

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, Ochil View Housing Association and Paragon 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 the three 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. (see page 6)

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.



If you see a paper clip symbol next to a question this means that you may be required to provide evidence. Please ensure that this is submitted when you return your form, as failure to do this may delay your application.

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). This way we will know that you have not just missed the question.

When you have completed the form please return to any of the organisations detailed on the form.

Please tick which landlords you wish to register with

Clackmannanshire Council
Housing, Lime Tree House, Castle Street, Alloa, FK10 1EX

Tel: 0845 055 7070 (opt 4)

Email: lettingsteam@clacks.gov.uk

Ochil View HA
Ochil House, Marshall Alloa FK10 1AB

Tel: (01259) 722899

Email: enquiries@ochilviewha.co.uk

Paragon HA
Invergrange House, Station Road, Grangemouth, FK3 8DG

Tel: 01324 664 966

Email: enquiries@paragonha.org.uk

Registration Form

Main Applicant Details

Title (Mr/Mrs/Miss etc.) _____ Gender: M F

First name _____ Last name _____

Any other names known by _____

Date of birth _____ National Ins. No. _____

Tel no. (Home) _____ (Mobile) _____

(Work) _____ Email address _____

Main Applicant Address

(current address)

House no./name _____ Street _____

Town _____ Postcode _____

Property type [house](#) | [bungalow](#) | [4 in a block](#) | [flat](#) | [maisonette](#)

Other _____ No. of bedrooms _____

Joint Applicant Details

Title (Mr/Mrs/Miss etc.) _____ Gender: M F

First name _____ Last name _____

Any other names known by _____

Relationship to main applicant _____

Date of birth _____ National Ins. No. _____

Tel no. (Home) _____

(Mobile) _____ (Work) _____

Email address _____

Joint Applicant Address

Is your current address different from the main applicant? Yes No

(If yes please enter your address details)

House no./name _____ Street _____

Town _____ Postcode _____

Property type [house](#) | [bungalow](#) | [4 in a block](#) | [flat](#) | [maisonette](#)

Other _____ No. of bedrooms _____

Correspondence address (Main Applicant)

If you would like us to send your mail to a different address and not your home address, please give your correspondence address below

House no./name _____ Street _____

Town _____ Postcode _____

Support

If you need help or support with your application for housing, or if you would like someone to act on your behalf, please tell us who you would like to act on your behalf and how we can contact them.

First name _____ Last name _____

House no./name _____ Street _____

Town _____ Postcode _____

Tel no.(Home) _____ (Mobile) _____

Email address: _____

Relationship to applicant _____

Do you require support to maintain a tenancy? Yes No

If yes please give details below

Household Details



Please give details of everyone in your household and state whether they are being rehoused with you?

If you have access to children, please state the number of nights per week they stay with you.

Name	D.O.B	Gender	Relationship	Access? Y / N	Nights per week	Do you want them to be reoused with you?

Is anyone who is moving with you living at a different address at present?

Yes No

If yes please give details below

Name _____

Name _____

Address _____

Address _____

Postcode _____

Postcode _____

Is anyone in the household pregnant? Yes No (including the main or joint applicant)

Name _____ expected delivery date _____

Address History



Please provide details of previous addresses for the last 3 years for you and the joint applicant. Please include CURRENT address for Main and Joint Applicant

Address House no, Street, Town & Postcode	Tenant/ Owner/ Other	Main or Joint Appl	From Month/ Year	To Month/ Year	Landlords Name & Address

Reasons for Moving



Please indicate if you or anyone who will move with you requires housing because of the following:

<input type="checkbox"/>	You are Homeless
<input type="checkbox"/>	No home of your own e.g. care of or private let
<input type="checkbox"/>	Overcrowding or under occupation
<input type="checkbox"/>	A need to live in a particular community (i.e. employment, give/receive support
<input type="checkbox"/>	You are suffering from Harassment (give details)

<input type="checkbox"/>	Your home is in poor condition
<input type="checkbox"/>	Property unsuitable due to health reasons
<input type="checkbox"/>	You want to transfer from a flat to a house
<input type="checkbox"/>	Your household cannot live together in your present accommodation
<input type="checkbox"/>	You want to foster/adopt

Arrears

Do you, or the joint applicant have outstanding rent arrears or tenancy related debt?
(such as rechargeable repairs, legal expenses) Yes No (If YES, please give details below)

House no./name _____ Street _____

Town _____ Postcode _____

Landlord of this property _____

Have you maintained an agreement with your present/previous landlord for at least
3 months to reduce this debt? Yes No

Immigration and Asylum

Under the Housing (Scotland) Act 2001 and the Immigration and Asylum Act 1999,
Local Authorities must find out whether a person qualifies for help provided from
public funds and this includes housing.

Main Applicant	Joint Applicant
Are you under immigration control? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you under immigration control? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any conditions or limits to your permission to stay in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any conditions or limits to your permission to stay in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please give details (please provide documentation ie passport)	

Anti-Social Behaviour

Have you, or anyone who will be housed with you, ever been evicted for anti-social behaviour or are you or anyone who will be housed with you, the subject of an anti-social behaviour order (ASBO)? Yes No

Are proceedings to obtain an ASBO against you or any member of your household under way at this time? Yes No If the answer to any of these questions is YES, please give details (including address and landlord this relates to)

Household Member

First name _____ Last name _____

House no./name _____ Street _____

Town _____ Postcode _____

Landlord _____

Sex Offenders Registration Requirements

Are you or anyone who will be housed with you, required to register with the Police under the Sex Offenders Act 1997 and the Sexual Offences Act 2003

Yes No (If YES, Please give details including full name of person and their support worker)

Person registered

First name _____ Last name _____

Support worker

First name _____ Last name _____

Additional information

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. We will not use your name and address.

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.

MAIN APPLICANT

1. Gender

- Male Female

2. Do you consider yourself to have a disability?

If yes please specify:

- Vision Impairment
 Mobility Impairment
 Hearing Impairment
 Mental Health Condition
 Learning Difficulties
 Any Other Disability or impairment
-

3. Do you require any of the following

- Ground Floor Housing
 Wheelchair Access
 Sheltered Accommodation

4. What is your ethnic group?

A White

- Scottish
 Other British
 Irish
 Gypsy/Traveller
 Polish
 Any Other white background
-

B Mixed or Multiple Ethnic Background

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background
-

C Asian

- Asian Scottish
 Asian British
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background
-

D Black

- Black Scottish
 Black British
 Caribbean
 African
 Any other Black background
-

E Other Ethnic Background

- Arab
 Arab Scottish
 Arab British
 Any Other Group
-

JOINT APPLICANT

1. Gender

- Male Female

2. Do you consider yourself to have a disability?

If yes please specify:

- Vision Impairment
 Mobility Impairment
 Hearing Impairment
 Mental Health Condition
 Learning Difficulties
 Any Other Disability or impairment
-

3. Do you require any of the following

- Ground Floor Housing
 Wheelchair Access
 Sheltered Accommodation

4. What is your ethnic group?

A White

- Scottish
 Other British
 Irish
 Gypsy/Traveller
 Polish
 Any Other white background
-

B Mixed or Multiple Ethnic Background

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed background
-

C Asian

- Asian Scottish
 Asian British
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background
-

D Black

- Black Scottish
 Black British
 Caribbean
 African
 Any other Black background
-

E Other Ethnic Background

- Arab
 Arab Scottish
 Arab British
 Any Other Group
-

Are you related to an employee, elected member or committee member of Clackmannanshire Council, Ochil View Housing Association or Paragon Housing Association?

Ochil View Housing Association	Clackmannanshire Council	Paragon Housing Association
<p>Related to Employee Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>First name: _____</p> <p>Last name: _____</p> <p>Relationship _____</p>	<p>Related to Employee Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>First name: _____</p> <p>Last name: _____</p> <p>Relationship _____</p>	<p>Related to Employee Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>First name: _____</p> <p>Last name: _____</p> <p>Relationship _____</p>
<p>Related to Committee Member Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>First name: _____</p> <p>Last name: _____</p> <p>Relationship _____</p>	<p>Related to Elected Member Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>First name: _____</p> <p>Last name: _____</p> <p>Relationship _____</p>	<p>Related to Committee Member Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>First name: _____</p> <p>Last name: _____</p> <p>Relationship _____</p>

Do you work for or have you ever worked for a participating landlord in either a paid or voluntary capacity in the last 12 months? Yes No (If YES, please give details below)

Please read carefully the declaration below then sign and date the form

Clackmannanshire Council, Ochil View Housing Association and Paragon Housing Association share information about housing applicants in a Clackmannanshire Common Housing Register. Ochil View shares information about housing applicants with other registered social landlords in the homehunt partnership. By completing and signing this form, you give your consent to the processing of your Personal Data by all of the Clackmannanshire Common Housing Register partners and by other landlords participating in the homehunt partnership.

I/we understand that the information in this Common Housing Registration Form and any other forms I/we complete or information that I/we provide, or that is provided by others in relation to my/our housing application will be processed in accordance with the Data Protection Act 1998. I/we give consent to the processing of personal data, including sensitive personal data and I/we understand that I/we have the right to examine this data and amend it if it is not correct.

The Clackmannanshire Common Housing Register Partners will use your data for the

purposes of housing management and I/we understand that if I/we accept an offer of a tenancy from any one of the Clackmannanshire Common Housing Register Partners, my personal data will become part of my/our tenancy record.

I/we agree that this information may be shared with other statutory agencies but only to the extent required by law.

I/we confirm that the information given on this form is, to the best of my knowledge, true and correct. I/we will inform you if my/our circumstances changes in any way. I/we understand that the priority given to this application may be amended as a result. I/we know I/we may lose any home offered to me/us if I have given false or incomplete information or failed to supply any information requested.

I/we authorise all of the Clackmannanshire Common Housing Register Partners to make enquiries with my/our present or previous landlords, and I/we authorise any current or previous landlords to provide information relating to any current or previous tenancies I/we have held.

**Please sign below to confirm your acceptance of the Data Protection Statement above.
Your application cannot be processed without your agreement.**

Signature of Applicant _____

Date _____

Signature of Joint Applicant _____

Date _____