

FIFE HOUSING APPLICATION FORM

- This form should be completed in full, the details are required by Viewpoint Housing Association, to assess your housing needs. The information will not be used for any other purpose.
- Under the terms of the Housing (Scotland) Act 1987, anyone aged 16 years old and over you can apply to be added to Viewpoint Housing Association's waiting list.
- Viewpoint have a General Data Protection Regulation (GDPR) Fair Processing Notice, this provides information on how we use your personal information, a copy of this document is available on our website or on request from our office.
- Your application will be assessed in accordance with our Allocations Policy, based on the answers you provide in this form. This is why it is important for you to complete the form as fully and as accurately as possible, providing any additional information or supporting evidence where requested. A copy of our Allocations Policy is available on our website or on request from our office.
- Viewpoint Housing Association will be the sole judge of the eligibility of applicants.
- Return your completed application form to the address above. You will receive confirmation of receipt of the form will be within 10 days. To ensure against delay in response time, it is required that all sections are fully completed, prior to submission to Viewpoint.

FIFE HOUSING APPLICATION FORM

APPLICANT DETAILS						
Title	Surname	First Name	Date of Birth	Sex (M/F)	Relationship to Applicant	National Insurance No.
					SELF	

Current Address: _____ Postcode: _____

Length of time at this address: _____ Home Tel: _____ Mobile Tel: _____

E-mail Address: _____

Correspondence Address (if different from above): _____ Postcode _____

General Information

Pregnancy

Are you, or anyone on this application pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Who is Pregnant: _____ When is the baby due? _____ / _____ / _____

Please provide proof (e.g. MatB1 Form)

Homeless

If you are homeless contact Fife Council on **03451 550033** they can give you advice and discuss your housing situation

Are you homeless or threatened with homelessness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you been assessed as statutorily homeless by the Council?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provide supporting evidence from Fife Council

Sex Offenders Act 1997 or Sexual Offences Act 2003

Does anyone on this application have to register with the Police under the Sex Offenders Act 1997	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Sexual Offences Act 2003?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes please provide the full name of the person(s) _____

A requirement to register under the Act will not affect the assessment of your application but may affect where you can be housed

Asylum and Immigration

Are you, or anyone included on this application form, subject to immigration control?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, are there any conditions or limits to your residence, or any restrictions on your access to public funds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please give details: _____

Communication

Do you need future correspondence in a different format?	Large Print	<input type="checkbox"/>	CD	<input type="checkbox"/>	Braille	<input type="checkbox"/>
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Community language?	Please state your preferred language
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Present Accommodation

Are you

Council	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Housing association	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Owner	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Co-op Tenant or Joint Tenant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Renting from a Private Landlord	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Staying with Parents, Friends or Relatives	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Homeless	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please state the name and address of your current landlord

Is your current accommodation overcrowded

Yes

No

If you are a social housing tenant, are you considered to be under-occupying your home

Yes

No

Housing History

Where have you or any joint applicant lived in the last **3 years**, if the joint applicant has lived in any different properties from you, you will need to provide their information too. Please supply the name and address of any landlords. We will ask them for a reference further assess your application. If you need more space, please use a separate sheet.

Tenure <ul style="list-style-type: none"> • Owner • Tenant • Living with family • Other 	Address of Tenancy	Name of Landlord	Address of Landlord	Landlord Contact Phone Number & Email	Tenancy Start Date	Tenancy End Date	Reason For Leaving

Where would you like to live:

Development	Location	Type	Property sizes	Minimum Age	Tick options
Buchan Gardens	Buckhaven, Fife	Retirement Housing	One three bedroom house, one and two bedroom cottages	60	
City Park	St Andrews, Fife	Retirement Housing	Studio/bedsit, one and two bedroom flats	60	

Development	Location	Type	Property sizes	Minimum Age	
Harbour House	Kirkcaldy, Fife	General Needs	Two and three bedroom flats	16	

Development	Location	Type	Property sizes	Minimum Age	
Letham Court	Leven, Fife	Amenity Housing	One and two bedroom flats	50	
Meikle Square	Dysart, Fife	Amenity Housing	One and two bedroom flats	50	

Development	Location	Type	Property sizes	Minimum Age	
John Hunter House	Kirkcaldy, Fife	Alarmed	One and two bedroom flats	50	

What size(s) of property would you accept?

Studio / Bedsit	1 Bedroom	2 Bedroom	3 Bedroom
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many bedroom are in your current home	
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1. Your Current Housing Conditions Questions

Do you share a bedroom with anyone other than your partner?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your home have a bath or shower in the bath/shower room ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do your home have a hot water supply?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do your home have a cold water supply?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do your home have an adequate kitchen? If no, please provide evidence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there dampness in your home? If yes, please provide evidence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there disrepair in your home? If yes, please provide evidence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does your home have full, partial, solid fuel or no central heating? Please state_____	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your home below tolerable standard?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2. Personal factors

Personal

Do you currently receive support from Social Work Services, Health Authority or another source?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provide information below

Would a move ease loneliness/isolation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Would you benefit from an alarm call system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have daily care needs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Why do you want to move? Please give details below:

Are you or anyone on your application experiencing harassment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you or anyone on your application experiencing racial harassment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Could the harassment be alleviated by re-housing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you reported the incidents to the Police or your landlord?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes please give details

3. Medical/Health Conditions

If you or someone moving with you experiences difficulties with their mental or physical health, please complete the following questions

3a What is the name of the person/s experiencing difficulties?

Please describe the medical, health, mental health or mobility condition?

Do you or anyone on your application consider yourself to be disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are you housebound in your home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Are there stairs in or leading to their current property which they have difficulty managing? Renting from a Private Landlord	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Could the difficulties you are experiencing with your health be alleviated by re-housing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please provides details below

Date of medical assessment -----

Are you currently living in sheltered / supported / retirement housing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have a community / pendant alarm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has your current home been adapted due to your health condition / disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes please give details below

Are you or anyone on your application living with the following?

Blind or partially sighted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have hearing difficulties?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you or a member of your household use a wheelchair	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is your current home wheelchair adapted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you require a wheelchair adapted property	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you or a member of your household experience difficulties with their mobility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes please provide details

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Declaration for Application of Housing

Under the Housing (Scotland) Act 2001, we need to ask you to declare any of the following, where evictions, Anti-Social Behaviour Orders, Interdicts or other legal action was taken against you or anyone on your application for a breach of tenancy in the last 3 years. If this applies to you or anyone on your application, please complete all relevant sections.

Anti-Social Behaviour

Has any previous action of Anti-Social Behaviour Complaints been taken against you or the joint applicant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Declaring this information does not necessarily mean you will not be offered a property

If yes, please give full name of person(s)	
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Name of person action taken against	
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Address of Property you occupied at time	
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ASBO

Anti-Social Behaviour Order

Have you had an Anti-Social Behaviour Order (ASBO) made against you in the last 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please advise the date of the ASBO and the reason why it was obtained	
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If yes, please state the address at which the ASBO was made	
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Eviction

Have you had an eviction order made against you in the last 3 years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please confirm the reason for the eviction (e.g. rent arrears, anti-social behaviour)	
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Confirm the address the eviction order was granted for	
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Relationship to Committee/Board or staff

Are you or anyone on this application a current staff, current Board member, former staff or former Board member or close relative/s of these categories?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Name of Person	
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Position held	
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Relationship to Person on Application	
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DECLARATION

- I understand that all information provided within this application will only be used to enable Viewpoint to assess my housing application
- All information provided is true
- I understand my application may be cancelled if I have given false information
- I understand that if a tenancy is offered to as a result of false information being provided, the Landlord reserves the right to instigate legal actions to recover the property
- I authorise Viewpoint to obtain information relevant to any current or previous tenancy held with another Landlord, and to contact my/our doctor for medical details, where such information is relevant to this housing application
- I will provide updated information immediately about any changes in my circumstances that may affect my housing application
- I understand that if I am housed by Viewpoint and have given false information to get a tenancy, Viewpoint can repossess the property and end the tenancy

Signature of main applicant		Date	
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Signature of Joint applicant		Date	
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This form can only be signed by the applicant and joint applicant, or someone holding Power of Attorney (POA). If it is being signed by a POA please provide a copy of the legal authorisation document with this application.

Return completed form with any supporting evidence to:

Viewpoint Housing Association
4 South Oswald Road
Edinburgh
EH9 2HG
Telephone: 0131 668 4247 (option 2)

Email: admin@viewpoint.org.uk

Web: www.viewpoint.org.uk

Office use only – Date received:.....

Logged on database by:.....