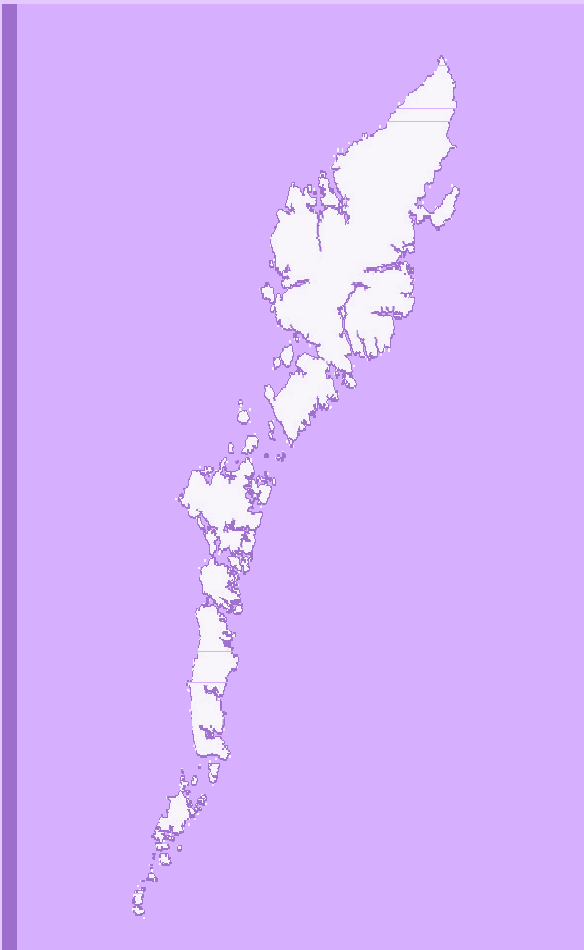




Reference number:

Date received:

Hebridean Housing Partnership housing application form



Please read the information booklet for people applying for housing before you fill in this application form.

Please write clearly in **BLOCK CAPITALS** using ink and put a tick in the appropriate boxes.

When you have filled in the form, please return it to your nearest Hebridean Housing Partnership office, for example, Stornoway or Balivanich - see the back of the form for details.



Important - For homeless people or people at risk of becoming homeless

If you are homeless or threatened with homelessness within the next two months, you should contact us so we can fully assess your housing circumstances. Contact phone numbers are on the back of this form.

Section A

Personal details

If you are applying jointly with another person, please fill in the other person's details too.

1 Identity

	You	Joint applicant
Title (Mr, Mrs, Miss, Ms)	<input type="text"/>	<input type="text"/>
First name or names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Marital Status (Single, Married, Widowed, Separated/Divorced, Engaged)	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date you moved to this address	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address and postcode where we should send correspondence (if different from above)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number <i>We will ask you for proof of identity.</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone numbers:		
Home	<input type="text"/>	<input type="text"/>
Work	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>

2 Previous addresses

Please list your previous addresses over the past five years, starting with your most recent first. Please note that we may contact your previous landlord(s) or mortgage lender(s) for a reference.

	You	Joint applicant
Previous address (1)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date you moved in	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date you moved out	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Were you the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and address of the landlord or mortgage lender	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Previous address (2)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date you moved in	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date you moved out	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Were you the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and address of the landlord or mortgage lender	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Previous address (3)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date you moved in	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date you moved out	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Were you the tenant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and address of the landlord or mortgage lender	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Please use a separate page if you have had other addresses in this period.

3 Members of your household

Please list below all those people who currently live with you as part of your household:

First name	Surname	Date of birth	Relationship to you
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Please list below all those people who will live with you as part of your household when you are re-housed.

		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Is any member of the household expecting a baby? Yes No

If 'Yes', which household member? Name

The date the baby is due

Do you or the joint applicant (or both) have access or visiting rights to one or more of your children aged under 16 who do not live with you at the moment? Yes No

If 'Yes', please give details. (We will ask you for proof of this)

First name	Surname	Date of birth	Relationship to you
		/ /	
		/ /	
		/ /	
		/ /	

4. Western Isles connection

Please note that in the following questions, 'you' refers to you and any joint applicant.

Have you ever lived in the Western Isles other than previously listed in section 2? If 'Yes', please give details below. Yes No

	You	Joint applicant
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Dates that you lived there	From <input type="text"/> / <input type="text"/> / <input type="text"/>	From <input type="text"/> / <input type="text"/> / <input type="text"/>
	To <input type="text"/> / <input type="text"/> / <input type="text"/>	To <input type="text"/> / <input type="text"/> / <input type="text"/>

If you do not currently live in the Western Isles, please tick below which of the following apply to you.

- I have been offered work in the Western Isles.
- I want to move to the area to find a job.
- I have special social or medical reasons to be housed in the area.
- I want to move to the area because of harassment.
- I want to move to the area to escape domestic violence.
- Other

If 'Other', please give details.

5 Missed payments

Has formal action ever been taken against you for rent arrears? Yes No

If 'Yes', please give details.

6 Asylum and Immigration Act 1999

Are you a United Kingdom national? Yes No

7 Antisocial behaviour

Has anyone ever taken formal action against you, or anyone on your application, for antisocial behaviour? Yes No
If 'Yes', please give details below.

Names of the people formal action was taken against

What date did this happen? / /

Was court action taken? Yes No

Did you lose your tenancy as a result of the court action? Yes No

Was an antisocial behaviour order granted against you or anyone in this application form? Yes No

8 Harassment and abuse

Are you or a member of your household experiencing disturbance, harassment or abuse in or near your home? Yes No

If 'Yes', please give details.

9 Sex Offenders Act 1997

Do you, or anyone on your application, have to register with the police under the Sex Offenders Act 1997? Yes No

If 'Yes', please give their full names.

10 Pets

Do you, or any member of your household, plan to keep pets? Yes No

If 'Yes', please give details (include the number of pets).

Section B

Present accommodation

11 Your current home

Please tick which of the following best describes your current accommodation.

Owner of a house	<input type="checkbox"/>	Council or housing association house	<input type="checkbox"/>
Rented house	<input type="checkbox"/>	Living with relatives or friends	<input type="checkbox"/>
Tied tenancy	<input type="checkbox"/>	Bed and breakfast, hostel or student accommodation	<input type="checkbox"/>
Living with parents	<input type="checkbox"/>	HM Forces	<input type="checkbox"/>
Sheltered accommodation	<input type="checkbox"/>	Croft House	<input type="checkbox"/>
In hospital or another institution	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Lodger or sharing	<input type="checkbox"/>	Other	<input type="checkbox"/>

If 'Other', please give details.

Are you the owner of more than one house? Yes No

If 'Yes', please give details.

Do you have a written tenancy agreement? Yes No

If 'Yes', what sort of tenancy agreement do you have?

--

Are you or your joint tenant being asked to leave your current accommodation?
(We may ask you for proof of this.)

Yes No

If 'Yes', what date are you expected to leave?
(We may ask you for proof of this.)

/ /

Are you, or your joint tenant, leaving your home because of a relationship breakdown? Yes No

12 Type of property

Please tick which of the following best describes the type of property you currently live in.

House	<input type="checkbox"/>	Flat, bedsit or maisonette	<input type="checkbox"/>
Shared accommodation	<input type="checkbox"/>	Other	<input type="checkbox"/>
Caravan	<input type="checkbox"/>		

If 'Other', please give details.

If you live in a flat, bedsit or maisonette, please say what level your accommodation is on.

Ground floor	<input type="checkbox"/>	Second floor	<input type="checkbox"/>	Above the third floor	<input type="checkbox"/>
First floor	<input type="checkbox"/>	Third floor	<input type="checkbox"/>		

13 Current accommodation

How many rooms do you currently use?
(Do not include the kitchen or bathroom.)

How many single bedrooms do you have the use of?

How many double bedrooms do you have the use of?

If you rent your home, please give the name and full address of your landlord.

Name

Address and postcode

Phone number

14 Condition of your current accommodation

How would you describe the condition of your current accommodation?

Lacking standard services

(no piped water supply, no bath, shower or toilet)

Yes

No

Some disrepair

(needs minor repairs to bring it up to a reasonable standard)

Yes

No

Serious disrepair

(needs major repairs to bring it to a reasonable standard)

Yes

No

Seriously below standard

(structural instability, serious dampness and so on)

Yes

No

If you have answered 'Yes', to any of the above, please give details.

15 Special needs

Do you have a health condition or social reason which makes your current accommodation unsuitable?

Yes

No

If 'Yes', please give details. (We may ask you for proof of this.)

Do you or any joint applicant need to be nearer your family or carer for support to help you to maintain your tenancy ?

Yes

No

If 'Yes', please give details of the care or support you need.

15 Special needs (continued)

You

Joint applicant

Please give the name and address of the family member or carer you need to be near to.

Name

Address and postcode

Relationship to you

Do you need to be nearer to your work? Yes

No

Yes

No

If you need to be nearer your work, please give the name and full address of your employer.

Employer's name

Employer's address and postcode

16 Trust Housing Association

Do you wish to be nominated for Sheltered Housing owned by Trust Housing Association which was formally known as Kirkcare?

Yes

No

Please note that being nominated does not mean you are on Trust's housing list, you need to apply direct to them. Their contact details are:

Trust Housing Association Ltd
 12 New Mart Road
 Edinburgh
 EH14 1RL
 Tel: 0131 444 1200

19 Your reason for applying to us for housing

Please tick below the box that most closely describes the main reason you have applied to us for housing - Please tick only one box

Current house or flat too small	<input type="checkbox"/>	Current house or flat too big	<input type="checkbox"/>
Poor condition of current accommodation	<input type="checkbox"/>	Health reasons	<input type="checkbox"/>
Problems with neighbours	<input type="checkbox"/>	Marital break up	<input type="checkbox"/>
Setting up a new household (e.g. Getting married)	<input type="checkbox"/>	Leaving parental home for the first time	<input type="checkbox"/>
Mortgage arrears/repossession	<input type="checkbox"/>	Unable to afford current rent	<input type="checkbox"/>
Been given notice to quit by landlord	<input type="checkbox"/>	Currently homeless	<input type="checkbox"/>
Living with family / friends who have asked you to leave	<input type="checkbox"/>	Discharge from prison / hospital / care	<input type="checkbox"/>
Having to move from tied accommodation	<input type="checkbox"/>	Emergency (e.g. fire, flood, storm)	<input type="checkbox"/>
Young Person (Aged 16 - 25) leaving care	<input type="checkbox"/>	Violence or harassment	<input type="checkbox"/>
Needed sheltered accommodation	<input type="checkbox"/>	Need adapted accommodation	<input type="checkbox"/>
Wish to move to the Western Isles from elsewhere because of social or medical reasons	<input type="checkbox"/>	Wish to move to another area within the islands due to work reasons	<input type="checkbox"/>
Wish to move to the Western Isles from elsewhere because of work	<input type="checkbox"/>	Wish to move to another area within the islands due to family reasons	<input type="checkbox"/>
Wish to move to the Western Isles from elsewhere because fleeing from harassment or violence	<input type="checkbox"/>	Other	<input type="checkbox"/>

If you ticked "Other" please give details.

20 Housing area

Lewis

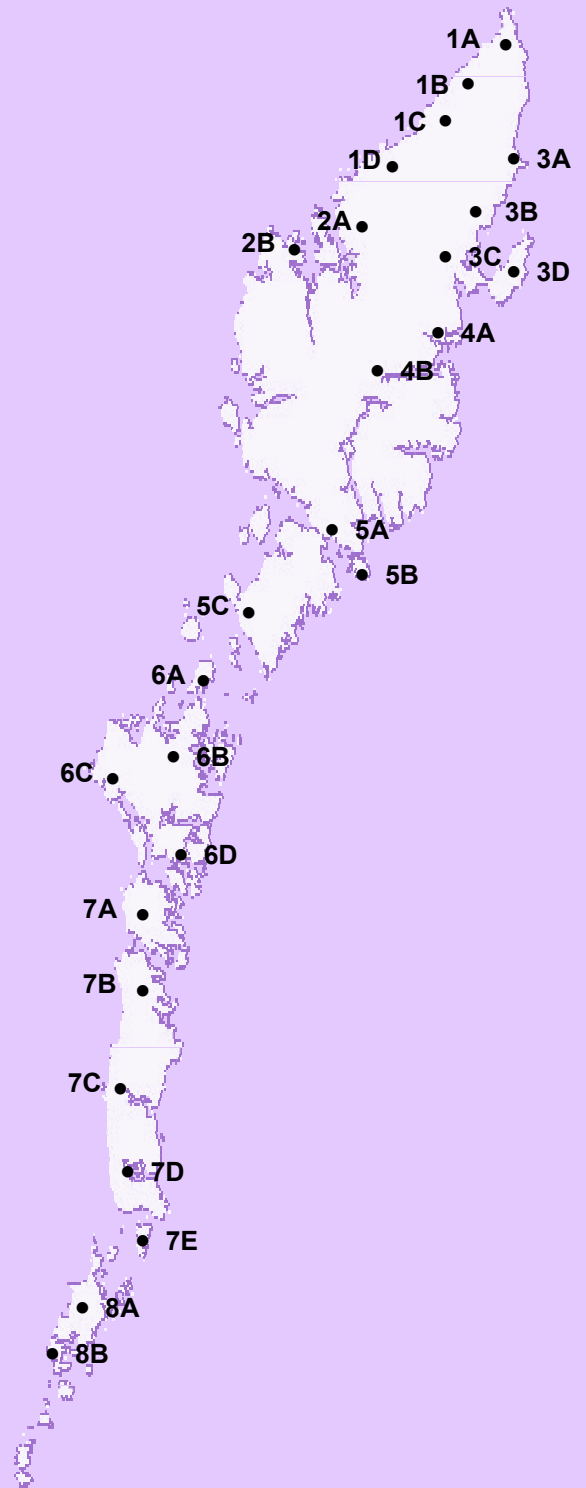
1 A	Ness
1 B	Dell, Borve
1 C	Shader, Barvas
1 D	Arnol, Bragar, Shawbost
2 A	Carloway, Breascleite, Callanish
2 B	Heath Park, Dun Innes, Crowlista
3 A	North Tolsta
3 B	Back, Coll, Tong
3 C	Newmarket, Marybank/Bennadrove, Napier Hill, Cearns Stile Park, Manor Park, Goathill, Town Centre Seaforth Road/Seaview Terrace, Parkend, Plasterfield
3 D	Knock, Garrabost, Upper Bayble, Shader, Aird
4 A	Leurbost, Ranish
4 B	Keose, Laxay, Balallan, Gravir, Lemreway

Harris

5 A	Tarbert
5 B	Scalpay, Bays
5 C	Northton, Leverburgh

Uist & Barra

6 A	Berneray Island
6 B	Lochmaddy, Sollas
6 C	Bayhead
6 D	Carinish, Grimsay, Clachan
7 A	Greagorry, Liniclate, Griminish, Balivanich Torlum, Kileravagh
7 B	Eochar, Carnan, West Gerinish
7 C	Howmore, Ormiclate, Borinish, Askernish
7 D	Lochboisdale, Daliburgh, South Boisdale, Garrynamonie, Pollachar
7 E	Eriskay
8 A	Eoligarry, Northbay, Brevig, Borve, Castlebay, Scallery
8 B	Vatersay



The housing information booklet shows the different types of housing and where they are. Not all types of housing are available in all areas. Please say below where you would prefer to live.

First choice

Second choice

Section E

Declaration

Please check that the answers and information which you have given on this form are correct to the best of your knowledge. You should tell us if you move or if any of your circumstances change as this may affect your priority for housing and your chance of receiving an offer.

- A** I confirm that all the information which I have given here is true, as far as I know. I understand that if I am offered a tenancy because I have given false information, you have the right to take legal action to repossess the property.
- B** I understand that any information I have given here will be placed on Hebridean Housing Partnership's housing register.
- C** I authorise Hebridean Housing Partnership to get information relevant to any current tenancy which I hold or any previous tenancy which I held with another landlord, where this information is relevant to my application for a tenancy with Hebridean Housing Partnership.

Your signature

Date

Joint applicant's signature

Date

Data Protection Act 1998: *The information you have provided is classed as personal Information and we will process it in line with the Data Protection Act 1998.*

- The information will be:*
- *held by Hebridean Housing Partnership, Creed Court, Gleann Seileach Business Park, Stornoway, Isle of Lewis, and*
 - *used only for the purpose of your application for housing.*

You can get more details of your rights under the Act by writing to:

*Director of Operations
Hebridean Housing Partnership
Gleann Seileach Business Park
Willowglen Road, Stornoway
Isle of Lewis, HS1 2EP*

Where to return the form

Stornoway

Hebridean Housing Partnership
Gleann Seileach Business Park
Willowglen Road
Stornoway
Isle of Lewis
HS1 2EP

Balivanich

Hebridean Housing Partnership
17 Winfield Way
Balivanich
Isle of Benbecula
HS7 5LH

Contact details

If you have any questions about this form, you can call at your local Hebridean Housing Partnership office or contact us on one of the phone numbers shown below.

	Phone number
Gleann Seileach Business Park, Stornoway	0845 6039 180
Tarbert, Harris	01859 502367
Balivanich	01870 603939
Castlebay, Barra	01871 810431

Other information

Suggestions and complaints

If you would like to make a suggestion or complaint about the way your housing application has been handled, please contact:

Chief Executive
Hebridean Housing Partnership
Gleann Seileach Business Park
Willowglen Road
Stornoway
Isle of Lewis
HS1 2EP
Phone: 01851 707900

If you have gone through our complaints process and you are still not happy, you have the right to take your complaint to:

Scottish Public Services Ombudsman
4 Melville Street
Edinburgh
EH3 7NS
Phone: 0800 377 7330
Fax: 0800 377 7331
Email: ask@spsso.org.uk