



Application for Housing

We can arrange for translation services to help you fill in this form or we can produce it in different languages or formats (for example, in Braille or on audio tape).

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Na życzenie klienta, informacje te mogą być udostępnione w innych językach oraz formatach.

If you need this application in large print, please ask a member of staff.



Please return this form to any North Ayrshire Housing Register landlord's office. All addresses are listed on page 16 of this application form.



North Ayrshire Housing Register

Fill in this form in **BLACK** ink and write clearly in **BLOCK CAPITALS.**

Answer every question.

If you cannot answer a question, please write '**N/A**' (not applicable) or '**Do not know**' in the space provided.

If you are **homeless** or **threatened with homelessness** within 2 months then you will need to contact the Homeless Assessment Prevention and Advice (HAPA) Team at Rivergate House, Irvine, KA12 8EH phone: 01294 314700

If you are applying for a home with someone else, this form refers to that person as the 'joint applicant' and you must fill in the 'Joint applicant' boxes. If you are applying on your own, leave the 'Joint applicant' boxes blank.



If you see this symbol, you may need to send proof of your answers.

If you cannot send proof with your application continue to fill in the application and return the form for assessment with all the information you have.

Please check the Housing Application Guide for further details



You must fill in as much detail as possible to make sure your housing need is assessed correctly.

Data protection

To provide services to you, we need to handle information about you. When we ask you for personal information, we will:

- tell you why we need it;
- only ask for the information we need, and not collect too much or irrelevant information;
- protect the information and make sure it is only seen by those who need it for housing and Housing Benefit purposes;
- ask for your permission if we want to share your information with other organisations; and
- make sure we don't keep the information any longer than we need it for.

In return, you must:

- give us accurate information; and
- tell us as soon as possible if any of your circumstances change.

This helps us to keep your information up to date.

You can also contact us for information about the following:

- How to find out what information we hold about you (there may be a charge for this service) and how you can ask us to correct any mistakes
- Agreements we have with other organisations for sharing information
- When we can pass on your personal information without telling you (for example, to prevent and detect crime or to produce statistics)
- Our instructions to staff on how to collect, use and delete your personal information
- How we check that the information we hold is accurate and up to date
- How to make a complaint

For more information

When we ask you for information, we will keep to the law, including the Data Protection Act 1998. For independent advice about data protection, privacy and data-sharing issues, you can contact the Information Commissioner at:

Wycliffe House Water Lane ,
Wilmslow , Cheshire SK9 5AF.
Phone: 01625 545745 Fax: 01625 524510
E-mail: mail@dataprotection.gov.uk
Website: www.informationcommissioner.gov.uk

You and the joint applicant (if any)

You
Joint applicant

Title (Mr, Mrs, Miss and so on):

Surname or family name:

Other names:

Date of birth:

National Insurance Number:

Daytime Telephone number:

Evening Telephone Number:

Mobile Number:

E-mail Address:

Current Address:

 Postcode


What is the date you moved into this address?

Your landlord Name & Address:

 Postcode

Address we can write to (if different from above):

 Postcode

Title (Mr, Mrs, Miss and so on):

Surname or family name:

Other names:

Date of birth:

National Insurance Number:

Daytime Telephone number:

Evening Telephone Number:

Mobile Number:

E-mail Address:

Current Address:

 Postcode


What is the date you moved into this address?

Your landlord Name & Address:

 Postcode

Address we can write to (if different from above):

 Postcode

Asylum and Immigration Act 1999

Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, North Ayrshire Council must find out whether a person qualifies for help provided from public funds, including housing.

You

Are you under immigration control:

Yes No

Are there any conditions or limits to your permission to stay in the UK?

Yes No

If yes, please give details:



Joint Applicant

Are you under immigration control:

Yes No

Are there any conditions or limits to your permission to stay in the UK?

Yes No

If yes, please give details:



Anti Social Behaviour etc (Scotland) Act 2004

Has action for anti social behaviour ever been taken against you or anyone who will live with you?

No Yes (Answer the questions below if yes)

Was court action taken?

No Yes Date of case: Name of Court:

Was other action taken?

No Yes

Was an antisocial behaviour order (ASBO) made?

No Yes Who against (if yes):

Sex Offenders Act 1997

Are you, or anyone who will live with you, registered under the Sex Offenders Act 1997 as amended by the Sexual Offences Act 2003? No Yes

If you or any member of your household are required to register under the terms of the Sex Offenders Act 1997 or the Sexual Offences Act 2003 then you should send your form directly to the North Ayrshire SOLO Officer, Unit 83 Third Avenue, Heatherhouse Industrial Estate, Irvine, KA12 8HN marked private and confidential. If you wish to discuss your application you can contact the SOLO officer on telephone number 01294 314678. Sending your application to the SOLO Officer will not result in any less favourable treatment than you would otherwise receive.

Your housing details

People who will be moving with you

In the table below, give details of everyone who will move into your new home with you.

If you have shared access to children who live with you less than 50% of the time you should **not** include them here (proof required). Please tell us about any particular arrangements in the extra information box on page 15.

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Current address:

Postcode

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Current address:

Postcode

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Current address:

Postcode

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Current address:

Postcode

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Current address:

Postcode

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Current address:

Postcode

Date they moved in:

Are you or any person who will be moving with you expecting a baby? No Yes

If so, who is expecting the baby:

When is the baby due?

Your housing details

People who you currently live with but will not move with you

In the table below, give details of everyone who you currently live with, who will not be moving into your new home with you.

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Date they moved in:

Full Name:

Date of birth:

Relationship to you:

Sex: Male Female

Date they moved in:

Previous Addresses - You

Please list your addresses over the last five years, starting with the most recent. You **do not** need to list your current address.

Address: _____ _____ _____ Postcode _____	Name & address of landlord: _____ _____ _____ Postcode _____
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Reason for leaving: _____ _____

Address: _____ _____ _____ Postcode _____	Name & address of landlord: _____ _____ _____ Postcode _____
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Reason for leaving: _____ _____

Address: _____ _____ _____ Postcode _____	Name & address of landlord: _____ _____ _____ Postcode _____
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Reason for leaving: _____ _____

Address: _____ _____ _____ Postcode _____	Name & address of landlord: _____ _____ _____ Postcode _____
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Reason for leaving: _____ _____

Previous Addresses - Joint applicant

Please list the joint applicant's addresses over the last five years, starting with the most recent.
(if different from yours)

Address:

_____ Postcode _____

Name & address of landlord:

_____ Postcode _____

From:

To:

Reason for leaving:

Address:

_____ Postcode _____

Name & address of landlord:

_____ Postcode _____

From:

To:

Reason for leaving:

Address:

_____ Postcode _____

Name & address of landlord:

_____ Postcode _____

From:

To:

Reason for leaving:

Address:

_____ Postcode _____

Name & address of landlord:

_____ Postcode _____

From:

To:

Reason for leaving:

Your current home

Are you:

Please tick **one box** which best describes your present circumstances.

- | | | | |
|---|--------------------------|--|--------------------------|
| a council tenant? | <input type="checkbox"/> | renting from a private landlord? | <input type="checkbox"/> |
| a housing association tenant? | <input type="checkbox"/> | living with parents? | <input type="checkbox"/> |
| living with friends or relatives? | <input type="checkbox"/> | an owner-occupier? | <input type="checkbox"/> |
| a lodger? | <input type="checkbox"/> | living in a caravan? | <input type="checkbox"/> |
| in hospital? | <input type="checkbox"/> | living in a local-authority children's unit? | <input type="checkbox"/> |
| living in a hostel or bed and breakfast? | <input type="checkbox"/> | in prison or another institution? | <input type="checkbox"/> |
| serving in HM Forces? | <input type="checkbox"/> | (for example, a young offenders institution) | |
| Date you will leave the forces | | living in accommodation provided | <input type="checkbox"/> |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | by your job? | <input type="checkbox"/> |



Other (please give details)

What type of property are you living in?

Please tick **one box**.

- | | | | | | |
|-----------------------------|--------------------------|-----------------------|--------------------------|--------------------------------|--------------------------|
| Flat (ground floor) | <input type="checkbox"/> | Basement flat | <input type="checkbox"/> | Multi-storey flat | <input type="checkbox"/> |
| Flat (upper floor) | <input type="checkbox"/> | Attic flat | <input type="checkbox"/> | Four in a block (ground floor) | <input type="checkbox"/> |
| Bungalow | <input type="checkbox"/> | House (mid-terrace) | <input type="checkbox"/> | Four in a block (upper floor) | <input type="checkbox"/> |
| Sheltered housing | <input type="checkbox"/> | House (end-terrace) | <input type="checkbox"/> | Maisonette (ground floor) | <input type="checkbox"/> |
| Amenity housing | <input type="checkbox"/> | House (three-storey) | <input type="checkbox"/> | Maisonette (upper floor) | <input type="checkbox"/> |
| | | House (semi-detached) | <input type="checkbox"/> | Bedsit | <input type="checkbox"/> |
| Other (please give details) | <input type="checkbox"/> | House (detached) | <input type="checkbox"/> | | |

How many bedrooms does your present home have?

If you have a separate dining room this should be counted as a bedroom in the above calculation

Have you been given a date to leave your current accommodation? No Yes

On what date do you need to move out?



Tick the appropriate boxes below to show if you share or do not have any of the following in your current home.

- | | Do not have | Share |
|-------------------|--------------------------|--------------------------|
| Living room | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot water supply | <input type="checkbox"/> | <input type="checkbox"/> |
| Bath or shower | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathroom | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold water supply | <input type="checkbox"/> | <input type="checkbox"/> |
| Inside toilet | <input type="checkbox"/> | <input type="checkbox"/> |
| Kitchen | <input type="checkbox"/> | <input type="checkbox"/> |

Is there a 'closing order' over your present accommodation?

(See page 6 of the Housing Application Guide issued with this form for an explanation of a closing order).



No Yes

Is there enough ventilation (windows or extractor fans) in your kitchen and bathroom?

No Yes

If there are any faults with your house that make it not fit to live in tell us about them in the box below. This could include structural faults, dampness, unsafe electrics, dry rot and so on.

We may need to assess any problems

What type of heating do you have?

Please tick **one box**.

Coal fired central heating

Electric fire only

Other (please give details)

Coal fire only

Gas central heating

Electric central heating

Gas fire only

Your health

Do you, or anyone who would move with you, have an illness or a medical condition that affects the type of home you need?

No Yes

You must fill in a medical form (available from us) for each person this applies to.

Social Factors

Harassment

Do you need to move because you or someone living with you is experiencing harassment or domestic abuse?

No Yes

Give further details below. The information you give will be kept confidential.

You may need to provide extra documents to support this information.

Support

Do you need to move to give support to, or receive support from, someone?

No Yes

Give details below

Name of a person you care for or who cares for you:	
Relationship to you (if any):	
Address:	
Telephone Number:	

Do you wish to move to be nearer a relative?

No Yes

Give details below

Name of relative:	
Relationship to you (if any):	
Address:	
Telephone Number:	

Do you receive support from a social worker or health professional?

No Yes

Give details below

Their name:	
Occupation	
Organisation:	
Address:	
Telephone Number:	

Employment details

Do you need to move to take up work or be closer to your place of work?

Give the relevant employer's details below.

No Yes

Present employer's details

Name: _____

Address: _____

Phone: _____

Your occupation: _____

Future employer's details (if appropriate)

Name: _____

Address: _____

Phone: _____

Your occupation: _____

Date you start work:

Looked after and accommodated

Have you been 'looked after and accommodated'?

No Yes

(That is, lived in a children's care home, foster care, residential school or with a link carer) Give details below

Unit or carer's name: _____

Address: _____

Phone number: _____

Housing Options

Mutual Exchange

If you are a council or housing association tenant, would you consider a mutual exchange (where you swap tenancies with another tenant)?

No Yes

By saying 'yes' to this question you are agreeing to your details being publicly displayed

Other options

As well as housing from us, would you consider any of the following if they were available in the areas you want to live in?

You can tick as many boxes as you like.

Buying a new low-cost house or flat

Shared-ownership (where you part-buy and part-rent a home from a housing association)

Homestake (where you part-buy a home from a housing association)

Buying or improving an older property with help from a grant

Buying a house or flat on the open market

Building your own home

Renting from a private landlord

Can we pass your details to developers offering these options?

No Yes

The housing you want

Tick your choices from the boxes below.

Please see the 'Housing Application Guide' for more details.

You can tick as many boxes as you like.

Which housing providers will you consider?

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| North Ayrshire Council | <input type="checkbox"/> | Cunninghame Housing Association | <input type="checkbox"/> |
| ANCHO | <input type="checkbox"/> | Irvine Housing Association | <input type="checkbox"/> |
| Isle of Arran Homes | <input type="checkbox"/> | Bield Housing Association | <input type="checkbox"/> |
| Hanover Housing Association | <input type="checkbox"/> | Horizon Housing Association | <input type="checkbox"/> |
| Key Housing Association | <input type="checkbox"/> | Margaret Blackwood Housing Association | <input type="checkbox"/> |
| West of Scotland Housing Association | <input type="checkbox"/> | | |

What size of property would you consider?

Please tick sizes you would accept and that your household is eligible for. The allocation policy will decide which property size you are eligible for, however where your household is eligible for two or three different sizes of property your choice will be taken into account.

- | | | | |
|---------------------|--------------------------|-----------------------|--------------------------|
| Bedsit (no bedroom) | <input type="checkbox"/> | One bedroom | <input type="checkbox"/> |
| Two bedroom | <input type="checkbox"/> | Three bedroom | <input type="checkbox"/> |
| Four bedroom | <input type="checkbox"/> | Five or more bedrooms | <input type="checkbox"/> |

What type of heating would you accept?

- | | | | |
|---------------------|--------------------------|--------------------------|--------------------------|
| Gas central heating | <input type="checkbox"/> | Electric central heating | <input type="checkbox"/> |
|---------------------|--------------------------|--------------------------|--------------------------|

What type of property do you want?

- | | | | | | |
|----------------------------------|--------------------------|----------------------------------|--------------------------|-----------------------|--------------------------|
| House (mid-terrace) | <input type="checkbox"/> | Multi-storey flat | <input type="checkbox"/> | Flat (ground floor) | <input type="checkbox"/> |
| House (end-terrace) | <input type="checkbox"/> | Four in a block (ground floor) | <input type="checkbox"/> | Flat (upper floor) | <input type="checkbox"/> |
| House (three storey mid-terrace) | <input type="checkbox"/> | Four in a block (upper floor) | <input type="checkbox"/> | House (semi-detached) | <input type="checkbox"/> |
| Maisonette (ground floor) | <input type="checkbox"/> | House (three storey end-terrace) | <input type="checkbox"/> | House (detached) | <input type="checkbox"/> |
| Maisonette (upper floor) | <input type="checkbox"/> | Bungalow | <input type="checkbox"/> | | |

What is the highest floor you would consider living on (for example, second or third floor , up to the 13th floor)?

Specific housing

Do you want or need any of the following types of accommodation?

- Amenity housing
- Sheltered housing
- Housing with access for wheelchairs

For an explanation of sheltered and amenity housing please refer to the Housing Application Guide

Would your new home need any adaptations (such as handrails) to meet your needs? No Yes

If you have said yes, fill in the Disabled Person Housing Service (DPHS) questionnaire.

You can get this from any one of the housing offices.

Location

Which areas in North Ayrshire would you prefer to live in?

Read the 'Housing Application Guide' for information on areas, neighbourhoods and housing providers and then, in the spaces below, tick the areas you would prefer to live in.

The more you tick, the better your chance of being offered housing.

<p>Ardsrossan</p> <p>North of Stanley Road <input type="checkbox"/></p> <p>South of Stanley Road <input type="checkbox"/></p> <p>Arran <input type="checkbox"/></p> <p>Beith</p> <p>Barrmill <input type="checkbox"/></p> <p>North of Eglinton Street <input type="checkbox"/></p> <p>South of Eglinton Street <input type="checkbox"/></p> <p>South of Wilson Street <input type="checkbox"/></p> <p>Cumrae</p> <p>Millport <input type="checkbox"/></p> <p>Dalry</p> <p>Blair Scheme <input type="checkbox"/></p> <p>Lynn Scheme <input type="checkbox"/></p> <p>Town Centre <input type="checkbox"/></p> <p>West Kilbride Scheme <input type="checkbox"/></p>	<p>Irvine</p> <p>Bourtreehill <input type="checkbox"/></p> <p>Broomlands <input type="checkbox"/></p> <p>Castlepark <input type="checkbox"/></p> <p>Dreghorn <input type="checkbox"/></p> <p>Drybridge <input type="checkbox"/></p> <p>Fullarton <input type="checkbox"/></p> <p>Girdle Toll <input type="checkbox"/></p> <p>Harbourside <input type="checkbox"/></p> <p>Irvine Central <input type="checkbox"/></p> <p>Irvine East <input type="checkbox"/></p> <p>Irvine North <input type="checkbox"/></p> <p>Lawthorn <input type="checkbox"/></p> <p>Montgomerie Park <input type="checkbox"/></p> <p>Riverside <input type="checkbox"/></p> <p>Springside <input type="checkbox"/></p> <p>Vineburgh <input type="checkbox"/></p> <p>Woodlands <input type="checkbox"/></p>	<p>Kilbirnie</p> <p>Fudstone <input type="checkbox"/></p> <p>Garden City <input type="checkbox"/></p> <p>Loadingbank <input type="checkbox"/></p> <p>Longbar <input type="checkbox"/></p> <p>Milton <input type="checkbox"/></p> <p>Town Centre <input type="checkbox"/></p> <p>Kilwinning</p> <p>Blacklands <input type="checkbox"/></p> <p>Corsehill <input type="checkbox"/></p> <p>Dirrans <input type="checkbox"/></p> <p>Pennyburn <input type="checkbox"/></p> <p>Pennyburn Squares <input type="checkbox"/></p> <p>Town Centre <input type="checkbox"/></p> <p>Whitehirst Park <input type="checkbox"/></p> <p>Woodwynd <input type="checkbox"/></p>	<p>Largs</p> <p>Fairlie <input type="checkbox"/></p> <p>Largs <input type="checkbox"/></p> <p>Skelmorlie <input type="checkbox"/></p> <p>West Kilbride <input type="checkbox"/></p> <p>Saltcoats</p> <p>North of High Road <input type="checkbox"/></p> <p>South of High Road <input type="checkbox"/></p> <p>Stevenston</p> <p>North of Town Centre <input type="checkbox"/></p> <p>South of Town Centre <input type="checkbox"/></p> <p>Stevenston Centre <input type="checkbox"/></p>
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For any area you have chosen, list any streets including the town you do not want to be considered for.

Representative

Do you want us to deal with someone else on your behalf (a representative) in relation to your application for housing?

No Yes

Give your representative's details below

Representative's Name:	
Relationship to you (if any):	
Address:	
Telephone Number:	
E-mail Address:	

If you appoint a representative, all the housing providers taking part in the NAHR can give personal information about you to your representative in connection with your application for housing. You cannot hold any housing provider liable for information shared with your representative.

Your signature: _____ Date: _____

Joint applicant's signature: _____ Date: _____

Personal Connection

Are you or anyone who would live with you related to:

Anyone who is or was a North Ayrshire councillor, or is or was a board member or management-committee member of a housing provider taking part in the NAHR; or

No Yes

Anyone who is or was an employee of a housing provider taking part in the NAHR?

No Yes

Give details below.

This will not affect your application but, by law, we have to ask

Extra Information

Use the box below to give us any other information you think is relevant to your application.

Declaration

**Please read this declaration carefully.
Sign it only if you understand and agree with it.**

I confirm that the details I have given on this application form are true and accurate.

I understand that if my circumstances change, I must tell the housing provider I returned this application to.

I understand that if I give any false or misleading information, or do not provide relevant information, my application can be cancelled.

If I get a tenancy based on false or misleading information, I understand that the landlord may take court action to evict me.

I understand that the housing providers can ask for references from any landlord or mortgage lender I have had. I authorise these landlords or mortgage lenders to provide any information the housing providers need in connection with my housing application.

I understand that this application will be cancelled when I accept a property offered through the NAHR. If I want to move again, I know that I would have to make a new application.

I understand that the details I have given in this application are going to be put on the NAHR and this information will be shared with any or all landlords using the register.

I understand that you will write to me every year, on the anniversary of my application, asking if I still want housing.

I agree that if I do not respond to that letter, my application will be cancelled.

Signatures (if you are applying with someone else, you must both sign or the form will not be processed)

Your signature: _____

Date: _____

Joint applicant's signature: _____

Date: _____

North Ayrshire Housing Register Offices

Irvine

2nd Floor, Bridgegate House
IRVINE, KA12 8BD
Phone **01294 324 870**

Dreghorn

Main Street
DREGHORN, KA11 4AQ
Phone **01294 221 860**

Kilwinning

Howgate
KILWINNING, KA13 6EJ
Phone **01294 552 261**

Ardrossan

9-11 Glasgow Street
ARDROSSAN, KA22 8EP
Phone **01294 605 258**

Saltcoats

27 Vernon Street
SALTCOATS, KA21 5HE
Phone **01294 602 611**

Stevenston

1 Main Street
STEVENSTON, KA20 3AA
Phone **01294 605 281**

Kilbirnie

34-36 Main Street
KILBIRNIE, KA25 7BY
Phone **01505 685 177**

Beith Dalry

2 Townend Street
DALRY, KA24 4AA
Phone **01294 835 355**

Largs

Moorburn House
24 Greenock Road
LARGS, KA30 8NE
Phone **01475 686 948**



**NORTH AYRSHIRE
COUNCIL**

www.north-ayrshire.gov.uk



Sovereign House,
Academy Road
IRVINE, KA12 8RL
Phone **01294 313 121**
www.ancho.co.uk



2nd Floor, Bridgegate House
IRVINE, KA12 8BD
Phone **01294 271 128**
www.irvineha.co.uk



82-84 Glasgow Street
ARDROSSAN, KA22 8EH
Phone **01294 468 360**
www.cunninghame-housing.org

Equal opportunities monitoring

We will keep all the information we collect confidential. The following information is for monitoring purposes only. We will use this to produce statistics of the people applying for housing. Your name and address will not be used.

You do not need to answer these questions, but we would appreciate your help. Your responses will not affect your application as these are for statistical purposes only.

Please tick the appropriate boxes below. Answer also for any joint applicant.

I do not want to answer any of these questions.

You

1. Are you:

male ? female?

2. Are you:

single ? married?

divorced? widowed?

legally separated? in a civil partnership?

3. Do you consider yourself to:

be blind or visually impaired?

be profoundly deaf or hearing impaired?

have a physical disability?

have any other disability?

Give details below:

What is your ethnic group?

A White

Scottish

Other British

Irish

Any other white background (give details below)

Please complete other side (if required)

Joint applicant

1. Are you:

male ? female?

2. Are you:

single ? married?

divorced? widowed?

legally separated? in a civil partnership?

3. Do you consider yourself to:

be blind or visually impaired?

be profoundly deaf or hearing impaired?

have a physical disability?

have any other disability?

Give details below:

What is your ethnic group?

A White

Scottish

Other British

Irish

Any other white background (give details below)

Please complete other side (if required)

Equal opportunities monitoring

You

B Mixed or multiple ethnic groups

Please give details below

C Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

(give details below)

D Black, Black Scottish or Black British

Caribbean

African

Any other Black background

(give details below)

E Gypsy / Traveller

F Other ethnic background

(give details below)

Joint applicant

B Mixed or multiple ethnic groups

Please give details below

C Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background

(give details below)

D Black, Black Scottish or Black British

Caribbean

African

Any other Black background

(give details below)

E Gypsy / Traveller

F Other ethnic background

(give details below)