

Common Housing Registration Form

For official use only



This is a Common Registration Form for Housing within Clackmannanshire. Completing this form will give you access to the Housing Waiting Lists of Clackmannanshire Council and Ochil View Housing Association. Please tick below which landlord(s) you wish to be registered with.

If you require assistance in completing this form you can contact any of the organisations; contact details for all the landlords are detailed below. If your first language is not English we can arrange for the form to be translated. We can also provide copies in larger print if you require this.

You can register on the Housing Waiting Lists if you are 16 years or over. If you have come to Britain from abroad, you may not be eligible for Council Housing.

Please tick which landlord(s) you wish to registered with.

Clackmannanshire Council

Kilncraigs
Greenside Street
Alloa
FK10 1EB
Tel: 01259 225122
Email: HOME@clacks.gov.uk

Ochil View Housing Association

Ochil House
Marshall
Alloa
FK10 1AB
Tel: 01259 722899
Email: Housing@ochilviewha.co.uk

Completing this form

Please complete this form carefully using BLOCK CAPITALS. The information you provide us will be used to assess your housing need and will enable the organisations to prioritise your application in line with their policy.

All the questions in this form are mandatory, if you do not answer all the questions then it may affect the way your application is assessed. If a question does not apply to you or is not relevant to your current need for housing, please mark as not applicable (N/A) or skip to the next question where prompted. This way we will know that you have not just missed a question. When you have completed the form please return to any of the organisations detailed above.

Section 1 - Applicant information

	Lead Applicant	Joint Applicant
First Name		
Middle Name(s)		
Last Name		
Previous Name(s)		
Title (ie Mr, Mrs, Miss, Ms, Mx etc)		
Gender (Male, Female, Other)		
Email Address		
Date of Birth		
	Relationship to Lead Applicant	

Contact Telephone Numbers

Tel Home (include area code)		
Tel Work (include area code)		
Tel Mobile		

Section 2 - Current Housing Circumstances

What are your current Housing Circumstances? Applicant A (Lead) B (Joint)

A B	A B	A B
Armed Forces <input type="checkbox"/> <input type="checkbox"/>	Tied Accommodation <input type="checkbox"/> <input type="checkbox"/>	Sheltered or Supported <input type="checkbox"/> <input type="checkbox"/>
Council Tenant <input type="checkbox"/> <input type="checkbox"/>	Living with friends/ family <input type="checkbox"/> <input type="checkbox"/>	Temporary i.e. Hostel, <input type="checkbox"/> <input type="checkbox"/>
Housing Association Tenant <input type="checkbox"/> <input type="checkbox"/>	No Fixed Address <input type="checkbox"/> <input type="checkbox"/>	B&B Prison or Young <input type="checkbox"/> <input type="checkbox"/>
Private Tenant <input type="checkbox"/> <input type="checkbox"/>	Owner Occupier <input type="checkbox"/> <input type="checkbox"/>	Offenders Other <input type="checkbox"/> <input type="checkbox"/>

If you are a tenant please provide details of your landlord's name and address

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Section 2 - Current Housing Circumstances continued

	Lead Applicant	Joint Applicant
Have you lived at your current address for more than 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you start living at your current Address? (dd/mm/yyyy)		
Does the joint applicant currently live at a different address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes is the joint applicant current address in the UK, Channel Islands or Isle of Man?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your current address in the UK, Channel Islands or Isle of Man?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3 - Your Address

	Lead Applicant	Joint applicant (if different from Lead Address)
House Number		
Apartment/Flat Number		
House Name		
Street		
Town		
County		
Postcode		
Country		
Would you like to provide a care of/correspondence address? If yes, please provide details below.		Yes <input type="checkbox"/> No <input type="checkbox"/>

House Number		
Apartment/Flat Number		
House Name		
Street		
Town		
County		
Postcode		
Country		

What type of property do you live in?

House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Caravan <input type="checkbox"/>	Bedsit <input type="checkbox"/>
Flat <input type="checkbox"/>	Floor Level <input type="checkbox"/>	Close Entry	Yes <input type="checkbox"/> No <input type="checkbox"/>

About Your Home

How many single bedrooms in your Home?

How many double bedrooms in your Home?

Previous Address History

Please provide your address history for the previous 5 years. When entering your address history, please ensure that you do NOT include your current address.

Address House No, Street, Town & Postcode	Type of Tenure Tenant/Owner/ Care of	Lead Joint or Both	Date From	Date To	Landlords Name and Address

Section 4 - Reasons For Moving & Household Members

Lead Applicant

Please provide your National Insurance Number		
Are you currently employed?		
Is the employment full time or part time?		
Is the employment permanent or temporary? (please state permanent or temporary)		

Joint Applicant

Household Members

Please provide details of all household members that are:-

- People who currently live with you just now and **will** move with you
- People who currently live with you just now and **won't** be moving with you
- People who **do not** live with you now but will live with you when you move
- Children under the age of 16 **who do not** live with you now but stay with you on a regular basis (Access Arrangements will need to be verified with you), please provide the address of where the child(ren) currently live and how often do they stay with you

Full Name	Gender (male, Female, other)	Relationship to Lead Applicant (e.g. mother, father, daughter, son etc)	Date or Birth	Will this person live with you after the move? (Yes or No)	Does this person currently live with you? (Yes, No or Access only)	If Access how many nights per week

Is anyone on your application pregnant?

If yes, please tell us who is pregnant and provide the due date in the box below.

Yes No

Do you have any pets?

If yes, please provide the number of pets and type in the box below

Yes No

Do you or any members of your household own a property other than the one you currently live in?

If yes, please provide details in the box below

Yes No

What are your reasons for moving? (Please tick all that apply)

Employment To be nearer a job <input type="checkbox"/>	Health Reasons <input type="checkbox"/>	Need a larger house <input type="checkbox"/>	Financial Hardship <input type="checkbox"/>
Escape Domestic Abuse <input type="checkbox"/>	Need Sheltered Housing <input type="checkbox"/>	Relationship Breakdown <input type="checkbox"/>	Anti-Social Behaviour <input type="checkbox"/>
Escape Harassment <input type="checkbox"/>	Need a smaller house <input type="checkbox"/>	To provide or receive support <input type="checkbox"/>	To be near essential services <input type="checkbox"/>
Family currently Separated <input type="checkbox"/>	Property in poor condition <input type="checkbox"/>	Housing Circumstances (homeless, care of) <input type="checkbox"/>	
Transfer from Flat to a House (you have continuously lived in Flat for 5 years). <input type="checkbox"/>	Other <input type="checkbox"/>		

Section 5 - Your Circumstances

If you ticked any of the following in Section 4 as your reason for moving please provide the following additional information. (Please note these sections only need to be completed if they apply to you, **please leave blank if they don't**)

Does anyone that needs to move have a medical condition? If yes, please complete a separate medical assessment for housing application form giving further details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you need to move to give or receive support? If yes, please complete the following information.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you need to give or receive support?	Give <input type="checkbox"/>	Receive <input type="checkbox"/>
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Please provide the name and address of the person who will give or receive the support and their relationship to you
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Please detail the type of support you give or receive (i.e. shopping, cooking, personal care)

Please give details on why they or you are unable to carry out the above tasks
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How often will you provide or receive this support?

Do you/they rely on public transport?

If you/they require support to live independently i.e. personal care, cooking then have you/they been approached by the Local Authority's social work Department to discuss a formal care package? If yes, please give details.
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Do you need to move for employment reasons? If yes, please complete the following information.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name of person who needs to move for employment

Are they the main income earner in the household?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please provide the name and address of the employer, if you are based somewhere different please also provide this information.

Date employment started or is due to start
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How many hours a week do you work?

Is the employment permanent?

Do you have your own transport?

Please explain why you need to move to sustain or take up the offer of employment?
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Is anyone on your application currently at risk of Domestic Abuse, Violence or Harassment?

Yes No

If yes, please complete the following information

Have you reported any incidents? Yes No

If yes, please give details of who and any support agencies you are involved with

Please provide any further details and include any crime reference numbers if applicable

Do you need to move to access essential services?

Yes No

If yes, please complete the following information.

What type of services do you require and how often

Why is it difficult to access these amenities at present

Do you or your household have their own transport? Yes No

If yes, please explain why you are unable to use this transport to access amenities

How far is it to the nearest bus stop and how frequent is the bus service?

Do you need to move as you are a separated family?

Yes No

If yes, please provide details in the box provided as to why your family cannot live together.

I need to move to maintain access to my children.

Yes No

If Yes , please give details of where your children live at present?

And why it is difficult for you to maintain access to your children at present?

**Is your property in poor condition or lacking in amenities?
(e.g. amenities are heating, hot water, no exclusive use of a bath or shower)**

Yes No

If yes please provide full details below including how this affects you and if you have reported this to your landlord

Are you Homeless or about to lose your home?Yes No

If yes, please provide the following information.

Which of the underlined closely matches your circumstances?

Landlord Served Notice	<input type="checkbox"/>	Vacating an adapted or disabled property	<input type="checkbox"/>	Tied Accommodation	<input type="checkbox"/>
Parents/Friends asked you to leave	<input type="checkbox"/>	Leaving a refuge	<input type="checkbox"/>	Owner Occupier where sale necessary	<input type="checkbox"/>
Leaving Care	<input type="checkbox"/>	Short stay hotel or B&B	<input type="checkbox"/>	Hospital and unable to return home	<input type="checkbox"/>
Leaving Armed Forces	<input type="checkbox"/>	Widow/Widower of ex service personnel	<input type="checkbox"/>	In a caravan or mobile home	<input type="checkbox"/>
Leaving student accommodation	<input type="checkbox"/>	Other (if other please give details in the box below)			

What date are you required to leave your current accommodation?

Section 6 - Property Requirements

Do you feel that your household requires any of the following types of adapted property? (Please tick)

You or a member of your household needs to move about the whole property, or the majority of the property using a wheelchair, and you or they use a wheelchair for all of, or the majority of the time	<input type="checkbox"/>
You or a member of your household needs to be able to move about the property accessing the essential rooms; living room, kitchen and bathroom, and use a wheelchair for a large amount of the time	<input type="checkbox"/>
You or a member of your household needs to be able to get into the property easily with no steps or a ramp and require assistance to move around the property fully and use a wheelchair some of the time or have difficulty with mobility	<input type="checkbox"/>
You or a member of your household needs to be able to get into the property relatively easily with a few steps or all on ground level but can move around the property sufficiently, and don't use a wheelchair but may require the use of a frame or walking stick(s)	<input type="checkbox"/>
You or a member of your household can move around the property quite easily but want a property on one level, you or they have some disability but do not need to use aids for the majority of the time	<input type="checkbox"/>

Please indicate which type of bathing facilities are best suited for your current needs?

Walk in Shower Wet Floor Shower Bath

Section 7 - Pre Tenancy Questions

Immigration and Asylum

Do you or anyone to be housed with you have the right to reside in the UK?

Yes No

If no, please give details below of your immigration status.

Anti-Social Behaviour

Have you or anyone to be housed with you had complaints made against you/ them for anti-social behaviour within the last 3 years?

Yes No

If yes, please give details below of the complaints. If you/ them have ever been evicted for anti-social behaviour or had an ASBO against you/ them then please also give further details.

Arrears

Do you or anyone to be housed with you have outstanding arrears, or any tenancy related debt e.g. rechargeable repairs which amounts to more than one month's rent and is related to a current or previous tenancy?

Yes No

If yes, please answer the following information.

Please give the full name and address of the landlord to whom the debt is owed	
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Please give the address of the property where the arrears occurred	
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Have you maintained a repayment arrangement for 13 weeks or more?	
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Sex Offenders Registration Requirements

Do you, or anyone to be housed with you need to register with the Police under the Sexual Offences Act 2003?

Yes No

If yes, please give the name of the person in the household to whom this relates below.

Support

Do you require support to sustain a tenancy?

Yes No

If yes, please give details of what type of support you require, and who provides this support at the moment below.

Common Housing Registration Partners

Please indicate if you are related to an employee or committee member of any of the following Clackmannanshire Landlords.	Clackmannanshire Council	<input type="checkbox"/>
	Ochil View Housing Association	<input type="checkbox"/>
If yes, please give the name and position within the Organisation of your relative and their relationship to you.		
Please indicate if you are an employee or committee member of any of the following Clackmannanshire Landlords.	Clackmannanshire Council	<input type="checkbox"/>
	Ochil View Housing Association	<input type="checkbox"/>
If yes, please tell us your position within the Organisation.		

Section 8 - Declaration

The personal information provided within your form will be handled and used by the Common Housing Registration partners in accordance with the partners' respective Fair Processing Notices. Please read each Landlords Fair Processing notice carefully before submitting this form. A copy of these can be found on each landlords website or a paper copy can be sent on request.

You confirm that the details you have given on this form are true and correct, and you have not left out any information that may affect your application. You understand that giving false or misleading information in this form may result in your registration being refused, offers of housing being withdrawn, or action being taken to terminate any tenancy granted and eviction action taken against you. You must inform one of the Common Housing Registration partners of any changes of circumstances.

By completing and submitting this form, you give consent to any of the Common Housing Registration partners making enquiries to obtain references from your current landlord or any previous landlords to provide information relating to any current or previous tenancies you may have held. You also authorise any of the Common Housing Registration partners to request information from other organisations to allow them to manage and administer your registration. This includes, for example, the Police for anti-social behaviour checks and medical professionals for medical history checks.

You understand that completing this form does not commit any of the Common Housing Registration partners to offering you a tenancy. You understand that if you, or a member of your household, have any connection with any of the Common Housing Registration partners' employees or board members, you must declare this.

Lead Applicant	Joint applicant
Signature	
Date	

Section 9 - Equality and Diversity

Please provide details below of your Ethnic Origin? (Please tick)

	Lead Applicant	Joint applicant
White		
Scottish		
Other British		
Irish		
Gypsy/Traveller		
Polish		
Any other white background		
Mixed or Multiple ethnic background		
Asian, Asian Scottish, Asian British		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Any other Asian background		
Black, Black Scottish, Black British		
Caribbean		
African		
Any other black background		
Other ethnic background		
Arab, Arab Scottish or Arab British		
Any other group		
Please advise if you consider yourself to have a disability (Please tick)		
	Lead Applicant	Joint applicant
Visual Impairment		
Hearing Impairment		
Mobility Impairment		
Mental Health Condition		
Learning Difficulties		
Any other Disability or Impairment		

