



Tick	Office use only	Details	Change of circumstances
<input type="checkbox"/>	Internal transfer:		
<input type="checkbox"/>	Direct:		
<input type="checkbox"/>	Nomination:		
<input type="checkbox"/>	Application No:		
<input type="checkbox"/>	Designated band:		
<input type="checkbox"/>	Colleague's signature:	Date:	
<input type="checkbox"/>	Suspensions	Date:	

You understand that the information supplied on this form will be used to process your application for housing. As part of your application for housing, you understand that it may be necessary for us to request information from a previous or current landlord, mortgage lenders, local government departments, social workers, probation officers or the police. You hereby authorise and agree to us contacting any of the above to obtain such information as we feel is necessary.

The details given in this application are true. You understand that if you have knowingly or recklessly given false information, or withheld information in connection with this application, your home may be repossessed.

Please note that your application form and documents to support your application are retained in line with our privacy policy - <https://www.homegroup.org.uk/about-us/corporate/transparency/how-we-manage-your-data/privacy-policy/>

Application form

About you

Question 1 - Your details

	You	Joint applicant (for example your partner who will be on the tenancy with you)
Address and postcode	<input type="text"/>	<input type="text"/>
Correspondence address and postcode if different from above	<input type="text"/>	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
If you have a different title, please tell us here	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
National Insurance number	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>

We can often provide you with a quicker service if we have all your main contact details.

	You	Joint applicant
Home/mobile phone number	<input type="text"/>	<input type="text"/>
Work phone number	<input type="text"/>	<input type="text"/>
Textphone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

About where you currently live (tick the box that applies):

I am an owner occupier (private)

I am an owner occupier (shared ownership)

I am living with parents / family (I am not a tenant)

I am homeless

I am a tenant with a private landlord since ; you must provide landlord details if applicable

I am a tenant of a Registered Provider of Social Housing since ; you must provide landlord details if applicable

Landlord name

Address

Phone number Email

Question 2 - Anyone who supports you?

Please provide details of anyone who currently supports you (support worker, family member, friend, carer)

Please ask their permission before giving us their details.

Title Mr Mrs Ms Miss Prefer not to say

First name

Surname

Address and postcode

Home/mobile phone number

Relationship to you

(for example, your son, support worker or friend)

What type of support do they give you?

About your household

Question 3 - Please tell us who will be moving with you

Please list all members of your household - who are living with you now and who will continue to live with you when you are rehoused.

First name	Surname	Are they male (M) or female (F)?	Date of birth	Their relationship to you
1		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
2		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
3		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
4		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
5		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
6		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
7		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
8		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	

Please list all members of your household who are not living with you now and who will live with you when you are rehoused.

1		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
2		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
3		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	
4		M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	/ /	

For all children under 16, who is the child benefit paid to?

Are you a registered foster carer? Yes No

Has anyone in the household, including you, ever served in the UK Armed forces as a regular or a reserve (Excluding National Service) Yes-Regular Yes-reserve No Prefer not to say

If they've ever served as a regular, have they left within the last five years?

Yes No Prefer not to say

If they are serving as a regular, do they have an impending discharge date?

Yes Please add date No Prefer not to say

Has anyone in the household, including you, been seriously injured or ill as a direct result of their time and activities serving as a regular or reserve? Yes No Prefer not to say

Does the household, including you, contain a pregnant woman? Yes No Prefer not to say

Do you have any pets to take with you? Yes No

If 'Yes' please give details. Please note: In some properties we operate a no pets policy.

Getting in touch

Question 4 - Preferred contact

How should we contact you? We will usually contact you by phone or letter. Please tell us if you would prefer to be contacted in any additional way. Please tick all the boxes that apply.

	You	Joint applicant		You	Joint applicant
Email	<input type="checkbox"/>	<input type="checkbox"/>	Textphone	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>	British Sign Language (BSL)	<input type="checkbox"/>	<input type="checkbox"/>
Home visit	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>

Question 5 - Giving you information

We will usually provide you with information by phone or letter. What additional ways would you like to receive information? Please tick all the boxes that apply.

	You	Joint applicant		You	Joint applicant
Email	<input type="checkbox"/>	<input type="checkbox"/>	Large-print letter	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>	Audio	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>
CD	<input type="checkbox"/>	<input type="checkbox"/>			

Question 6 - Please tell us the main language that you would like us to use to contact you in, if not English.

We will normally contact you in English by phone or letter. If you would prefer to be contacted in another language, please tell us the language you would like us to use to contact you.

Unfortunately we are not able to translate all of our documents, but will try to make sure that important documents are translated for you.

Please tell us the main language that you would like us to use to contact you in, **if not English.**

Your details

Preferred language

Spoken

Written

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Joint applicant details

Preferred language

Spoken

Written

<input type="text"/>	<input type="text"/>
----------------------	----------------------

More about you

In this section we ask for personal information that you may find sensitive. You can refuse to answer any particular question, but we would be grateful if you could answer as many questions as you can.

Question 7 - Your ethnic background

How would you describe your ethnic background?

		You	Joint applicant			You	Joint applicant
White	English	<input type="checkbox"/>	<input type="checkbox"/>	Irish	<input type="checkbox"/>	<input type="checkbox"/>	
	Scottish	<input type="checkbox"/>	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>	<input type="checkbox"/>	
	Welsh	<input type="checkbox"/>	<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>	<input type="checkbox"/>	
	Northern Irish	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>							

Mixed race	White and black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	
	White and black African	<input type="checkbox"/>	<input type="checkbox"/>	Other mixed background (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>							

Asian or Asian British	Indian	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>							

Black or Black British	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

Other ethnic group	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Other (please tell us below)	<input type="checkbox"/>	<input type="checkbox"/>
	Arab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		

Question 8 - Nationality

	You	Joint applicant		You	Joint applicant
UK national, resident in UK	<input type="checkbox"/>	<input type="checkbox"/>	Poland	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>	Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>	Czech republic	<input type="checkbox"/>	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>	<input type="checkbox"/>	Latvia	<input type="checkbox"/>	<input type="checkbox"/>
Other European Economic Area (EEA) Country	<input type="checkbox"/>	<input type="checkbox"/>	Slovakia	<input type="checkbox"/>	<input type="checkbox"/>
UK national returning from residence overseas	<input type="checkbox"/>	<input type="checkbox"/>	Romania	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>	Any other Country	<input type="checkbox"/>	<input type="checkbox"/>
			Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 9 - Religion

What is your religion?

	You	Joint applicant		You	Joint applicant
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	I don't have a religion	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	(please tell us below)		
Muslim	<input type="checkbox"/>	<input type="checkbox"/>			
Sikh	<input type="checkbox"/>	<input type="checkbox"/>			

Question 10 - Understanding the needs you or your household have

Do you or anyone living with you have any needs that you would like us to be aware of when we visit you at home or when you call into our office e.g. cultural needs?

Question 11 - Gender identity & sexual orientation

What best describes your gender?

	You	Joint applicant
Man	<input type="checkbox"/>	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>	<input type="checkbox"/>
Woman	<input type="checkbox"/>	<input type="checkbox"/>
I use another term	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

What best describes your sexual orientation?

	You	Joint applicant
Bi	<input type="checkbox"/>	<input type="checkbox"/>
Gay/lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Hetrosexual/straight	<input type="checkbox"/>	<input type="checkbox"/>
I use another term	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Are you trans?

	You	Joint applicant
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 12 - Disabilities

Is there anyone in the household with a physical or mental health condition (or other illness) expected to last 12 months or more?

Yes No

If yes, tick all that apply

- | | | | |
|--|--------------------------|--|--------------------------|
| Dexterity (E.g. lifting and carrying objects, or using a keyboard) | <input type="checkbox"/> | Socially or Behaviourally (E.g. associated with autism spectrum disorder (ASD) which includes Asperger's or Attention Deficit Hyperactivity Disorder (ADHD)) | <input type="checkbox"/> |
| Hearing (E.g. deafness, partial hearing) | <input type="checkbox"/> | Stamina or breathing fatigue | <input type="checkbox"/> |
| Learning, understanding, concentrating | <input type="checkbox"/> | Vision | <input type="checkbox"/> |
| Memory | <input type="checkbox"/> | Other (please tell us below) | <input type="checkbox"/> |
| Mental Health (E.g. depression or anxiety) | <input type="checkbox"/> | <input type="text"/> | |
| Mobility (E.g. walking short distances, climbing stairs) | <input type="checkbox"/> | | |

Question 13 - Adaptations

Is there anyone in the household with disabled access needs and / or adaptations within the home?

Yes No

If yes, tick all that apply

- | | | | |
|--------------------------------------|--------------------------|----------------------------------|--------------------------|
| Fully wheelchair-accessible housing | <input type="checkbox"/> | Door-entry system | <input type="checkbox"/> |
| Level access housing | <input type="checkbox"/> | Stairlift | <input type="checkbox"/> |
| Wheelchair access to essential rooms | <input type="checkbox"/> | 24-hour emergency call system | <input type="checkbox"/> |
| Walk-in shower | <input type="checkbox"/> | Specialist smoke / heat alarm | <input type="checkbox"/> |
| Grab rails | <input type="checkbox"/> | Specialist carbon monoxide alarm | <input type="checkbox"/> |
| Level taps | <input type="checkbox"/> | Other (please tell us below) | <input type="checkbox"/> |
| Ramps | <input type="checkbox"/> | <input type="text"/> | |

Do you have evidence from a medical professional (GP/ Consultant letter, Occupational Therapist assessment)? Yes No Date of assessment

Question 14 - Why do you wish to be rehoused?

Reason for housing - please tick the main reason you wish to be rehoused

Property issues

- | | | | |
|--|--------------------------|---|--------------------------|
| Being permanently moved from another property owned by this landlord (Home/ Home Scotland) | <input type="checkbox"/> | Property too small | <input type="checkbox"/> |
| To move to independent accommodation | <input type="checkbox"/> | Property too large / under occupying by 1 room | <input type="checkbox"/> |
| Loss of tied accommodation (Date) <input type="text"/> | <input type="checkbox"/> | Property too large / under occupying by 2 rooms | <input type="checkbox"/> |
| End of Assured Short hold tenancy (private rented) (Date) <input type="text"/> | <input type="checkbox"/> | To move to accomodation with support | <input type="checkbox"/> |
| Eviction or repossession (Date) <input type="text"/> | <input type="checkbox"/> | Discharged from prison or from long stay hospital or other institution (please provide further information) (Date) <input type="text"/> | <input type="checkbox"/> |
| Property unsuitable because of ill health/disability | <input type="checkbox"/> | <input type="text"/> | |
| Property unsuitable because of poor condition | <input type="checkbox"/> | Redevelopment | <input type="checkbox"/> |
| Property unsuitable because of overcrowding | <input type="checkbox"/> | Release adapted accommodation | <input type="checkbox"/> |

Question 14 continued - Why do you wish to be rehoused?

Reason for housing - please tick the main reason you wish to be rehoused

Household needs

Left home country as a refugee	<input type="checkbox"/>	Hate Crime: Racial Harrassment	<input type="checkbox"/>
Cannot afford rent or mortgage	<input type="checkbox"/>	Hate Crime: Other	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Other problems with neighbours	<input type="checkbox"/>
Relationship Breakdown (non-violent)	<input type="checkbox"/>	To move nearer to friends / family	<input type="checkbox"/>
Asked to leave by family or friends	<input type="checkbox"/>	To move nearer work / school	<input type="checkbox"/>

Other (please tell us below)

Your housing requirements

Housing eligibility criteria

Applicants may be entitled to more than the minimum depending on circumstances, the age and gender of any children and the availability of empty properties. This is a guideline only as variations may occur such as a local lettings initiative that may be in place to address specific local issues or demand.

Household members	Number of bedrooms
Single person/couple	Bedsit or 1 bedroom
Two adults who are not a couple	2 bedrooms
Couple/single parent with one or two children aged under 10	2 bedrooms
Couple/single parent with up to four children aged under 10	3 bedrooms
Couple/single parent with up to four children, and at least one who is 10 years or over	2 - 4 bedrooms depending on age and gender of children
Couple/single parent with three adult dependants	4 bedrooms

- 'Adult' refers to anyone aged 16 or over
- Households with a medical requirement for level access will be given priority for ground floor flats and bungalows, where they are available

Eligibility for spare bedrooms

A separate bedroom is considered necessary for:

- Every adult couple (married/civil partnership or unmarried)
- Any adult aged 16 or over who lives with you
- Any two children of the same sex aged under 16
- Any two children aged under 10
- A child with severe disabilities who is unable to share a bedroom
- Any other child
- An approved foster carer to use for placements (subject to meeting the DWP rules)
- A carer (or team of carers) who does not live with the applicant but provides the applicant or their partner with overnight care.

Note: Children whose main residence is elsewhere are not eligible for a bedroom.

Please ensure you answer the following questions in as much detail as possible. This will allow us to assess your application as fairly as possible.

Question 15 - What type of property would you consider?

Flat House Bedsit Bungalow Amenity accommodation for older persons (generally for over 55)

Would you like more information on amenity accommodation for older persons? Yes No

Are you able to manage a property with stairs? Yes No

Question 16 - Where you would like to live?

We will attempt to match a property to your area of choice.

Additional information

Question 17 - Provide any information to support your application including medical details

If you have any other information relating to the reasons you wish to be re-housed, or the health or disability of yourself or any other member of your household that will help with your application please use the space below and overleaf.

Please enclose any medical evidence that will support your claim. We will not pay any costs associated with requests for medical information.

Please note: This is not applicable for applicants seeking housing in Dundee. Applicants with a medical need are required to complete a Tayside Medical Advisory Service Form if you have not already done so.

Please continue on a separate sheet if necessary and attach it to this form.

Your current home

Question 18 - Please tell us about the type of home you live in

Type of property

Flat / Maisonette

House

Bedsit

Bed and Breakfast

Other (Please specify below)

Bungalow

Hostel / Refuge / Supported accommodation

Housing Association / Local Authority

Number of bedrooms in the property

Number of bedrooms used

Is there a lift?

Yes No

Is either applicant

Owner Occupier

Private rented

Other (please specify below)

Lodger

Tenant in tied accommodation

Shared ownership

Have you or a member of your household previously had a tenancy with Home Group (including Nashayman or Home Scotland)?

Yes No

If 'Yes' please give details below of the name, address and dates of tenancy.

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Your financial and work status

Question 19 - You and the joint applicant's work status

Please tell us whether or not you and the joint applicant work?

Please tick the box that you think is most relevant.	You	Joint applicant		You	Joint applicant
Works full-time (30 hours or more)	<input type="checkbox"/>	<input type="checkbox"/>	Is in full-time education at school, college or university	<input type="checkbox"/>	<input type="checkbox"/>
Works part-time (less than 30 hours)	<input type="checkbox"/>	<input type="checkbox"/>	Is looking after family or the home	<input type="checkbox"/>	<input type="checkbox"/>
Is self-employed	<input type="checkbox"/>	<input type="checkbox"/>	Unable to work because of long-term sickness or disability	<input type="checkbox"/>	<input type="checkbox"/>
In government training into work	<input type="checkbox"/>	<input type="checkbox"/>	Jobseeking	<input type="checkbox"/>	<input type="checkbox"/>
Is unemployed	<input type="checkbox"/>	<input type="checkbox"/>			
Is retired from work	<input type="checkbox"/>	<input type="checkbox"/>			

You Name and address of employer

Joint applicant Name and address of employer

Question 20 - Benefits

Which of the following benefits do you (and your partner if they live with you) receive?

Please tick as many boxes as apply.	You	Joint applicant		You	Joint applicant
I DO NOT receive any benefits	<input type="checkbox"/>	<input type="checkbox"/>	Carer's Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	<input type="checkbox"/>	Personal Independence Payment	<input type="checkbox"/>	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	State Pension	<input type="checkbox"/>	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	<input type="checkbox"/>	Pension Credit	<input type="checkbox"/>	<input type="checkbox"/>
Employment and Support Allowance	<input type="checkbox"/>	<input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Child Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	Council Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	Any other benefits?	<input type="checkbox"/>	<input type="checkbox"/>

Question 21 - Bank and building society accounts

Do you have a bank, building society, savings or Credit Union Account?

	You	Joint applicant
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

Previous addresses

Question 22 - Please give dates and details of your previous addresses that you and your joint applicant (if applicable) have lived in over the last 3 years. Please start with the earliest.

	You	Joint applicant
1. Previous address	<input type="text"/>	<input type="text"/>
Name and address of landlord	<input type="text"/>	<input type="text"/>
Landlord email	<input type="text"/>	
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving	<input type="text"/>	<input type="text"/>
2. Previous address	<input type="text"/>	<input type="text"/>
Name and address of landlord	<input type="text"/>	<input type="text"/>
Landlord email	<input type="text"/>	
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving	<input type="text"/>	<input type="text"/>
3. Previous address	<input type="text"/>	<input type="text"/>
Name and address of landlord	<input type="text"/>	<input type="text"/>
Landlord email	<input type="text"/>	
Tenancy dates	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
Reason for leaving	<input type="text"/>	<input type="text"/>

4. Previous address

--	--

Name and address of landlord

--	--

Landlord email

--

Tenancy dates

From To From To

Reason for leaving

--	--

Declaration

Question 23 - Immigration status

Did you or any of the persons applying with you come into the UK during the last five years?

Yes No

Are you or any of the persons applying with you subject to any immigration controls?

Yes No

Are you or the persons applying with you Asylum Seekers?

Yes No

Question 24 - Relationship to Home Group

Have you or the joint applicant, currently or in the past 12 months been:

- employed by Home Group?
- involved in Home Group customer engagement activities?
- a Board Member of Home Group?

Yes No

Yes No

Yes No

Are you or the joint applicant closely connected to anyone who is employed by Home Group, involved in customer activities, or a Board member of Home Group?

Yes No

If 'Yes' to any of the above, please give details below:

--

Question 25 - We assess each application carefully, and will only suspend applicants where we consider it reasonable to do so and then only after considering the individual circumstances.

Does one or more of the following criteria apply or have they applied to you, the joint applicant and/or any member of your household?

Caused harrassment, the use or threat of violence against any tenant, employee, Board member or Agent of Home Group or other housing provider or anyone else lawfully on one of their estates or properties. Yes No

Had rent arrears (our approach is one of support and if you have had previous arrears we will consider the circumstances before making a decision). Yes No

Had action taken because of Anti-Social Behaviour. Yes No

Had legal action been taken against you for breaking the terms and conditions of a tenancy. Yes No

Have you or anyone on your application had any convictions (convicted of a criminal offence, other than spent convictions under the Rehabilitation of Offenders Act 1974). Yes No

Has been evicted for a breach of tenancy by Home Group or another Landlord. Yes No

Has previously abandoned a property. Yes No

If 'Yes' to the above, please provide further details and the date of the event:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

For office use only:

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Informed consent

	You	Joint applicant
First name(s)	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>

Please ensure that all sections of this form are completed. Partially completed forms will not be accepted. Both applicants must sign if this is a joint application.

You	Joint applicant
Signature <hr/>	Signature <hr/>
Print name _____ Date _____	Print name _____ Date _____

If this form has been filled in by someone other than the person(s) making the application, please tell us why you are filling in this form for the applicant.

I declare that as far as possible, I have confirmed with the person(s) applying that the answers I have written on this form are correct

Signature _____

Name _____ Date _____

Relationship to the Applicant(s) _____

Translation service

If you need help to complete this form, or need any part of it to be translated or in another format, please contact your local office. Please let us know if you would like an audio or large print version of this document.

Arabic

إذا رغبت بأن تحصل على كامل محتويات هذه الوثيقة أو احد أجزاء هذه الوثيقة مترجماً برايل أو على هيئة صوتية أو مطبوعاً بالخط الكبير ، فيرجى الاتصال مع مركز خدمة الـ 0345 141 4663.

Chinese

您如果需要将本文件或者其中的一部分进行翻译，或者需要以盲文、声音、或者大号印刷体的形式显示，请联系我们我们的‘顾客服务中心’，电话号码是 0345 141 4663。

Polish

Jeśli chciał(a)by Pan(i) uzyskać tłumaczenie tego dokumentu lub dowolnej jego części, czy też otrzymać jego wersję alfabetem Braille'a, audio lub dużym drukiem, prosimy o kontakt z naszym Centrum Obsługi Klienta (Customer Service Centre) pod numerem tel. 0345 141 4663.

Russian

Если вы хотели бы получить полный или частичный перевод этого документа, или он нужен вам шрифтом Брайля, в аудиоформате или крупным шрифтом, пожалуйста, свяжитесь с нашим Центром клиентского обслуживания по телефону 0345 141 4663.

Tamil

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Portuguese

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Welsh

Os hoffech chi i'r ddogfen hon neu unrhyw ran ohoni gael ei chyfieithu, neu os oes arnoch ei hangen mewn braille, sain, neu brint fawr, cysylltwch â'n Canolfan Gwasanaethau i Gwsmeriaid ar 0345 141 4663.

Urdu

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