Where to return the form

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.

Stornoway

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

Phone: 0300 123 0773

Email: info@hebrideanhousing.co.uk

Balivanich

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

Phone : 01870 603939

Email: info@hebrideanhousing.co.uk

Other information

Suggestions and complaints

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

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

Phone: 0300 123 0773

Email: info@hebrideanhousing.co.uk

Web: www.hebrideanhousing.co.uk

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@spso.org.uk

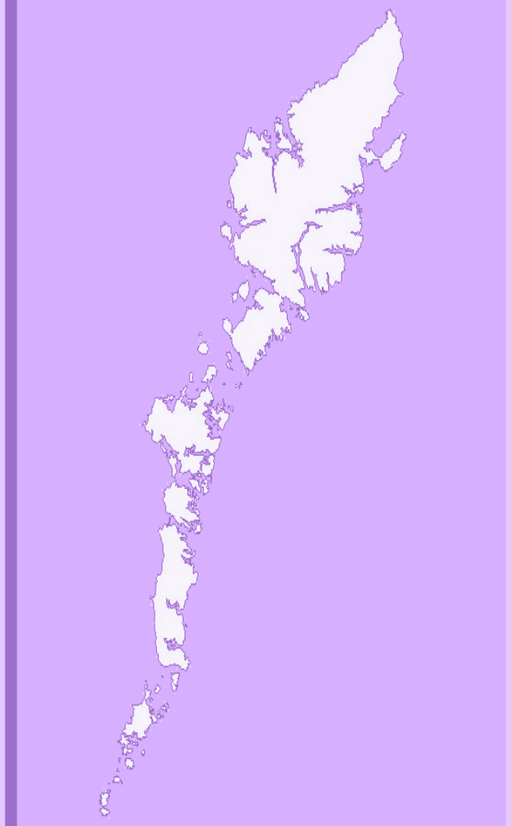
hhp | hebridean housing partnership

Making our house your home

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.

Section A Personal details

If you are applying jointly with another person, please fill in the other person's details too.
We need two forms of identification for each applicant as follows:

1. **Proof of identity** (Passport, driving licence, birth certificate/marriage certificate)
2. **Proof of Residence** (Bank Statement, Medical Card, Utility Bill or official letter showing current address).

1 Identity

	You	Joint applicant
Title (Mr, Mrs, Miss, Ms, Other)		
First name or names		
Surname		
Marital Status (Single, Married, Widowed, Separated/Divorced, Engaged)		
Current address		
Postcode		
Office Use Only - Current Allocation Area		
Date you moved to this address	/ /	/ /
Address and postcode where we should send correspondence (if different from above)		
Date of birth	/ /	/ /
National Insurance number		

We will ask you for proof of this.

Phone numbers:	Home		
	Work		
	Mobile		
	E-mail address		

Section D 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 address 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 INFORMED CONSENT CLAUSE

I/We authorise you to make any enquiries that you wish, both now and in the future, with any recognised Credit Reference Agency, Housing Association, Council or Government Department (including Housing Departments, those administering Housing Benefit, Department of Work and Pensions, Social Services and Education Departments) and anyone else as may be necessary with regard to considering an application for a tenancy, granting a tenancy, the on-going monitoring of the said tenancy, the recovery of any former tenant arrears or Rechargeable Repairs and the prevention and detection of fraud.

Your signature

Date / /

Joint applicant's signature

Date / /

***Data Protection Act 2018**: The information you have provided is classed as personal Information and we will process it in line with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). A copy our Fair Processing Notice will be provided on request.*

The information will be:

- *held by Hebridean Housing Partnership, Creed Court, Gleann Seileach Business Park, Stornoway, Isle of Lewis; and*
- *used only for the purposes of your application for housing and subsequent tenancy.*

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 2QP
or www.ico.gov.uk

24 Housing Area

Lewis

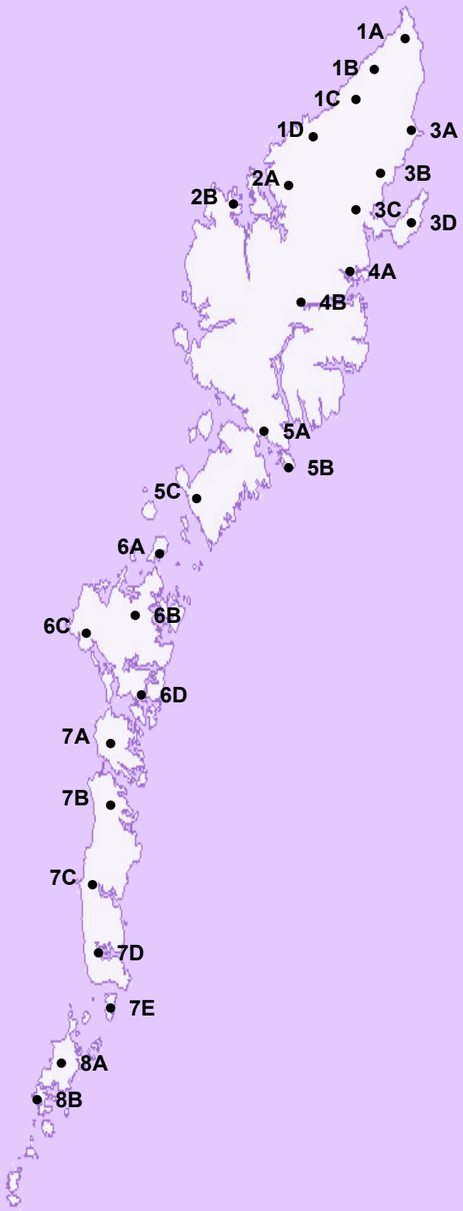
1A	Ness
1B	Dell, Borve
1C	Shader, Barvas
1D	Arnol, Bragar, Shawbost
2A	Carloway, Breasclete, Callanish
2B	Heath Park, Dun Innes, Crowlista
3A	North Tolsta
3B	Back, Coll, Tong
3C	Newmarket, Marybank/Bennadrove, Napier Hill, Cearns Stile Park, Manor Park, Goathill, Town Centre Seaforth Road/Seaview Terrace,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

Harris

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

Uist & Barra

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



The housing information booklet provided 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** _____

List other areas you might be interested in _____

Next of Kin

Name	Address	Contact No.	Relationship to you

2 Asylum and Immigration Act 1999

Are you a United Kingdom national? **Yes** ☐ **No** ☐

Immigration status _____

3 Previous addresses

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

Address	Landlord	From	To	Reason for Leaving

4 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	Relationshipto you
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

4 Members of your household continued

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

Full Name	Current Address	Date of birth	Relationship to you
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

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
		/ /	
		/ /	
		/ /	
		/ /	

Please note that claimants of working age have had their Housing Benefit/Universal Credit entitlement reduced where there are bedrooms which are considered to be in excess of your normal occupancy requirements.

5 Western Isles Connection

If you are not currently resident in the Outer Hebrides please provide information on your reason for wishing to move here.

Section C Housing Choices

23 Housing type

Please tick below all types of housing you would like to be considered for.

General needs housing ☐ Wheelchair adapted property ☐

Sheltered housing ☐ Ambulant Disabled ☐

NSSE (New Supply Shared Equity) ☐ Other requirements ☐

How many bedrooms do you require? ☐

The size of property which you may be offered will depend on Hebridean Housing Partnership's Allocation Policy. You may chose to apply for a property which is larger than your household size entitlement but such allocation will only be made in situations of low demand.

Please tick below all house types you would be prepared to accept.

House ☐ Bedsit ☐ Flat ☐

Do you require ground floor accommodation only? **Yes** ☐ **No** ☐

Please tick below all heating types you would be prepared to accept.

Solid Fuel ☐ Electric ☐ Air Source Heat Pump ☐

Ground Source Heat Pump ☐ Gas ☐

Additional Information

22 Monitoring

Are you, or any member of your household, related to a Staff Member or Board Member of Hebridean Housing Partnership? **Yes** ☐ **No** ☐

If 'Yes', please give details.

Name	Position (HHP Board Member, staff member)	Relationship to you

Are you, or any member of your household, a Staff Member or Board Member of Hebridean Housing Partnership? **Yes** ☐ **No** ☐

If 'Yes', please give details.

Do either you or joint applicant consider yourself to have a disability ? **Yes** ☐ **No** ☐

How would you describe your ethnic origin? Please tick which of the following apply:

APPLICANT

White Scottish	☐	Indian	☐	Polish	☐
White other British	☐	Mixed/Multiple ethnic background	☐	Chinese	☐
White Irish	☐	Not Applicable	☐	Pakistani	☐
White Gypsy/Traveller	☐	Other Asian background	☐	Caribbean	☐
African	☐	Other background	☐	Bangladeshi	☐
Arab, Arab Scottish/Arab British	☐	Other Black background	☐	Not supplied	☐
Other White background	☐	Refused to answer	☐		

JOINT APPLICANT

White Scottish	☐	Indian	☐	Polish	☐
White other British	☐	Mixed/Multiple ethnic background	☐	Chinese	☐
White Irish	☐	Not Applicable	☐	Pakistani	☐
White Gypsy/Traveller	☐	Other Asian background	☐	Caribbean	☐
African	☐	Other background	☐	Bangladeshi	☐
Arab, Arab Scottish/Arab British	☐	Other Black background	☐	Not supplied	☐
Other White background	☐	Refused to answer	☐		

6 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	☐	Current house or flat too big	☐
Poor condition of current accommodation	☐	Health reasons	☐
Problems with neighbours	☐	Relationship breakdown	☐
Setting up a new household (e.g. Getting married)	☐	Leaving parental home for the first time	☐
Mortgage arrears/repossession	☐	Unable to afford current rent	☐
Been given notice to quit by landlord	☐	Currently homeless	☐
Living with family / friends who have asked you to leave	☐	Discharge from prison / hospital / care	☐
Having to move from tied accommodation	☐	Emergency (e.g. fire, flood, storm)	☐
Young Person (Aged 16 - 25) leaving care	☐	Violence or harassment	☐
Need sheltered accommodation	☐	Need adapted accommodation	☐
Other	☐	Employment	☐

If you ticked "Other" please give details.

7 Ex-Service Personnel

Are you leaving HM Forces or a current member? **Yes** ☐ **No** ☐

What was your length of Service?

What was your date of Discharge?

Reason for Leaving

We may require a copy of your discharge papers.

8 Missed payments

Has formal action ever been taken against you or anyone included in your application for rent arrears? **Yes** ☐ **No** ☐

(Housing Association or private rent)

If 'Yes', please give details.

9 Anti-social behaviour

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

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 anti-social behaviour order granted against you or any-one included in this application form? **Yes** ☐ **No** ☐

18 Special requirements *(continued)*

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

19 Employment

	You	Joint applicant
Do you or joint applicant need to move nearer to your work because of travel difficulties?	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐

If you need to be nearer your work, please give the name and full address of your employer. You will be required to submit a letter from your employer to provide information on your travel to work difficulties.

Location of work (if different to employer's address).

Employer's name

Employer's address and postcode

20 Key Worker Status

	You	Joint applicant
Has your post been approved for Key Work Status with HHP by your employer?	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
Date employment commences?	/ /	/ /

We will ask you for proof of this.

21 Trust Housing Association

Do you wish to be nominated for Sheltered Housing in Stornoway owned by Trust Housing Association which was formally known as Kirkcare? **Yes** ☐ **No** ☐

<u>Please note</u> that being interested in being nominated by HHP does not mean you are on Trust's housing list. You can apply directly to them. Their contact details are:

Trust Housing Association Ltd
12 New Mart Road
Edinburgh
EH14 1RL

Tel: 0131 444 1200
Web: www.trustha.org.uk
Email: info@trustha.org.uk

16 Condition of your Current Accommodation

How would you describe the condition of your current accommodation?

Seriously Sub-standard
(e.g. structurally unstable, no piped water supply, no sink with hot and cold water, no bath/shower/wash hand basin, no WC) **Yes** ☐ **No** ☐

Severe Disrepair
(e.g. rising or penetrating damp, ineffective drainage, unsatisfactory lighting or heating) **Yes** ☐ **No** ☐

Lacking Amenities
(e.g. unsatisfactory cooking facilities, electrical installations do not comply with requirements, inadequate insulation) **Yes** ☐ **No** ☐

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

17 Special requirements

Do you have a health condition or social reason which makes your current accommodation unsuitable? **Yes** ☐ **No** ☐

If 'Yes', please give details. *Where medical conditions exist, you should complete an Application for Medical Priority, which will be independently assessed. Please contact the appropriate HHP office for a form)*

Do you or any joint applicant need to be nearer your family or carer to provide/receive support? **Yes** ☐ **No** ☐

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

10 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.

11 Sexual Offences Act 2003

Do you, or anyone included in your application, have to register with the police under the Sexual Offences Act 2003? **Yes** ☐ **No** ☐

If 'Yes', please give their full names.

12 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

13 Your current home

Please tick which of the following best describes your housing situation.

Owner of a house (please give details below)	☐	Council or housing association house	☐
Private Rented house	☐	Living with relatives or friends	☐
Tied tenancy	☐	Bed and breakfast, hostel or student accommodation	☐
Living with parents	☐	HM Forces	☐
Sheltered accommodation	☐	Croft House	☐
In hospital or another institution	☐	Homeless	☐
Lodger or sharing	☐	Other	☐

If 'Owner of a house', please give details.

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

If 'Yes', please give reasons why you are applying for HHP housing.

If 'Other', please give details.

Do you have a written tenancy agreement? **Yes** ☐ **No** ☐

If 'Yes', what sort of tenancy agreement do you have?
e.g. SST/Short Assured Tenancy

Are you or your joint tenant being asked to leave your current accommodation? **Yes** ☐ **No** ☐
(We may ask you for proof of this.)

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** ☐

14 Type of Property

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

House	☐	Flat, bedsit or maisonette	☐
Shared accommodation	☐	Other	☐
Caravan	☐		

If 'Other', please give details.

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

Ground floor	☐	Second floor	☐	Above the third floor	☐
First floor	☐	Third floor	☐		

15 Current accommodation

How many rooms do you currently have the use of?
(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