

HOUSING APPLICATION FORM



A joint approach to housing in Argyll involving:



Charity Number SC042713



Charity Number SC036518



Charity Number SC009152



Charity Number SC017357

And in partnership with:



**HOME Argyll
HOUSING APPLICATION FORM**

Section 1

APPLICANT ONE

Title:	First Name:	Middle Name:	Last Name:
Postcode:			
Address 1:			
Address 2:			
Address 3:			
Address 4:			
Address 5:			
Date moved in to this address (dd/mm/yyyy):			
Daytime telephone number:			
Home telephone number:			
Mobile telephone number:			
Email:			
National insurance number:		Date of birth (dd/mm/yyyy):	
What communication method would you prefer?		<input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Telephone	
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Do you consider yourself to be transgender? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ethnic origin: <input type="checkbox"/> White Scottish <input type="checkbox"/> Mixed or multiple ethnic group <input type="checkbox"/> Other British <input type="checkbox"/> Pakistani/Pakistani Scottish/Pakistani British <input type="checkbox"/> Irish <input type="checkbox"/> Indian/Indian Scottish/Indian British <input type="checkbox"/> Gypsy/Traveler <input type="checkbox"/> Bangladeshi/Bangladeshi Scottish/Bangladeshi British <input type="checkbox"/> Polish <input type="checkbox"/> Chinese/Chinese Scottish/Chinese British <input type="checkbox"/> Other Asian/Asian Scottish/Asian British <input type="checkbox"/> African/African Scottish/African British <input type="checkbox"/> Other African <input type="checkbox"/> Caribbean/Caribbean Scottish/Caribbean British <input type="checkbox"/> Black/Black Scottish/Black British <input type="checkbox"/> Other Caribbean/Black <input type="checkbox"/> Other white ethnic group <input type="checkbox"/> Arab/Arab Scottish/Arab British <input type="checkbox"/> Other ethnic group			

What is your economic status?					
<input type="checkbox"/> Working full time	<input type="checkbox"/> Retired	<input type="checkbox"/> Child under 16	<input type="checkbox"/> Other adult		
<input type="checkbox"/> Working part time	<input type="checkbox"/> Not seeking work	<input type="checkbox"/>	<input type="checkbox"/> Non applicable		
<input type="checkbox"/> Government training/New Deal	<input type="checkbox"/> Full time student	Throughcare/aftercare	<input type="checkbox"/> Refused		
<input type="checkbox"/> Job seeker	<input type="checkbox"/> Cannot work (long term sickness or disability)	<input type="checkbox"/> Carer	<input type="checkbox"/> Unknown		
Is this household member pregnant?					
<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, what date is the baby due?:			
Do you consider yourself to have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
If yes, select the disability type:					
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Progressive disability/chronic illness				
<input type="checkbox"/> Autistic spectrum condition	<input type="checkbox"/> Mental health				
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Other				
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Not applicable				
<input type="checkbox"/> Mobility	<input type="checkbox"/> Does not wish to disclose				
Has this applicant been known by any other names, e.g. a maiden name? If so, please provide details:					
Which language does this applicant prefer using?					
<input type="checkbox"/> English	<input type="checkbox"/> Greek	<input type="checkbox"/> Kurdish	<input type="checkbox"/> Romanian	<input type="checkbox"/> Tamil	
<input type="checkbox"/> Albanian	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Lingala	<input type="checkbox"/> Russian	<input type="checkbox"/> Turkish	
<input type="checkbox"/> Bengali	<input type="checkbox"/> Halari	<input type="checkbox"/> Luganda	<input type="checkbox"/> Sign assisted	<input type="checkbox"/> Ugandan	
<input type="checkbox"/> Czech	<input type="checkbox"/> Hindi	<input type="checkbox"/> Macedonian	English	<input type="checkbox"/> Urdu	
<input type="checkbox"/> Farsi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Polish	<input type="checkbox"/> Slovakian	<input type="checkbox"/> Yugoslavian	
<input type="checkbox"/> French	<input type="checkbox"/> Italian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Somali	<input type="checkbox"/> Zulu	
<input type="checkbox"/> German	<input type="checkbox"/> Kosovan	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other	
			<input type="checkbox"/> Swahili		
Does this household member require an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Is this applicant moving from abroad? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, for what reason?					
<input type="checkbox"/> EEA worker	<input type="checkbox"/> Self employed	<input type="checkbox"/> Person granted refugee status			
<input type="checkbox"/> Accession national, HO workers reg Sch	<input type="checkbox"/> Indefinite leave to remain/enter the UK	<input type="checkbox"/> Person granted other protection leave			
					<input type="checkbox"/> Other
Nationality:					
<input type="checkbox"/> UK	<input type="checkbox"/> Estonia	<input type="checkbox"/> Lithuania	<input type="checkbox"/> Slovakia	<input type="checkbox"/> Non-EEA	<input type="checkbox"/> Not known
<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Hungary	<input type="checkbox"/> Poland	<input type="checkbox"/> Slovenia	<input type="checkbox"/> Asylum seeker	<input type="checkbox"/> Refused
<input type="checkbox"/> Bulgaria	<input type="checkbox"/> Latvia	<input type="checkbox"/> Romania	<input type="checkbox"/> Other EEA	<input type="checkbox"/> Not stated	<input type="checkbox"/> Other

Are you currently awaiting a decision on an application for asylum in this country?
YES NO

Other details:

Child access: YES NO

Child access details:

Marital status:

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced | <input type="checkbox"/> Living together |
| <input type="checkbox"/> Married | <input type="checkbox"/> Partner | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Apart | <input type="checkbox"/> Civil partnership | <input type="checkbox"/> Not known |

Contact details (if different from above):

APPLICANT TWO

Title:	First Name:	Middle Name:	Last Name:
Address same as primary applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		If not, please give details below	
Postcode:			
Address 1:			
Address 2:			
Address 3:			
Address 4:			
Address 5:			
Date moved in to this address (dd/mm/yyyy):			
Daytime telephone number:			
Home telephone number:			
Mobile telephone number:			
Email:			
National insurance number:		Date of birth (dd/mm/yyyy):	
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Do you consider yourself to be transgender? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ethnic origin: <input type="checkbox"/> White Scottish <input type="checkbox"/> Mixed or multiple ethnic group <input type="checkbox"/> Other British <input type="checkbox"/> Pakistani/Pakistani Scottish/Pakistani British <input type="checkbox"/> Irish <input type="checkbox"/> Indian/Indian Scottish/Indian British <input type="checkbox"/> Gypsy/Traveler <input type="checkbox"/> Bangladeshi/Bangladeshi Scottish/Bangladeshi British <input type="checkbox"/> Polish <input type="checkbox"/> Chinese/Chinese Scottish/Chinese British <input type="checkbox"/> Other Asian/Asian Scottish/Asian British <input type="checkbox"/> African/African Scottish/African British <input type="checkbox"/> Other African <input type="checkbox"/> Caribbean/Caribbean Scottish/Caribbean British <input type="checkbox"/> Black/Black Scottish/Black British <input type="checkbox"/> Other Caribbean/Black <input type="checkbox"/> Other white ethnic group <input type="checkbox"/> Arab/Arab Scottish/Arab British <input type="checkbox"/> Other ethnic group			
What is your economic status?			
<input type="checkbox"/> Working full time	<input type="checkbox"/> Retired	<input type="checkbox"/> Child under 16	<input type="checkbox"/> Other adult
<input type="checkbox"/> Working part time	<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Throughcare/aftercare	<input type="checkbox"/> Non applicable
<input type="checkbox"/> Government training/New Deal	<input type="checkbox"/> Full time student	<input type="checkbox"/> Carer	<input type="checkbox"/> Refused
<input type="checkbox"/> Job seeker	<input type="checkbox"/> Cannot work (long term sickness or disability)	<input type="checkbox"/> Temporarily unable to work	<input type="checkbox"/> Unknown
Relationship to main applicant:			

<input type="checkbox"/> Aunt	<input type="checkbox"/> Daughter in Law	<input type="checkbox"/> Grandson	<input type="checkbox"/> Partner	<input type="checkbox"/> Step Son
<input type="checkbox"/> Brother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Relationship	<input type="checkbox"/> Unborn Child
<input type="checkbox"/> Carer	<input type="checkbox"/>	<input type="checkbox"/> Husband	<input type="checkbox"/> Sister	<input type="checkbox"/> Uncle
<input type="checkbox"/> Civil Partner	<input type="checkbox"/> Fiancé/Fiancée	<input type="checkbox"/> Lodger	<input type="checkbox"/> Son	<input type="checkbox"/> Wife
<input type="checkbox"/> Co-Habitee	<input type="checkbox"/> Foster child	<input type="checkbox"/> Mother	<input type="checkbox"/> Son in Law	<input type="checkbox"/> Other extended relation
<input type="checkbox"/> Co-owner	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Nephew	<input type="checkbox"/> Step Daughter	<input type="checkbox"/> No relationship
<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend	<input type="checkbox"/> Niece	<input type="checkbox"/> Step Father	
<input type="checkbox"/> Daughter	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Parent	<input type="checkbox"/> Step Mother	
<input type="checkbox"/> Grandparent				
Is this household member pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when is the baby due?				
Does this household member share a bedroom with the primary applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Please select yes if you are in a couple relationship, sharing a bedroom with another household member on this application: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you consider yourself to have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				
If yes, select the disability type:				
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Progressive disability/chronic illness			
<input type="checkbox"/> Autistic spectrum condition	<input type="checkbox"/> Mental health			
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Other			
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Not applicable			
<input type="checkbox"/> Mobility	<input type="checkbox"/> Does not wish to disclose			
Nationality:				
<input type="checkbox"/> UK	<input type="checkbox"/> Estonia	<input type="checkbox"/> Lithuania	<input type="checkbox"/> Slovakia	<input type="checkbox"/> Non-EEA
<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Hungary	<input type="checkbox"/> Poland	<input type="checkbox"/> Slovenia	<input type="checkbox"/> Asylum seeker
<input type="checkbox"/> Bulgaria	<input type="checkbox"/> Latvia	<input type="checkbox"/> Romania	<input type="checkbox"/> Other EEA	<input type="checkbox"/> Not known
				<input type="checkbox"/> Refused
				<input type="checkbox"/> Other
				<input type="checkbox"/> Not stated
Are you currently awaiting a decision on an application for asylum in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Other details:				
Child access: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Child access details:				
Marital status:				
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Living together		
<input type="checkbox"/> Married	<input type="checkbox"/> Partner	<input type="checkbox"/> Widowed		
<input type="checkbox"/> Apart	<input type="checkbox"/> Civil partnership	<input type="checkbox"/> Not known		

OTHER HOUSEHOLD MEMBERS			
Title:	First Name:	Middle Name:	Last Name:
Address same as primary applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO		If not, please give details below	
Postcode:			
Address 1:			
Address 2:			
Address 3:			
Address 4:			
Address 5:			
Date moved in to this address (dd/mm/yyyy):			
Daytime telephone number:			
Home telephone number:			
Mobile telephone number:			
Email:			
National insurance number:		Date of birth (dd/mm/yyyy):	
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Do you consider yourself to be transgender? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ethnic origin:			
What is your economic status?			
<input type="checkbox"/> Working full time	<input type="checkbox"/> Retired	<input type="checkbox"/> Child under 16	<input type="checkbox"/> Other adult
<input type="checkbox"/> Working part time	<input type="checkbox"/> Not seeking work	<input type="checkbox"/>	<input type="checkbox"/> Non applicable
<input type="checkbox"/> Government training/New Deal	<input type="checkbox"/> Full time student	<input type="checkbox"/> Throughcare/aftercare	<input type="checkbox"/> Refused
<input type="checkbox"/> Job seeker	<input type="checkbox"/> Cannot work (long term sickness or disability)	<input type="checkbox"/> Carer	<input type="checkbox"/> Unknown
		<input type="checkbox"/> Temporarily unable to work	
Relationship to main applicant:			
<input type="checkbox"/> Aunt	<input type="checkbox"/> Daughter in Law	<input type="checkbox"/> Grandson	<input type="checkbox"/> Partner
<input type="checkbox"/> Brother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Relationship
<input type="checkbox"/> Carer	<input type="checkbox"/>	<input type="checkbox"/> Husband	<input type="checkbox"/> Sister
<input type="checkbox"/> Civil Partner	<input type="checkbox"/> Fiancé/Fiancée	<input type="checkbox"/> Lodger	<input type="checkbox"/> Son
<input type="checkbox"/> Co-Habitee	<input type="checkbox"/> Foster child	<input type="checkbox"/> Mother	<input type="checkbox"/> Son in Law
<input type="checkbox"/> Co-owner	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Nephew	<input type="checkbox"/> Step Daughter
<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend	<input type="checkbox"/> Niece	<input type="checkbox"/> Step Father
<input type="checkbox"/> Daughter	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Parent	<input type="checkbox"/> Step Mother
	<input type="checkbox"/> Grandparent		

Is this household member pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when is the baby due?	
Please select yes if you are in a couple relationship, sharing a bedroom with another household member on this application:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you consider yourself to have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
If yes, select the disability type:			
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Progressive disability/chronic illness		
<input type="checkbox"/> Autistic spectrum condition	<input type="checkbox"/> Mental health		
<input type="checkbox"/> Learning disability	<input type="checkbox"/> Other		
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Not applicable		
<input type="checkbox"/> Mobility	<input type="checkbox"/> Does not wish to disclose		
Which language does this applicant prefer using?			
<input type="checkbox"/> English	<input type="checkbox"/> Greek	<input type="checkbox"/> Kurdish	<input type="checkbox"/> Romanian
<input type="checkbox"/> Albanian	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Lingala	<input type="checkbox"/> Russian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Halari	<input type="checkbox"/> Luganda	<input type="checkbox"/> Sign assisted
<input type="checkbox"/> Czech	<input type="checkbox"/> Hindi	<input type="checkbox"/> Macedonian	<input type="checkbox"/> English
<input type="checkbox"/> Farsi	<input type="checkbox"/> Israeli	<input type="checkbox"/> Polish	<input type="checkbox"/> Slovakian
<input type="checkbox"/> French	<input type="checkbox"/> Italian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Somali
<input type="checkbox"/> German	<input type="checkbox"/> Kosovan	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Spanish
			<input type="checkbox"/> Swahili
Nationality:			
<input type="checkbox"/> UK	<input type="checkbox"/> Estonia	<input type="checkbox"/> Lithuania	<input type="checkbox"/> Slovakia
<input type="checkbox"/> Czech Republic	<input type="checkbox"/> Hungary	<input type="checkbox"/> Poland	<input type="checkbox"/> Slovenia
<input type="checkbox"/> Bulgaria	<input type="checkbox"/> Latvia	<input type="checkbox"/> Romania	<input type="checkbox"/> Other EEA
			<input type="checkbox"/> Non-EEA
			<input type="checkbox"/> Asylum seeker
			<input type="checkbox"/> Not stated
			<input type="checkbox"/> Not known
			<input type="checkbox"/> Refused
			<input type="checkbox"/> Other
Are you currently awaiting a decision on an application for asylum in this country? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Other details:			
Child access: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Child access details:			
Please tick if this person is not being rehoused with you <input type="checkbox"/>			

PAST ADDRESSES

- Please list previous addresses for the applicant and joint applicant over the last 5 years.
- Everyone associated with your application needs to have a current address.
- Supply all dates in the format dd/mm/yyyy.
- For previous addresses enter a date as close or as near as possible.
- Use the further information page at the back of the application if you have further addresses to include

Address 1

Postcode:

Address line 1:

Address line 2:

Address line 3:

Address line 4:

Address line 5:

Dates at this address:

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Does this apply to all household members? YES NO

Is this a rented property? YES NO

If yes, tenancy type:

EHO (Empty Home Owner) I am a lodger/sub tenant

I am HM Forces I am in prison I have no fixed address

I live in a caravan/mobile home/boat I am in hospital/residential care

I live in a hostel/B&B or Refuge I live with friends or relatives

I live with my parents I own my own home I own my home through a

“Homestake scheme” I own my own home through a Shared Ownership scheme

I rent from a Housing Association I rent from a local authority

I rent from a private landlord I rent from my employer

Other (Please specify)

Landlord details (if applicable):

Name:

Address:

Contact telephone/email:

Address 2

Postcode:

Address line 1:

Address line 2:

Address line 3:
Address line 4:
Address line 5:
Dates at this address: From (dd/mm/yyyy) To (dd/mm/yyyy)
Does this apply to all household members? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a rented property? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, tenancy type: <input type="checkbox"/> EHO (Empty Home Owner) <input type="checkbox"/> I am a lodger/sub tenant <input type="checkbox"/> I am HM Forces <input type="checkbox"/> I am in prison <input type="checkbox"/> I have no fixed address <input type="checkbox"/> I live in a caravan/mobile home/boat <input type="checkbox"/> I am in hospital/residential care <input type="checkbox"/> I live in a hostel/B&B or Refuge <input type="checkbox"/> I live with friends or relatives <input type="checkbox"/> I live with my parents <input type="checkbox"/> I own my own home <input type="checkbox"/> I own my home through a “Homestake scheme” <input type="checkbox"/> I own my own home through a Shared Ownership scheme <input type="checkbox"/> I rent from a Housing Association <input type="checkbox"/> I rent from a local authority <input type="checkbox"/> I rent from a private landlord <input type="checkbox"/> I rent from my employer <input type="checkbox"/> Other (Please specify)
Landlord details (if applicable): Name: Address:
Contact telephone/email:
Address 3
Postcode:
Address line 1:
Address line 2:
Address line 3:
Address line 4:
Address line 5:
Dates at this address: From (dd/mm/yyyy) To (dd/mm/yyyy)
Does this apply to all household members? <input type="checkbox"/> YES <input type="checkbox"/> NO

Is this a rented property? YES NO

If yes, tenancy type:

- EHO (Empty Home Owner) I am a lodger/sub tenant
 I am HM Forces I am in prison I have no fixed address
 I live in a caravan/mobile home/boat I am in hospital/residential care
 I live in a hostel/B&B or Refuge I live with friends or relatives
 I live with my parents I own my own home I own my home through a
"Homestake scheme" I own my own home through a Shared Ownership scheme
 I rent from a Housing Association I rent from a local authority
 I rent from a private landlord I rent from my employer
 Other (Please specify)

Landlord details (if applicable):

Name:

Address:

Contact telephone/email:

Address 4

Postcode:

Address line 1:

Address line 2:

Address line 3:

Address line 4:

Address line 5:

Dates at this address:

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Does this apply to all household members? YES NO

Is this a rented property? YES NO

If yes, tenancy type:

- EHO (Empty Home Owner) I am a lodger/sub tenant
- I am HM Forces I am in prison I have no fixed address
- I live in a caravan/mobile home/boat I am in hospital/residential care
- I live in a hostel/B&B or Refuge I live with friends or relatives
- I live with my parents I own my own home I own my home through a "Homestake scheme" I own my own home through a Shared Ownership scheme
- I rent from a Housing Association I rent from a local authority
- I rent from a private landlord I rent from my employer
- Other (Please specify)

Landlord details (if applicable):

Name:

Address:

Contact telephone/email:

OUR CONTACT WITH YOU

Old application number (if previously registered with HomeArgyll):

Old effective date:

Address you prefer correspondence regarding your application is sent to (if different from current address):

Relationship to you:

Daytime telephone number:

REGISTERED OFFENDERS

Are you or anyone who will be housed with you required to register with the police?

YES NO

If yes, please give details:

LOCAL CONNECTIONS

Please tick the area you currently reside in:

<input type="checkbox"/> Bute	<input type="checkbox"/> Kintyre	<input type="checkbox"/> Lorn	<input type="checkbox"/> Coll & Tiree	<input type="checkbox"/> Islay, Jura & Colonsay
<input type="checkbox"/> Cowal	<input type="checkbox"/> Helensburgh /Lomond	<input type="checkbox"/> Mid Argyll	<input type="checkbox"/> Mull & Iona	<input type="checkbox"/> Outwith Argyll & Bute

Please indicate if you:

Are employed or have been offered employment in the area: YES NO

Wish to live in the area to seek employment: YES NO

Wish to live in the area to be near a relative or carer: YES NO

Have special social or medical reasons to be housed within the area: YES NO

Wish to move to the area as a result of harassment: YES NO

Wish to move to the area as a result of domestic abuse: YES NO

AREAS OF PREFERENCE

Details of housing registers you would like to be considered for:

- Argyll and Bute
- West Dunbartonshire

Please indicate the areas where you would like to live:

Bute

- Kilchattan Bay
- Port Bannatyne
- Rothesay - Ballochgoy
- Rothesay - Barone
- Rothesay - Bush & surroundings
- Rothesay - Columshill
- Rothesay - Ladeside Place
- Rothesay - Town Centre

Cowal

- Ardentinny
- Benmore
- Blairmore
- Colintraive
- Dunoon - Kirn
- Dunoon - Town
- Glendaruel
- Innellan
- Kames
- Kilmun
- Lochgoilhead
- Millhouse
- Sandbank
- Strachur
- Strone
- Tighnabruaich
- Toward

Kintyre

- Campbeltown
- Carradale
- Drumlemble
- Glenbarr
- Kilkenzie
- Machrihanish
- Muasdale
- Peninver
- Saddell
- Southend
- Stewarton
- Tayinloan

Helensburgh & Lomond

- Ardencaple
- Arrochar
- Blairvaddich
- Cardross
- Churchill
- Clydeview
- Craigendorrnan South
- Drumfork Court
- Helensburgh
- Garelochhead
- Helensburgh - Williamson Drive
- Helensburgh Town Centre
- Hermitage
- Hood Court/Duchess Court/Castle Wood Court
- Johnson Court
- Kilcreggan
- Kirkmichael Logie Place
- Kirkmichael North
- Kirkmichael South
- Kirkmichael West

Oban and Lorn

- Appin
- Balvicar
- Barcaldine
- Benderloch
- Bonawe
- Clachan Seil
- Connel
- Dalavich
- Dalmally
- Dunbeg
- Kilchrenan
- Kilmelford
- Kilmore
- Kilninver
- Lochawe
- Longsdale
- North Connel
- Oban - Corelli Court
- Oban - Dunollie
- Oban - Glenshellach
- Oban - Miller Road Area
- Oban - Millpark
- Oban - Polvinster
- Oban - Soroba
- Oban - Town Area
- Oban - Town Centre
- Oban - White City
- Taynuilt

Mid Argyll

- Achahoish
- Ardfern
- Ardrishaig
- Cairnbaan
- Cairndow
- Clachan
- Crarae
- Crinan
- Duncholgan Travelling Person Site
- Eredine
- Ford
- Furnace
- Inveraray
- Kilmartin
- Kilmichael-Glassary
- Lochdon
- Lochgair
- Lochgilphead
- Minard
- Tarbert
- Tayvallich
- Torinturk

- Luss
- Mossend
- Rhu
- Rosneath

Atlantic Islands

- Coll
- Colonsay
- Gigha
- Iona
- Islay - Ballygrant
- Islay - Bowmore
- Islay - Bridgend
- Islay - Bruichladdich
- Islay - Keills
- Islay - Kilchoman
- Islay - Port Charlotte
- Islay - Port Ellen
- Islay - Portnahaven
- Jura
- Lismore
- Luing
- Mull - Bunessan
- Mull - Craignure
- Mull - Dervaig
- Mull - Fionnphort
- Mull - Lochdon
- Mull - Salen
- Mull - Tobermory
- Mull - Ulva Ferry
- Tiree

**West Dunbartonshire
Alexandria**

- Alexandria Town Centre
- Bonhill
- Dalvait
- Gartocharn
- Haldane
- Leven Street
- Levenbank Terrace
- O'Neill Terrace
- Sutherland Gardens
- Tullichewan

**West Dunbartonshire -
Dumbarton**

- Bonhill Road
- Castlegreen Crescent
- Castlegreen Street
- Castlehill
- Crosslett Road
- Dumbarton East
- Dumbarton Town Centre
- Garshake
- Round Riding Road
- Westbridgend

Please indicate from the list above your top 3 choices of areas:

Area 1:

Area 2:

Area 3:

Details of areas you would prefer not to live in, e.g. area, street:

To assist future planning, please indicate any area you would be interested in living where there is currently no social housing available:

Section 2

CURRENT ACCOMMODATION – YOUR HOUSING SITUATION

Please indicate which of the following best describes your present situation:

- | | |
|--|---|
| <input type="checkbox"/> I own my own home | <input type="checkbox"/> I live in a caravan / mobile home / boat |
| <input type="checkbox"/> I own my own home through a 'shared ownership' scheme | <input type="checkbox"/> I live in a hospital / residential care |
| <input type="checkbox"/> I rent from a housing association | <input type="checkbox"/> I am in HM Forces |
| <input type="checkbox"/> I rent from a local authority | <input type="checkbox"/> I am in prison |
| <input type="checkbox"/> I rent from a private landlord | <input type="checkbox"/> I live in a hostel, B&B or refuge |
| <input type="checkbox"/> I rent from my employer | <input type="checkbox"/> I have no fixed address |
| <input type="checkbox"/> I am a lodger / sub-tenant | <input type="checkbox"/> I own my own home through a 'Homestake' scheme |
| <input type="checkbox"/> I live with my parents | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> I live with friends or relatives | |

If you rent your accommodation please give your landlord's details below

Landlord name:

Landlord address:

Landlord postcode:

Landlord telephone number:

How many bedrooms do you and your household who will be moving with you have access to?

- 0 1 2 3 4 5 Studio flat/bedsit

How many of these bedrooms are single?

- 0 1 2 3 4 5

How many of these bedrooms are double?

- 0 1 2 3 4 5

Please tell us about the facilities you HAVE in your current accommodation:

- | | | | |
|------------------------------|--|-------------------|--|
| Bath, shower or sink | <input type="checkbox"/> YES <input type="checkbox"/> NO | Piped water | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Inside toilet | <input type="checkbox"/> YES <input type="checkbox"/> NO | Mains electricity | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Kitchen / cooking facilities | <input type="checkbox"/> YES <input type="checkbox"/> NO | Hot water supply | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Individual bedroom(s) | <input type="checkbox"/> YES <input type="checkbox"/> NO | Central heating | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Living room | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

My household shares the following with people who will not be moving with me:

- | | | | |
|----------------------|--|------------------------------|--|
| Bath, shower or sink | <input type="checkbox"/> YES <input type="checkbox"/> NO | Kitchen / cooking facilities | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Inside toilet | <input type="checkbox"/> YES <input type="checkbox"/> NO | Living room | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Individual bedroom(s) shared (state number shared):

Is access to your home dangerous: <input type="checkbox"/> YES <input type="checkbox"/> NO	Please give details:	
Is your property in poor condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide further details:		
<i>Please remember that we will visit you to make sure that the information provided on this form is accurate. This will involve looking at the property and any problems it might have.</i>		
Security of accommodation		
Please indicate if any of the statements below apply to you or the joint applicant:		
Are you in the armed forces and expecting to leave within the next year?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
If you have to move out of your current accommodation within two months?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
Are you leaving prison?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
Is there a closing order on your home?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
Are you being forced to sell your home, e.g. following a relationship breakdown?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
Do you have to leave tied accommodation?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
Have you previously lived independently but have to move in to household temporarily?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
Are you leaving care or throughcare?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
Are you moving on from supported accommodation?	<input type="checkbox"/> Main applicant <input type="checkbox"/> Joint applicant <input type="checkbox"/> Both	Date leaving:
Harassment and Abuse		
Are you, or anyone who will be moving with you, experiencing any form of harassment? <input type="checkbox"/> YES <input type="checkbox"/> NO		

If yes, please briefly explain what problems you are experiencing and when the harassment started:

Has this been reported to the police or another agency (e.g. social work, your landlord)? YES NO

If yes, please tell us who you reported the problem to:

Are you, or anyone who will be moving with you, experiencing any form of abuse?
 YES NO

If yes, please briefly explain what problems you are experiencing and when the abuse started:

Homelessness

Do you consider yourself homeless or threatened with homelessness? YES NO

If yes, have you been assessed by Argyll and Bute Council's Homelessness Service?
 YES NO

Community and social reasons for moving

Do you need to move to take up employment? YES NO

Do you travel more than 40 miles or more than 1 hour to get to employment? YES
 NO

Do you need to move to be nearer specialist support services you use regularly?
YES NO

Do you need to move to be nearer family or friends to give or receive support?
YES NO

Are you seeking to move to the area to be a carer for someone? YES NO

If yes, please provide details of the person you will be caring for (name, address, relationship):

Are you two households, both renting from HOME Argyll RSLs and wish to move in together? YES NO

Please provide further details:

Section 3**YOUR HOUSING HISTORY****Anti social behavior/rent arrears**

Have you, or anyone who will be housed with you, ever been served with an Anti Social Behaviour Order, or been evicted from a previous tenancy: YES NO

If yes, please provide details:

Committee and staff connections

Please tell us if any person included in this application:

Has ever worked for any of the partner housing associations or their subsidiaries: YES NO

Has ever been a committee / board member of any of the partner housing associations or their subsidiaries: YES NO

Is related to any committee / board member or staff: YES NO

If yes to any of above, please provide details:

Health and housing needs

Do you or any of the other people who will be moving with you have a medical condition which is affected by your current housing circumstances? YES NO

Do you or any of the other people who will be moving with you need assistance or support in living in your home? YES NO

Do you or any of the other people who will be moving with you need an extra bedroom because of health problem or disability? YES NO

If you have answered yes to any of the above questions, you will be required to complete the Health and Housing Needs Form (Section 4). If you answered no to all of the above questions, please go to Section 5.

Section 4

HEALTH AND HOUSING NEEDS

Part 1 - About you

Only complete this section if you or any member of your household who will be moving with you have a physical, mental or sensory impairment that has a substantial and long term negative impact on your household's ability to do normal daily activities and that is likely to be significantly improved by a change of house.

Please do not complete this if conditions are temporary, e.g. fractures, pregnancy or short term illnesses not affected by your long term housing circumstances.

Name of person(s) affected

Person 1:

Person 2:

Person 3:

Person 4:

Part 2 - Your condition

Please tell us about the health condition(s) of all the family members affected and how this is affected by your current housing circumstances.

Name & date of birth of person(s) affected, detail of medical conditions and medication taken for this (if known):

Duration:

Name & date of birth of person(s) affected, detail of medical conditions and medication taken for this (if known):

Duration:

Name & date of birth of person(s) affected, detail of medical conditions and medication taken for this (if known):

Duration:

Does your heating cause your household any health problems? YES NO

If yes, please explain problems:

Is anyone receiving treatment for health conditions, i.e. attending a consultant or GP?
 YES NO

Please give us details of your family doctor:

Name:

Address:

Contact number:

Part 3 - Support

If you do not have or require any support (including your family members), move to Part 4

How would a move of house improve the support received from family or carers?

Does anyone in your household have regular care, support or help from Social Work Services, Health Services, Community Psychiatric Nurse (CPN) or other support agencies? YES NO

If yes, please tell us what contact, help or services you receive?

Is a Care Package required to sustain a tenancy? YES NO

If yes, please provide details of the package required?

Is there a requirement for you/your family to be in a particular area to be close to a caring relative or friend? YES NO

If yes, please tell us what area you need to be in and the support that would be provided:

Is there a requirement for you/your family to be close to specialist professional medical services (e.g. hospitals or health services) or support networks? YES NO

If yes, please tell us what area you need to be in and what the services or networks are that would be provided:

Is an extra bedroom required? YES NO

If yes, please explain why. If an overnight carer is required please confirm how often they will stay overnight:

In addition to the above please explain, giving as much information and examples as possible, how a change of home would improve your physical health/medical needs:

Part 4 - Mobility issues

If no-one in your household has mobility issues, please move to Part 5

Approximately how far can you or those affected in your household walk (unaided) on the level:

Does any family member use any of these to help you get around?

Walking stick	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> No	Please specify who is affected:
Walking frame	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> No	
Wheelchair	<input type="checkbox"/> All the time <input type="checkbox"/> Sometimes <input type="checkbox"/> No	

Does any family member need assistance to get to the shops and other essential services? YES NO

Does any family member have difficulty climbing stairs? YES NO

If yes, do you have to use stairs to access your property? YES NO

If yes, how many steps are there into your property?

Are there handrails on the stairs? YES NO

If a wheelchair is available, is it used? Outdoors only Indoors and outdoors

From your living room or kitchen do you have to go upstairs to go to the

Kitchen	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bathroom/shower	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bedroom	<input type="checkbox"/> YES <input type="checkbox"/> NO
---------	--	-----------------	--	---------	--

Has your home been fitted with any equipment or adaptations to help you or your family, for example a ramp, handrails or equipment to help you in the bathroom or in the kitchen? YES NO

If yes, please describe these and indicate who these will help:

Would you prefer to remain in your present house if adaptations could be undertaken? YES NO

Part 5 – Mental health issues

Does any member of your household experience mental health issues which are seriously affected by your current housing situation? *(If no move to Part 6)* YES NO

If yes, is treatment being received from a CPN or specialist service or has a referral been made to a CPN or specialist service? YES NO

Please provide details, including the length of time treatment has been received, how long you expect this to continue, the frequency of appointments and who in the household this affects etc.

Give as much information and examples as possible how the mental health of your household would be improved by a change of house:

Part 6 – Other

We recognise that this form can't cover every possible circumstance. If there are other reasons your housing is unsuitable because of health circumstances that have not been covered please tell us about these:

Section 5

CHOICE OF ACCOMMODATION

Please tick which of the following housing associations you would like to apply to:

- | | |
|---|--|
| <input type="checkbox"/> Argyll Community Housing Association | <input type="checkbox"/> Fyne Homes |
| <input type="checkbox"/> Dunbritton Housing Association | <input type="checkbox"/> West Highland Housing Association |

Dunbritton Housing Association also has properties in West Dunbartonshire area. Would you like to be considered for a property in West Dunbartonshire? YES NO

We will calculate how many bedrooms would suit your household. If you want, you can choose to apply for a larger house size. You always have more chance of being housed in the size of house which your family needs, rather than a larger house size. The reasons for this are explained on the website.

Number of bedrooms to be considered for (*tick no more than 2 options*):

- 0 1 2 3 4 5+ Studio flat/bedsit

What type of accommodation would you like?

- | | |
|---|--|
| <input type="checkbox"/> General needs | <input type="checkbox"/> Housing with support |
| <input type="checkbox"/> Amenity housing for older people | <input type="checkbox"/> Wheelchair accessible housing |
| <input type="checkbox"/> Sheltered housing for older people | <input type="checkbox"/> Gypsy / traveller's pitch |

What floor levels would you accept (*select all that apply*):

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Basement | <input type="checkbox"/> 2nd floor |
| <input type="checkbox"/> Ground floor | <input type="checkbox"/> 3rd floor + |
| <input type="checkbox"/> 1st floor | |

Do you require a lift? YES NO

Which of the following property types would you consider? (please tick all that apply)

- | | | |
|--------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Bungalow | |
| <input type="checkbox"/> Flat | <input type="checkbox"/> Maisonette | <input type="checkbox"/> 4 in a block |

Heating type accepted?

- | | | | | |
|--|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Check on viewing | <input type="checkbox"/> Electric radiator | <input type="checkbox"/> Electric warm air | <input type="checkbox"/> Gas warm air | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Communal heating system | <input type="checkbox"/> Electric storage heater | <input type="checkbox"/> Gas fire | <input type="checkbox"/> Gas | <input type="checkbox"/> Solid Fuel |
| <input type="checkbox"/> Electric Fire | <input type="checkbox"/> Electric under floor | <input type="checkbox"/> Gas radiator | <input type="checkbox"/> Electric | <input type="checkbox"/> Wet Electric |

What rent limit would you accept?

Payment frequency:

- | | | |
|--|--|---|
| <input type="checkbox"/> Weekly (52 weeks) | <input type="checkbox"/> 4 Weekly | <input type="checkbox"/> Weekly (50 weeks) in advance |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Weekly (53 weeks) | <input type="checkbox"/> Monthly - 1st of every month |
| <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Weekly (48 weeks) | <input type="checkbox"/> Monthly - 28th of every month in advance |

Please tell us about any other particular requirements your new home should meet:

Do you require an adapted bathroom, ground floor bedroom & bathroom or level access property that would suit ambulant disabled?

- YES NO

Do you require any additional facilities?

- Adapted Bathroom
 Ground Floor Bedroom & Bathroom

Would you be interested in receiving information about mid-market properties?

- YES NO

Would you be interested in receiving information about shared ownership properties?

- YES NO

Would you be interested in receiving information about lift properties?

- YES NO

Would you be interested in receiving information about rural homes for rent?

- YES NO

Section 6

FURTHER INFORMATION

Do you currently foster children? YES NO

If yes, provide proof of confirmation of your registration:

We recognise that our application form may not cover every possible set of circumstances that apply to you. Please use the space below to provide any additional information which you think would be relevant to your housing application:

Section 7**APPLICANT CONSULTATION**

Would you like to be consulted on future reviews of HOME Argyll? YES NO

Section 8**DECLARATION****Power of attorney**

We will accept forms signed by individuals on the applicants' behalf, provided this individual has Power of Attorney. Please provide details below if relevant.

Name of person with power of attorney:

Address:

Postcode:

Telephone number:

Please provide a copy of the Power of Attorney authorisation if applicable.

Declaration

I/we have completed this form with answers that are true and correct. I/we understand that a tenancy may be terminated, or application suspended, if any answers or statements are found to be false, misleading or deliberately deficient.

I/we consent to information contained within this form being shared between the housing associations participating in the HOME Argyll Common Application Form. Information may also be shared with other agencies, such as the Council and the NHS, in order to ensure that my/our housing needs and housing support needs are assessed in accordance with the HOME Argyll common allocation policy.

I/we consent to the housing associations making such tenancy, financial, medical, legal and other enquiries deemed necessary to obtain confirmation from previous landlords, employers, mortgage lenders, social work agencies, the police or health professionals, in order to verify information provided in this form.

I/we undertake to notify one of the partner associations immediately should my/our circumstances change.

I/we understand that in completing this form we are applying to be admitted to the common housing list. This does not guarantee access to housing, as the number of people seeking housing in Argyll and Bute is larger than the number of houses which become available.

Main applicant signature:

Joint applicant signature (if applicable):

Date (dd/mm/yyyy):

EQUAL OPPORTUNITIES MONITORING

We are committed to equal opportunities and would like to monitor our performance in this area. We would therefore be grateful if you could assist us by answering the following questions.

You do not have to provide this information if you do not wish to. If you do not want to provide this information, it will not in any way affect your chances of being allocated a property.

Please indicate the gender of the applicant and joint applicant:

You – the applicant: MALE FEMALE
Joint applicant: MALE FEMALE

Do you consider yourself to have a disability? YES NO

If yes, nature of disability:

- | | |
|--|---|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Progressive disability/chronic illness |
| <input type="checkbox"/> Autistic spectrum condition | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Does not wish to disclose |

APPLICATION SUBMISSION

Thank you for completing your application form. Your application will be checked by a member of staff and you should receive a letter confirming your details within 3-4 weeks. No updates can be made to your application during this time. If you have any questions, please contact us using the contact details provided. If you have just updated your application with a change in your circumstances or because you were prompted by the renewal process, your changes will not take effect until they have been verified by a member of staff. You will receive a response regarding this change within 3-4 weeks.