

| Official Use Only | | | |
|-------------------|--------------------|--------------|--|
| OIC Date Received | OHAL Date Received | Name(s): | |
| | | OIC Reg No: | |
| | | OHAL App No: | |
| | | Date of App: | |
| | | Review Date: | |

Application for social rented housing in Orkney



This form is an application for the Common Housing Register. You will automatically be registered with Orkney Islands Council (OIC) and Orkney Housing Association Ltd (OHAL). If you **do not** wish to be housed by one of the housing providers please tick the relevant box.

OIC To register with both organisations leave the boxes **blank**
OHAL

Would you like to receive information on Low Cost Home Ownership? Yes No

If you have ticked 'Yes' to the above we will send you further information and an application form

Would you be interested in a mutual exchange and allow us to give your details to other people who are interested? (Council and Housing Association tenants) Yes No

Included in this pack is:

1. Application Form
2. Ethnic Monitoring Form
3. Orkney Islands Council (OIC) Allocations leaflet
4. Orkney Housing Association Ltd (OHAL) Allocations leaflet

Failure to provide all the information requested will result in a delay to your application being processed. Once we have received your form we will acknowledge receipt within two working days. Once your application form has been assessed we will write to tell you the outcome of your application.

If you have any questions about the form, please contact either OIC or OHAL where a member of staff will be happy to help. (See below for contact details)

This form can also be downloaded from the Internet at www.orkney.gov.uk or www.ohal.org.uk

Orkney Islands Council
Housing Services
Council Offices
School Place
Kirkwall
Orkney
KW15 1NY

Orkney Housing Association Ltd
39A Victoria Street
Kirkwall
Orkney
KW15 1DN

Email: allocations@orkney.gov.uk
Tel: (01856) 873535
Fax: (01856) 886530

Email: allocations@ohal.org.uk
Tel: (01856) 875253
Fax: (01856) 876764

This application form is available, on request, in a range of different formats and other languages, for example large print and braille. If you require assistance in completing this form please contact one of the above housing providers.

For the purposes of this leaflet Orkney Islands Council will be referred to as OIC and Orkney Housing Association Ltd will be referred to as OHAL.

| | | |
|---------------------------|---|---|
| 1 | You | Joint applicant |
| Title (Mr, Mrs, Miss, Ms) | | |
| Surname | | |
| Previous surname (s) | | |
| Forename (s) | | |
| Date of birth | | |
| National Insurance No. | | |
| Gender (please tick) | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Relationship to applicant N/A

2 Do you require information in another format/language? Yes No

If 'Yes' which format/language? _____

| | | |
|------------------|-----|--|
| 3 Address | You | Joint Applicant (if different from main applicant) |
| | | |
| | | |
| | | |
| | | |
| | | |
| Postcode | | |

| | | |
|--|--|--|
| Address for correspondence (if different from above) | | |
| | | |
| | | |
| | | |
| Postcode | | |

| | | |
|------------------------|--|--|
| Telephone no. (Home) | | |
| Telephone no. (Mobile) | | |
| Telephone no. (Work) | | |
| E-mail address | | |

4 Household members to be housed with you

(Please continue on a separate sheet if necessary)

| Surname | Forename(s) | Date of Birth | Sex M/F | Relationship to you (main applicant) | Do they live with you Y/N | (If No, please answer question 5 below) |
|---------|-------------|---------------|---------|--------------------------------------|---------------------------|---|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

5 If No, please provide a contact address _____

6 Other people who live at this address but will NOT be moving with you

| Surname | Forename(s) | Date of Birth | Sex M/F | Relationship to you (main applicant) |
|---------|-------------|---------------|---------|--------------------------------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

7 Are you, or anyone who is to be housed with you pregnant? Yes No

If 'Yes', what is their name? _____

When is the baby due? _____

Please provide a copy of form MAT B1

It is important that you notify us when the baby is born

8 Do you have contact with any children from a previous relationship who will not be housed with you? Yes No (If No, go to Question 11)

If 'Yes', please give details

| Surname | Forename(s) | Date of Birth | Sex M/F | Relationship to you (main applicant) |
|---------|-------------|---------------|---------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |

9 Do they stay overnight? Yes No If 'Yes' how many nights per week? _____

10 Are you unable to have your children stay with you because your current accommodation is unsuitable? Yes No

If 'Yes' please state why _____

11a Please tick one box that best describes your present accommodation

| | You | Joint Applicant | | You | Joint Applicant |
|-------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| OIC tenant | <input type="checkbox"/> | <input type="checkbox"/> | Living with family/friends | <input type="checkbox"/> | <input type="checkbox"/> |
| OHAL tenant | <input type="checkbox"/> | <input type="checkbox"/> | Living with partner | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other housing association | <input type="checkbox"/> | <input type="checkbox"/> | Lodger | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other local authority | <input type="checkbox"/> | <input type="checkbox"/> | Refuge | <input type="checkbox"/> | <input type="checkbox"/> |
| Low-Cost Home Ownership | <input type="checkbox"/> | <input type="checkbox"/> | Hostel | <input type="checkbox"/> | <input type="checkbox"/> |
| Owner-occupier | <input type="checkbox"/> | <input type="checkbox"/> | Roofless/no fixed abode | <input type="checkbox"/> | <input type="checkbox"/> |
| Supported accommodation | <input type="checkbox"/> | <input type="checkbox"/> | In hospital | <input type="checkbox"/> | <input type="checkbox"/> |
| Private tenant | <input type="checkbox"/> | <input type="checkbox"/> | In prison | <input type="checkbox"/> | <input type="checkbox"/> |
| Tied accommodation | <input type="checkbox"/> | <input type="checkbox"/> | In halls of residence | <input type="checkbox"/> | <input type="checkbox"/> |
| Homeless accommodation | <input type="checkbox"/> | <input type="checkbox"/> | Subtenant | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | | | | | |

11b Are you currently a member or a Veteran of the Armed Forces? Yes No
 If a Veteran when did you leave the Armed Forces? Date:- _____

11c Are you a widow, widower or other partner of service personnel killed in action? Yes No
 If 'yes' please provide the date of death. Date:- _____

12 Do you or the joint applicant have any current rent arrears with OIC, OHAL or any other social landlord? Yes No

13 When did you move into your current accommodation? _____

14 If you live in rented accommodation, please provide details of your landlord

Name and address of

| |
|--|
| |
| |
| |
| |

15 Do you have a written lease or agreement with your landlord? Yes No

Please provide a copy of your lease and AT5, if relevant, with your application

16 What type of property do you live in? House Flat

If you live in a flat, which floor do you live on? _____

17 How many bedrooms are there in your current home? _____

18 Does the accommodation have:

| | Yes | No | Shared | | Yes | No | |
|------------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|----------------|
| Bath/Shower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Mains electricity | <input type="checkbox"/> | <input type="checkbox"/> | |
| Kitchen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Central heating | <input type="checkbox"/> | <input type="checkbox"/> | Please detail: |
| Living-room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | |
| Cooking facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Inside flushing toilet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dampness | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wash hand basin | <input type="checkbox"/> | <input type="checkbox"/> | | Water penetration | <input type="checkbox"/> | <input type="checkbox"/> | |
| Piped water supply | <input type="checkbox"/> | <input type="checkbox"/> | | Dangerous wiring | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hot water | <input type="checkbox"/> | <input type="checkbox"/> | | Other: | | | _____ |

19 Reasons for applying for social housing (please tick all that apply)

| | | | |
|------------------------------------|--------------------------|---|--------------------------|
| To gain secure accommodation | <input type="checkbox"/> | Property in poor condition | <input type="checkbox"/> |
| To move to a larger property | <input type="checkbox"/> | To move to another area | <input type="checkbox"/> |
| To move to a smaller property | <input type="checkbox"/> | Bereavement | <input type="checkbox"/> |
| Employment reasons | <input type="checkbox"/> | Financial reasons | <input type="checkbox"/> |
| Social/Medical reasons | <input type="checkbox"/> | Independence | <input type="checkbox"/> |
| Relationship breakdown | <input type="checkbox"/> | Leaving Armed Forces/other tied accommodation | <input type="checkbox"/> |
| Suffering from harassment/violence | <input type="checkbox"/> | No permanent address | <input type="checkbox"/> |
| To support a relative | <input type="checkbox"/> | Other (please specify below) | <input type="checkbox"/> |
| To receive support from a relative | <input type="checkbox"/> | | |
| Fleeing domestic abuse | <input type="checkbox"/> | | |

Please provide further information on any of the above

20 Does a member of your household suffer from a medical condition that is being affected by your current accommodation? Yes No

If 'Yes' please provide the name of the person who is affected _____

Condition _____

How is the condition affected by your current accommodation? _____

21a Do you require to move into or remain in the area of your choice for support without which you would be unable to live independently? Yes No

If 'yes' please provide the name and address of the person who will provide the support.

21b Do you have difficulty in travelling to your work from your current housing location? Yes No

Please specify _____

22 Are you employed in your area choice and require to remain within that area to continue in this employment? Yes No

23 Do you require housing support to help you maintain a tenancy eg home support worker, homecarer? Yes No

If 'Yes' please give details of the support required

24 Do you have a care manager, social worker or occupational therapist? Yes No

If 'Yes' please give the their name and address _____

25 Are you threatened with homelessness (a person is defined as being threatened with homelessness if he or she is likely to become homeless within two months)? Yes No

If 'Yes', by what date are you expected to leave? _____

Why do you have to leave? _____

If you are threatened with homelessness, please provide copies of any documents such as a Notice to Quit and/or Notice of Intention to Repossess

26(a) Main Applicant

Please provide details below of all addresses over the last 5 years

Continue on a separate sheet if necessary

| | |
|--|----------|
| Previous Address 1 | |
| Date from | Date to: |
| Were you a tenant/lodger/owner/living with family etc (refer to Q11) | |
| | |
| Name and Address of Landlord (if applicable) | |
| Reason for leaving | |
| Previous Address 2 | |
| Date from | Date to: |
| Were you a tenant/lodger/owner/living with family etc (refer to Q11) | |
| | |
| Name and Address of Landlord (if applicable) | |
| Reason for leaving | |

Continue overleaf

| | |
|--|----------|
| Previous Address 3 | |
| Date from | Date to: |
| Were you a tenant/lodger/owner/living with family etc (refer to Q11) | |
| | |
| Name and Address of Landlord (if applicable) | |
| Reason for leaving | |
| Reason for leaving | |
| | |
| Previous Address 4 | |
| Date from | Date to: |
| Were you a tenant/lodger/owner/living with family etc (refer to Q11) | |
| | |
| Name and Address of Landlord (if applicable) | |
| Reason for leaving | |

26(b) Joint Applicant

Please provide details below of all addresses over the last 5 years
Continue on a separate sheet if necessary

| | |
|--|----------|
| Previous Address 1 | |
| Date from | Date to: |
| Were you a tenant/lodger/owner/living with family etc (refer to Q11) | |
| | |
| Name and Address of Landlord (if applicable) | |
| Reason for leaving | |
| | |
| Previous Address 2 | |
| Date from | Date to: |
| Were you a tenant/lodger/owner/living with family etc (refer to Q11) | |
| | |
| Name and Address of Landlord (if applicable) | |
| Reason for leaving | |
| | |
| Previous Address 3 | |
| Date from | Date to: |
| Were you a tenant/lodger/owner/living with family etc (refer to Q11) | |
| | |
| Name and Address of Landlord (if applicable) | |
| Reason for leaving | |
| | |
| Previous Address 4 | |
| Date from | Date to: |
| Were you a tenant/lodger/owner/living with family etc (refer to Q11) | |
| | |
| Name and Address of Landlord (if applicable) | |
| Reason for leaving | |

27 Have you, or anyone you want to live with you, been evicted for anti-social behaviour or been served with an anti-social behaviour order (ASBO)? Yes No

If 'Yes' please give details including the name of the person, date ASBO was granted, and the name and address of your landlord at the time the order was served _____

28 Are you, or anyone to be rehoused with you, required to register with the police under the Sexual Offenders Act 2003 or any other reason? Yes No

If 'Yes' please give details of the person registered _____

29 Do you and everyone to be housed with you have the right to reside in the UK? Yes No If 'No' please give details on a separate sheet

30 **Please complete the area(s) you wish to be re-housed in order of preference**

Please enter between one & a maximum of 4 areas you would consider.

Please note 'anywhere' cannot be accepted.

See enclosed map for locations of where OIC and OHAL currently have properties. If you are looking for accommodation in an area where we do not have any properties, you can still specify this as an area choice and this information will be used to measure demand for future building projects.

| |
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31 What type of property would you consider? Please tick all that apply

House Flat Bedsit

32 Do you require:

Ground Floor

Sheltered

Supported

Wheelchair Adapted

There may be medical criteria to qualify for these housing types

33 Please provide any additional information you feel is relevant to your application for housing (continue on a separate sheet if necessary)

| |
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|--|

Ensure form is signed overleaf

Declaration

This section must be read and signed by the main and joint application. If you fail to sign this application we will be unable to process it and it will be subsequently returned to you for completion.

Part 1

I declare that I am not a member of staff, nor related to a member of staff, of OHAL or OIC nor am I related to a Management Committee (MC) member of OHAL or someone who has recently been a MC or staff member.

Applications are accepted from people who are unable to make the above declaration but special procedures must be followed. If you are unable to make the declaration please give details of any relationship below.

| | | | |
|--------------------|-------|---------------------|-------|
| Staff/MC Member | _____ | Relationship to you | _____ |
| | _____ | | _____ |

Part 2

I/we declare that to the best of my/our knowledge, the details I/we have entered on the application form are true and accurate.

I/we understand that if my/our circumstances change (eg change of address), I/we must immediately notify OHAL and/or OIC.

In accordance with Data Protection Law, please refer to OHAL's Housing Applicant Fair Processing Notice (copy enclosed and available on our website at http://www.ohal.org.uk/fairprocessingnotices/FPN_-_OHAL_housing_applicants.pdf) which covers the collection, processing, storage, sharing and, retention of your data.

The information you have supplied on this form will be used to determine your application for housing. The legal basis for processing this information for OIC is to provide a public service. More information about how OIC will use your information and your rights is available on the website at <http://www.orkney.gov.uk/Online-Services/privacy.htm> and a leaflet is enclosed.

If you wish to be housed by either OHAL or OIC you are consenting to allow all information contained in this form (and any other documentation in relation to this application unless otherwise stated) to be shared, with both parties. If you choose only one landlord, the information will not be shared.

Should you knowingly give false information and are housed as a result of this legal action may be taken to terminate your tenancy.

Please note that you may be asked security questions when you contact either OHAL or OIC before we can proceed with your enquiry.

In the case of a joint application, both applicants must sign the declaration below. I/we have read the information above and agree to the declaration.

Signature of applicant _____ Date _____

Signature of joint applicant _____ Date _____

For Office Use Only

ACTION SHEET

| Date | Circumstances reported and outline of action required | Officer Initials |
|-------------|--|-------------------------|
| | | |

