YES / NO
Has <b>satisfactory access</b> to all <b>external doors and outbuildings</b>	YES / NO

If you have ticked **NO** to any of the questions above, has the Council, Environmental Health or any other organisation been involved in assessing the condition of your property or carry out any tests.

YES

NO

If **YES**, please provide details below and provide **written evidence** with your application.

36.0 Are you suffering from serious anti-social behaviour?

YES

NO

If **YES** who is causing the problem?

Someone who lives with you
Someone who visits the property
Your neighbour
You don't know the person


If **YES**, how frequently is it happening?

Daily
Weekly
Very occasionally


If **YES**, have you reported any of the incidents?

YES

NO

If **YES**, please provide details below of who you have reported them to and any action taken/outcomes?

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# FUTURE HOUSING NEEDS

37.0 Based on the size of your household and the ages of the household members, we will decide what size of property you will be considered for. However if you require an additional bedroom, please tell us why below.

Health reasons	<input type="checkbox"/>
Support reasons	<input type="checkbox"/>
Child access reasons	<input type="checkbox"/>
Registered Foster/Kinship Carer	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please tell what these reasons are

Please tell us more about the reasons for the extra room.

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38.0 Do you require supported accommodation?

YES

NO

If YES, please provide details below of why you need support and if you have a Social Worker/Care Manager?

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39.0 Please tell what area(s) you wished to be housed in.

Region	Area	Supported Accommodation Available	Please tick	General needs accommodation available	Please tick	
Aberdeen	Aberdeen	YES		YES		
Aberdeenshire	Fraserburgh	YES		YES		
	Inverurie	YES				
	Macduff	YES		YES		
	Peterhead	YES				
	Portlethen	YES		YES		
Angus	Arbroath	YES				
	Forfar	YES		YES		
Clackmannanshire	Alloa	YES				
East Lothian	Musselburgh	YES		YES		
Falkirk	Grangemouth	YES		YES		
Fife	Cardenden	YES				
	Dunfermline	YES		YES		
	Glenrothes	YES		YES		
	St Andrews	YES				
Midlothian	Dalkeith	YES		YES		
	Loanhead	YES				
	Penicuik	Future development				
Moray	Buckie	YES		YES		
	Forres	YES		YES		
Perth & Kinross	Blairgowrie	YES				
	Perth	YES		YES		
Scottish Borders	Hawick	YES				
	Peebles	YES		YES		
West Lothian	Linlithgow	YES				
	Livingston	Future development				
	Uphall			YES		

## DECLARATION

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

<input type="checkbox"/>	I/We are eligible to apply for housing with ARK HA Ltd.
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<input type="checkbox"/>	I/We have read and understood the Fair Processing Notice and shared this with all relevant parties on my/our application.
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<input type="checkbox"/>	I/We understand that the completion and return of this form does not guarantee an offer of housing by ARK HA Ltd.
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<input type="checkbox"/>	I/ We will inform ARK HA Ltd of any changes in my/our circumstances.
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<input type="checkbox"/>	My/Our current or former landlord(s) can be contacted for a reference.
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<input type="checkbox"/>	I/We acknowledge that ARK HA Ltd may contact other parties, such as the Police/Local Authorities to seek additional information to support my application.
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<input type="checkbox"/>	All information given by me/us to ARK is true. If I/We supply false information or keep back any information my/our application may be cancelled.
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<input type="checkbox"/>	If I/We are given a tenancy because I/We have given false information or I/We have kept back information, I/We understand that I/We could lose the tenancy.
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<b>Signature of applicant</b>	
<b>Date</b>	
<b>Signature of joint applicant</b>	
<b>Date</b>	

## CHECKLIST

Please use the checklist below to ensure that you have completed all the relevant parts of the application form. This will prevent any delay in your application being processed.

<input type="checkbox"/>	Have you/any joint applicant read, understood and signed the DECLARATION on Page 27.
<input type="checkbox"/>	Have you/any joint applicant completed the Equality Monitoring Form.
<input type="checkbox"/>	Supplied copies of the necessary evidence to support your application, where applicable.
	Q3 – Guardian Order
	Q5 – Limited Leave to Remain/ Refugee Status/ Visa Restrictions
	Q9 – Access to Child Arrangements
	Q10 – MATB1 Pregnancy Form
	Q31 – Homeless Award Letter
	Q34 – Notice to Leave Letter
	Q35 – Environmental Health Assessment Letter

