



## Housing Application

Please return to **Ayrshire Housing, 119 Main Street, Ayr, KA8 8BX.**

Please complete this form as fully as possible. If you need help in completing the form contact our office. Your application will be treated in confidence and in compliance with the Data Protection Act 1984.

### Applicant's Details

Title: Mr / Mrs / Miss / Ms.....

Surname: .....

First Name: .....

Address: .....

.....

Town: .....

Post Code: .....

Telephone Number: .....

Date of Birth: .....

Email: .....

### Joint Applicant's Details

Title: Mr / Mrs / Miss / Ms.....

Surname: .....

First Name: .....

Address: .....

.....

Town: .....

Post Code: .....

Telephone Number: .....

Date of Birth: .....

Email: .....

#### FOR OFFICE USE

Change Circ  Transfer

Apt. Size

Area

Reference No.

Date of Application

Processed by

Date of Processing

SDM

Letter

#### POINTS

Amenities

Property

Overcrowding

Underoccupancy

Sharing

Tenure

Medical

Age at Height/Support

Social

Domestic

TOTAL

**Section 2 - Household Amenities**

1. Excluding your kitchen and bathroom, how many rooms does your current accommodation have? .....
2. How many bedrooms? .....
3. Do you sleep in any room other than a bedroom? Yes/No
4. Do you share any of the following rooms with anyone other than your partner?  
 Kitchen  Bathroom  Toilet  Bedroom
5. Which property type best describes your current accommodation?  
 House  Flat   
 Maisonette  Other  Please state.....

**Section 3 - Property Condition**

1. Is your accommodation affected by dampness, condensation or any other serious defects or disrepair?  
 Yes  No

If yes, please give details below:

.....  
 .....  
 .....

**Section 4 - Household Details**

1. Please give details of everyone living at your current address.
2. Will this person move with you? Please tick

Full Name	Date of birth	Relationship to you	Yes	No

2. Please add details of anyone else moving with you but currently living elsewhere, e.g. fiancé (e)

Full Name	Date of birth	Relationship to you	Address

**3. Details of Past Accommodation of Applicant**

	Address	Tenant/Lodger/Owner/ Occupier	From	Until	Reason For leaving
1					
2					
3					
4					
5					

**4. Details of Past Accommodation of Joint Applicant if Different From Applicants**

	Address	Tenant/Lodger/Owner/ Occupier	From	Until	Reason For leaving
1					
2					
3					
4					
5					

5. Have you ever been subject to an antisocial behaviour order or been evicted due to antisocial behaviour?

Yes  No

If yes, please give details .....

6. Are you, your joint applicant or any member of your household required to register with the Police under the Sex Offenders Act 1997?

Yes  No

If yes, please complete the box below:

Name of Person Required to Register	Address of police station	Name of Responsible Officer

**Section 5 : Tenure**

From the list below please select which best describes your housing circumstances where you live now.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| a) Owner occupier                      | <input type="checkbox"/> | g) Staying with friends or relatives   | <input type="checkbox"/> |
| b) Council tenant                      | <input type="checkbox"/> | h) Private landlord, unfurnished accom | <input type="checkbox"/> |
| c) Housing Association or Trust tenant | <input type="checkbox"/> | i) Private landlord, furnished accom   | <input type="checkbox"/> |
| d) Tied / Employers housing            | <input type="checkbox"/> | j) Hostel, Hospital or Refuge          | <input type="checkbox"/> |
| e) Staying with parents                | <input type="checkbox"/> | k) Bed & Breakfast or Hotel            | <input type="checkbox"/> |
| f) Living in a caravan                 | <input type="checkbox"/> | l) Living in homeless accom            | <input type="checkbox"/> |

**If you have a landlord please tell us his or her name and address.**

.....  
 .....

If you MUST leave your home by what date must you leave?.....

If possible please supply supporting evidence, a Notice to Quit for example.

If you own, or hold the tenancy of any other property please give details.

**Section 6 - Accommodation Required**

Please indicate which types of accommodation you would accept;

House  Flat - Ground Floor  Flat - Above Ground Floor

Please look at the list of towns and villages where we have properties and tell us where you wish to live.

1. <input style="width: 200px; height: 20px;" type="text"/>	2. <input style="width: 200px; height: 20px;" type="text"/>	3. <input style="width: 200px; height: 20px;" type="text"/>
4. <input style="width: 200px; height: 20px;" type="text"/>	5. <input style="width: 200px; height: 20px;" type="text"/>	6. <input style="width: 200px; height: 20px;" type="text"/>
7. <input style="width: 200px; height: 20px;" type="text"/>	8. <input style="width: 200px; height: 20px;" type="text"/>	9. <input style="width: 200px; height: 20px;" type="text"/>

\* Please refer to the Property List.

**Section 7 - Personal Circumstances**

1. Are you seeking re-housing in order to:

A) Receive support from relatives Yes  No

If yes, please state name and address of relative and nature of support you receive:  
.....  
.....

B) Provide support to relatives for re-housing Yes  No

If yes, please state name and address of relative and nature of support you provide:  
.....  
.....

**Section 8**

Are you related to any member of staff or the Board of Ayrshire Housing? Yes  No

If yes, please indicate who it is and your relationship

Name: .....

Relationship:.....



**Section 10 - Medical**

Do you or any member of your family have any physical disabilities or illnesses which result in your present accommodation being unsuitable? Yes  No

If yes, please complete the following medical questions. If no, please go to Section 11.

**Getting Around Your Home**

Do you have any difficulty walking? 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Some	<input type="checkbox"/>
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If yes, do you use any of the following to help you get around? 

Walking stick	<input type="checkbox"/>
Walking frame	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>

If you use a wheelchair, do you use it indoors or outdoors? 

Both	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>
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Do you have any difficulty with stairs inside or outside your home? 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Please tell us what problems you have with stairs:

.....

.....

.....

.....

Please indicate how many stairs there are in your home. 

Inside	<input type="checkbox"/>
Outside	<input type="checkbox"/>

Are there any handrails on your stairs, and are they on one or both sides? 

One side	<input type="checkbox"/>
Both sides	<input type="checkbox"/>
No handrails	<input type="checkbox"/>

How many stairs would you be able to manage easily? .....

Is there a lift in your building? 

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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- Do you have, or need, any equipment to help you with the stairs?  
(please describe)

Yes		No	
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.....

.....

**Bathroom**

- What facilities does your bathroom have?

Bath	Shower over bath	Separate Shower	Wet Floor Area

- Do you have any difficulty using the bath, shower or toilet?  
If yes, please tell us about it

Yes		No	
-----	--	----	--

.....

.....

- Which facilities would best suit your medical needs?  
(please select only ONE option)

Bath	Shower over bath	Separate Shower	Wet Floor Area

- Do you have to go upstairs to the

Toilet?	
Bathroom?	
Bedroom?	

**Bedroom**

- Does your illness or disability mean you need an extra bedroom?  
If yes, please tell us why:

Yes		No	
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.....

.....

**Section 11 - Declaration And Mandate**

I declare that the details contained in this application are true to the best of my knowledge, and I agree to notify you in writing of any changes that may take place affecting the particulars supplied by me.

I also understand that any false or misleading information given or relevant information withheld now or at any time may result in any tenancy being granted being terminated by Ayrshire Housing.

I authorise my present and any previous landlords to disclose any relevant information to Ayrshire Housing regarding my tenancy or previous tenancy.

**Applicant**

**Joint Applicant**

Signature: .....

Signature: .....

Date: .....

Date: .....

Other Formats: We can supply this document in a print size to suit. It is also available in Braille, audio and other formats, and in other languages. Our website also has several accessibility features which you may find useful.

We would also be grateful if you would complete the attached Equal Opportunities Section.

**Our Commitment to Equal Opportunities**

Please complete this section as it enables Ayrshire Housing to ensure that all sections of the community have equal access to housing.

**This section is not, however, mandatory and will not affect your application.**

Please indicate your ethnic origin:

	Applicant 1	Applicant 2
White Scottish	<input type="checkbox"/>	<input type="checkbox"/>
White Other British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	<input type="checkbox"/>
Any Mixed Background	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>	<input type="checkbox"/>
Other Background	<input type="checkbox"/>	<input type="checkbox"/>

Please Specify:.....

Do you consider yourself to have a disability? By this we mean a condition which has a long term and substantial effect on your ability to carry out normal day to day activities.

Yes  No

If yes, is it:

- |                       |                          |                   |                          |
|-----------------------|--------------------------|-------------------|--------------------------|
| Physical              | <input type="checkbox"/> | Mental ill health | <input type="checkbox"/> |
| Learning disability   | <input type="checkbox"/> | Visual impairment | <input type="checkbox"/> |
| Hearing impairment    | <input type="checkbox"/> |                   |                          |
| Other, please specify | <input type="checkbox"/> | .....             |                          |