

**WHY COMPLETE THIS FORM?**

Please help us improve our services by completing this equalities monitoring form. All the information that you provide will be treated as confidential. We do not want to intrude into your private life and **you do not have to answer the questions** if you prefer not to **but this information can help us** establish if we are treating all applicants equally.

The questions we ask are based on 6 key areas of equality

**AGE  
DISABILITY  
ETHNICITY  
GENDER  
SEXUAL ORIENTATION  
BELIEF**

We also collect information on economic status of applicants to help us plan our services.

None of this information will be used in connection with your housing application

Please complete 1 form for each person making the application.

Please put a cross in the boxes as appropriate. Where you need to write something in please print in block capitals.

**1. Is your application in single or joint names ?**

☐ Single

☐ Joint

**2. Your age**

☐ 16-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65 or over

**3. Do you have a disability ?**

By this we mean a condition which has a long term or substantial effect on your ability to carry out normal day to day activities.

☐ Yes

☐ No

**4. If you answered YES - how would you best describe your disability ? Put a cross at all that apply.**

☐ Physical

☐ Learning Disability

☐ Hearing Impairment

☐ Mental Ill Health

☐ Visual Impairment

☐ Other



## 5. ETHNICITY

### WHITE

☐ Scottish

☐ English

☐ Welsh

☐ Northern Irish

☐ Irish

☐ British

☐ Gypsy/Traveller

☐ Polish

☐ Other

### BLACK, BLACK SCOTTISH, BLACK BRITISH

☐ African, African Scottish or African British

☐ Caribbean, Caribbean Scottish or Caribbean British

☐ Black, Black Scottish or Black British

☐ Other

### ASIAN, ASIAN SCOTTISH, ASIAN BRITISH

☐ Indian, Indian Scottish or Indian British

☐ Pakistani, Pakistani Scottish or Pakistani British

☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British

☐ Chinese, Chinese Scottish or Chinese British

☐ Other

### OTHER ETHNIC BACKGROUND

☐ Arab, Arab Scottish, Other Arab British

☐ Other

### MIXED

☐ Mixed or Multiple Ethnic Background

## 6. GENDER

For the purposes of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

☐ Male

☐ Female

☐ Transgender

☐ Prefer Not To Say

## 7. SEXUAL ORIENTATION

☐ Heterosexual/Straight

☐ Gay man

☐ Gay woman/lesbian

☐ Bisexual

☐ Prefer not to say

☐ Other

## 8. BELIEF

Please tell us what religion, religious denomination or body you belong to ?

## 9. ECONOMIC STATUS

a. Local Authority Area/s where you are seeking housing- tick all that apply

☐ Falkirk

☐ Clackmannanshire

☐ Stirling

b. Economic Status - put a cross at all that apply

☐ Full Time Employment ( 16 hours or more a week)

☐ Training

☐ Unemployed

☐ Part Time Employment ( less than 16 hours per week)

☐ Student

☐ At Home

☐ Self Employed

☐ Retired

☐ Disabled/ Long Term Sick

☐ Other



## ECONOMIC STATUS continued

### c. How is your household income made up?

Put a cross at all that apply.

If you are making joint applications, you only need to fill this part in on one form.

☐ Earnings/Wages

☐ Other income from employment/training

☐ Jobseekers allowance

☐ Working Tax Credit

☐ Child Benefit

☐ State Retirement Pension

☐ Works/Private Pension

☐ Pension Tax Credit

☐ Self Employed

☐ Other

### d. What is the amount of your weekly household income from all sources eg wages, benefits etc? If you are making joint application you only need to fill this part in on one form of the forms

☐ Under £50

☐ Between £51 & £100

☐ Between £101 & £150

☐ Between £151 and £200

☐ Between £201 & £250

☐ Between £251 & £300

☐ Between £301 & £350

☐ Between £351 & £400

☐ Between £401 & £450

☐ Between £451 & £500

☐ £501 or over

☐ Do not wish to provide

Office Use Month

April <input type="checkbox"/>	October <input type="checkbox"/>
May <input type="checkbox"/>	November <input type="checkbox"/>
June <input type="checkbox"/>	December <input type="checkbox"/>
July <input type="checkbox"/>	January <input type="checkbox"/>
August <input type="checkbox"/>	February <input type="checkbox"/>
Sept <input type="checkbox"/>	March <input type="checkbox"/>

***Thank you very much for taking the time to complete the form. We appreciate your help. Please return the form to***

***Paragon Housing Association Limited  
Invergange House  
Station Rd  
Grangemouth  
FK3 8DG***