



**Cunninghame Housing Association Ltd**

**HOME VISIT DATE:** \_\_\_\_\_

**HOUSING TRANSFER APPLICATION FORM**

<p><b>I. FIRST APPLICANT</b></p> <p>Title:           MR / MRS / MISS / MS</p> <p>Full Name       .....</p> <p>Address         .....</p> <p>                      .....</p> <p>Postcode        .....</p> <p>Tel Number     ..... (Home/Work/Contact)</p>			<p><b>JOINT APPLICANT</b></p> <p>Title:           MR / MRS / MISS / MS</p> <p>Full Name       .....</p> <p>Address         .....</p> <p>                      .....</p> <p>Post Code       .....</p> <p>Tel Number     ..... (Home/Work/Contact)</p>		
<b>2. PERSONS TO BE HOUSED</b>					
SURNAME	FIRST NAME(S)	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	CURRENT ADDRESS IF DIFFERENCE FROM ABOVE	DATE RESIDENT FROM
<p>If you are pregnant, please state your date of confinement <u>and</u> provide confirmation from your Doctor:            .....</p>					



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<b>3. PRESENT ACCOMMODATION</b>			
a) When did you move into your present address?  .....			
b) Please indicate the type of accommodation you presently occupy?			
Tenemental Flat – Basement		Second Floor	
Ground Floor		Attic	
First Floor		Amenity Property	
Terraced House		Furnished	
Semi Detached House		Main Door Flat	
Bungalow		Ground <input type="checkbox"/>	Upper <input type="checkbox"/>
c) How many single bedrooms are at your present address? (Please insert a number)		How many double bedrooms are at your present address? (Please insert a number)	
<i>If you are applying because your present house is too big for you i.e. you are under occupying your property please state how long this situation has existed (in years).</i>			
d) What type of heating do you have?			
Electric Central Heating		Gas Central Heating	
e) Has your house been adapted in any way? <span style="float: right;">YES / NO</span> (i.e. shower installed) Please State .....			
Have you applied for adaptations to be carried out on your property? YES / NO			
If yes, please give details:  .....  .....  .....			



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<b>4. RENT ARREARS</b>	
Are you are present in arrears with your rent?	YES / NO
If Yes, Balance Outstanding	£
If yes, please give details of the arrears agreement made to clear your account: ..... ..... .....	
<b>5. MEDICAL PRIORITY (See Note 2)</b>	
Do you suffer from any medical conditions or have a disability which makes your present accommodation unsuitable and makes rehousing necessary?	YES / NO
If yes, please describe in your own words: ..... ..... .....	
Do you have a medical requirement for any of the following:	
a) Wheelchair/Ramp Access	YES / NO
b) Shower If yes, is the requirement for (Please tick one option only):	
Shower over Bath	<input type="checkbox"/>
Shower instead of Bath	<input type="checkbox"/>
Shower for Wheelchair User	<input type="checkbox"/>
c) Grab/Handrails	YES / NO



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<b>6. SUPPORT REQUIREMENTS</b>			
Do you need to move closer to relatives to provide or receive support?	YES / NO		
If yes, who is the relative and what support will you provide/receive:			
Name: ..... ..... .....			
<b>7. HARASSMENT</b>			
Are you experiencing racial or other harassment from a neighbour?	YES / NO		
If yes, please give details and provide documentary evidence.			
..... ..... .....			
<b>8. ACCOMMODATION REQUIRED</b>			
To improve your prospects of being offered accommodation, applicants are encouraged to be as flexible as possible in their choices:			
a) Areas Required:			
Ardrossan	Saltcoats	Stevenston	
Kilbirnie	Dalry	Beith	
Irvine	Kilwinning	Millport	
Largs	West Kilbride	Kilmarnock	
<b>PLEASE REFER TO THE ENCLOSED INFORMATION ON HOUSE SIZES AND STOCK TYPES FOR FURTHER CLARIFICATION</b>			



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b) Property Type:					
Tenemental Flat		Basement			
Second Floor		Ground Floor			
Attic		First Floor			
Main Door Flat	Ground	Upper			
Terraced House					
Semi-Detached					
Bungalow					
Amenity Accommodation		(See note 3)			
Furnished Accommodation		(See note 3)			
Shared Accommodation		(See Note 3)			
c) Would you consider a property where the living/kitchen are combined in one room? YES / NO					
d) Are you interested in becoming an owner occupier? (See note 4) YES / NO					
If yes, are you interested in the following:					
Improved Property					
Shared Ownership					
e) Please indicate the heating type you would consider:					
Electric Central Heating		Gas Central Heating		No Preference	
f) Have you applied to the local Council for a transfer? (See note 5)					YES / NO
g) Would you consider a Mutual Exchange? (See note 6)					YES / NO
<b>9. ADDITIONAL INFORMATION</b>					
a) If you wish to provide additional information which is relevant to your application, please give brief details below:					
.....					
.....					
.....					



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### 10. PERSONAL CONNECTION

The law relating to Housing Associations has certain guidelines in relation to the housing of Staff Members, Committee Members and/or their relatives. Any personal connection however will neither hinder nor improve your prospects for accommodation.

Are you, or is anyone included in your application, related to any Staff Member or Committee Member of Cunninghame Housing Association. YES / NO

If yes, please give the name of the person you are related to and the nature of the relationship:

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

### 11. DECLARATION

Please read the following carefully before signing this application.

- a) It is hereby certified that the information given above is a true record of the application's present circumstances (if it is found not to be so, the application may be invalid).
- b) The applicant understands that Cunninghame Housing Association will require to take reasonable steps to ensure that the information supplied is accurate.
- c) The applicant understands that Cunninghame Housing Association have the right to apply in court for repossession of a flat/house where the tenancy was granted on the basis of false or misleading information provided knowingly or recklessly by the applicant.
- d) The applicant undertakes to notify Cunninghame Housing Association immediately of any changes in the circumstances described in this application.

Applicants Usual Signature .....

Joint Applicants Usual Signature .....

Date .....



## Cunninghame Housing Association Ltd

### NOTES FOR GUIDANCE

#### 1. Person To Be Rehoused

Please list **ALL** persons who wish to be rehoused with you starting with yourself and your spouse/partner. If they are not living with you at present, or if you have access to a child or children, given their current address. State what relationship they are to you e.g. Son, Niece etc and make sure you give ages/dates of birth. This information allows us to determine what size of accommodation you need.

#### 2. Medical Priority

Where possible, the Association allocates ground floor and amenity property to applicants with a medical condition or disability. If you are considered for such accommodation, you will be asked to complete two further forms.

Only complete this section if you have health problems which could be relieved by a move to ground floor or amenity type accommodation.

#### 3. Accommodation Required - Amenity

This accommodation provides adaptations such as grab rails, non-slip flooring and raised sockets. Tick YES if you are interested in this type of accommodation.

#### 3.1 Accommodation Required – Furnished Accommodation

The Association provides accommodation which includes bedroom and living room furniture and kitchen appliances. Tick YES if you would consider moving to this type of accommodation.

#### 3.2 Accommodation Required – Shared Accommodation

Tick YES if you would consider moving to accommodation in which you share a kitchen, bathroom and/or lounge with another household.

#### 4. Accommodation Required – Owner Occupation

The Association renovates unimproved property and sells it on the open market. Tick YES if you have an interest in becoming an owner occupier.

#### 4.1 Accommodation Required – Shared Ownership

Shared Ownership is a form of tenure which is intended to assist people wishing to buy their own home but do not have the means to do so outright.

Shared Owners purchase a “share” in the equity (e.g. 25%, 50%, 75%) whilst paying rent to the Association for the remaining portion until they can afford to take on a mortgage for the whole property. Tick YES if you are interested in Shared Ownership.



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5. The Local Council

The Association has an agreement with the local Council for applicants to be nominated from their waiting lists for consideration by the Association for tenancies. You may, therefore, apply directly to the local Council, advising your local Housing Office that you are also interested in Association properties.

NB – There is no restriction in applying to both the local Council and Cunninghame Housing Association for accommodation. By doing so, you can in fact increase your prospects for accommodation.

6. Mutual Exchange

Cunninghame Housing Association tenants are eligible to exchange with other tenants of Cunninghame Housing Association, the local Council and Scottish Homes, subject to agreement of all landlords concerned. The Association may be able to identify possible interested parties for you to exchange with. Tick YES if you are interested in the Association arranging this.



## Cunninghame Housing Association Ltd

Application Received Date:

Home Visit Date:

Active Date;

Inactive Date:

### FOR OFFICE USE ONLY

Name					
Point		Date/Checked by			
Points		Date/Checked by			
Category	P	Grnd/Am		Flat	
	A	House		FUF	
Town	Ard		Salt		Stev
	Millp		Kilb		W/Kil
	Largs		Irvine		Beith
	Dalry		Kilm		Kilw