Please ensure that the correct postage is attached when returning – failure may result in this document not being delivered. Thank You.

HOUSING APPLICATION FORM

CATHCART & DISTRICT HOUSING ASSOCIATION LTD

3-5 Rhannan Road

CATHCART

G44 3AZ

Tel: 0141 633 2779

Email: [info@cathcartha.co.uk](mailto:info@cathcartha.co.uk)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application |  | Start of Tenancy |  | App No |  |  |  |  |  |

|  |  |
| --- | --- |
| **PERSONAL DETAILS** |  |
| **First Applicant’s Details** | **Second Applicant’s Details** |
| Title (Mr/Mx/Mrs/Ms/Miss) | Title (Mr/Mx/Mrs/Ms/Miss) |
| First Name(s) | First Name(s) |
| Last Name | Last Name |
| Address | Address |
| Flat Position (e.g., 2/1) | Flat Position (e.g., 2/1) |
| Postcode | Postcode |
| Telephone No – Home | Telephone No – Home |
| Telephone No – Work | Telephone No – Work |
| Mobile/Other Telephone | Mobile/Other Telephone |
| Email | Email |
| Date of Birth | Date of Birth |
| National Insurance No | National Insurance No |
| Correspondence Address (if different from above): | |

Thank you for your interest in housing from Cathcart & District Housing Association. Applications are welcome from any persons over the age of 16 years regardless of their colour, race, gender, age, disability, social background, marital status, religion or sexual orientation.

Please read this guidance in full before you complete the application form as it contains important details on how to apply and what information you need to provide. Please note that, until we receive all of the necessary information and supporting evidence we require, your application cannot be given the appropriate level of priority and you will not receive an offer of housing from the Association.

**Supporting information**

You must enclose all relevant documentation when you submit your application form. The information we require is:

* **Photographic Identification is required for the applicant and any joint applicant –** documents such as a passport or driving licence are acceptable.
* **2 proofs of residence for the applicant and any joint applicant –** documents should be dated and have the current address. Utility bills, Council Tax letters and other official letters are acceptable.
* **1 proof of residence for every other person to be rehoused –** documents should be dated and have the current address as above.
* **Proof of Birth Certificate or Passport for anyone under 16.**
* **Proof of ownership/tenancy of the current address –** the documents we accept include the tenancy agreement, occupancy agreement, contract, lease agreement, mortgage statement, factors invoice, Council tax letter or Buildings Insurance documents.
* **Pregnancy –** if anyone included in the application is pregnant, we require to see proof such as the Maternity Certificate which confirms the Expected Week of Confinement.
* **National Insurance Number –** Documents such as DWP letters, National Insurance Card, and wage slips are acceptable.

If you are not the owner or the tenant of the address you are currently living at, please provide written confirmation of who the landlord or owner of the property is.

**Medical Condition**

If you have a medical condition that affects the size, type or location of housing you need, please request an Application for Medical Priority Form

**Preferences for Housing**

This application form includes options for you to advise us of the type of house you are interested in and the specific locations you would prefer. Please note that we will not consider you for properties which become available which do not match your specific preferences and you may, therefore, reduce your prospects of being rehoused if you restrict your choices.

**What happens next?**

We will fully assess your housing needs and, providing you have submitted all of the supporting evidence we require; we will advise you of the level of points given to your application and your reference number which should be retained by yourself should you ever need to contact us regarding your application.

**Privacy Notice**

Cathcart & District Housing Association will process your personal data in accordance with UK data protection laws. Our privacy notice explains what information we collect, when we collect it and how we use this. A copy of our Privacy Notice can be found on our website at [www.cathcartha.co.uk](http://www.cathcartha.co.uk).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HOUSEHOLD DETAILS**  Please give full details of everyone who stays in the same house as you – remember to include yourself. Please also include any child or children that stay with you under a custody or access arrangement and indicate how often they stay with you (e.g. every weekend, overnight once or twice during the week). | | | | | | | |
| First Name(s) | Last Name(s) | Date of Birth | Age | Gender | Relationship to you | Is this person moving with you Yes/No | National Insurance Number (if over 16) |
|  |  |  |  |  | Applicant |  |  |
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|  |  |  |  |  |  |  |  |
| **Are you or anyone wishing to be rehoused with you, pregnant? YES/NO\* delete as appropriate.**  **If yes, who? …………………………………………… What is the expected due date (EDD)? …………………………………………………………**  **Do you have any pets? YES/NO\* delete as appropriate If yes, how many pets do you have and what kind? …………………………………………** | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRESENT AND PREVIOUS ADDRESSES**  Please list below your present address and any previous addresses you have lived at during the last **five years.** Please use a continuation sheet if necessary | | | | |
| **Present Address** | **Landlord** | **Period that you lived there** | | **Reasons for wishing to leave** |
| **From** | **To** |
|  |  |  |  |  |
| **Previous Address** | **Landlord** | **Period that you lived there** | | **Reasons for wishing to leave** |
| **From** | **To** |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| **PREVIOUS HOUSING APPLICATIONS** | | **Yes** | **No** |
| Have you ever applied to Cathcart & District Housing Association before? | |  |  |
| **If YES, please provide your name and address at the time you applied, the approximate date of application and the application number if you can.** | | | |
| **Name** |  | | |
| **Address** |  | | |
| **Date of application** |  | | |
| **Application Number** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PREVIOUS CATHCART HOUSING ASSOCIATION TENANCY** | | **Yes** | **No** |
| Have you previously been a tenant of Cathcart & District Housing Association | |  |  |
| **If YES, please provide the information requested below regarding your tenancy** | | | |
| **Name (at the time)** |  | | |
| **Address** |  | | |
| **Date of entry** |  | | |
| **Date of leaving** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT TENANCY** | | **Yes** | **No** |
| Do you have any current rent arrears? | |  |  |
| **If YES, how much is outstanding** | **£** | | |
| What is your current monthly rent including service charges? | £ | | |
| What arrangements have you made to clear this debt? | £ .......... per week OR £……….per month | | |
| How long has this arrangement been kept? |  | | |

|  |  |  |
| --- | --- | --- |
| **CONDITIONS OF TENANCY** | **Yes** | **No** |
| Have you or any member of your household been guilty or involved in an investigation concerning any breaches of tenancy or of behaviour leading to a Notice of Proceedings being served, an Anti-Social Behaviour order (ASBO) being granted, or any legal action being taken against you or in the vicinity of your present address? |  |  |
| If yes, please give details below of the breach of tenancy or the behaviour concerned, and of the action taken: | | |
| Are you or is anyone on your application required to register with the police under the Sex Offenders Act 1997 | **Yes** | **No** |
| If yes, please give the full name(s) of the person(s) | | |

|  |  |  |
| --- | --- | --- |
| **NATIONALITY** | **Yes** | **No** |
| Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, are you, or is any member of your household, an asylum seeker or subject to immigration controls? |  |  |
| If yes, please provide details | | |
| Are you or is anyone on your application required to register with the police under the Sex Offenders Act 1997 | **Yes** | **No** |
| If yes, please give the full name(s) of the person(s) | | |
| Nationals from A2 countries may not be eligible for housing. Please tick if you or your partner, or any other joint applicants are nationals of the following countries: Romania O Bulgaria O | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **VISA** | | | | **Yes** | | **No** |
| Are you, your partner or the joint applicant staying in the UK on a spouse visa? | | | |  | |  |
| If yes, please provide details | | | | | | |
| **VISA** | | | | **Yes** | | **No** |
| Are you or your partner or the joint applicant staying in the UK on any other type of Visa? | | | |  |  | |
| If yes, please provide details. | | | | | | |
| **YOUR PRESENT ACCOMMODATION DETAILS**  Please tell us if you have the following facilities at your present address. Please tick the boxes. If you are sharing facilities with anyone who is not part of your household, please tick the relevant boxes | | | | | | |
| **Facilities/Amenities** | **Yes** | **No** | **Shared with others** | | | |
| Bathroom/Shower-room |  |  |  | | | |
| Central Heating |  |  |  | | | |
| Kitchen |  |  |  | | | |
| Cooking facilities |  |  |  | | | |
| Living room |  |  |  | | | |
| Use of bedrooms |  |  |  | | | |
| Water supply to bathroom or kitchen |  |  |  | | | |

|  |  |
| --- | --- |
| **Bedrooms** | **Number** |
| How many bedrooms do you have in your present home? |  |
| How many bedrooms are double? |  |
| How many bedrooms are single? |  |

|  |  |
| --- | --- |
| **Please tell us who sleeps in each room at your current accommodation:** | |
| Living Room |  |
| Bedroom 1 |  |
| Bedroom 2 |  |
| Bedroom 3 |  |
| Bedroom 4 |  |
| Comments |  |

|  |  |  |
| --- | --- | --- |
| **Your accommodation** | **Yes** | **No** |
| Do you live in a bedsit? |  |  |
| Do you live in a Hostel? |  |  |
| Please tell us about your accommodation e.g. do you have a combined living room/bedroom, do you have a separate kitchen, bathroom/shower room? | | |
| **OCCUPANCY DETAILS**  Please tell us whether you own your present home, you are a tenant or lodger, or you are occupying your present address under some other arrangement. Please tick the appropriate boxes. | | |
| **Occupancy Type** | **Yes** | **No** |
| Owner Occupier |  |  |
| Tenant |  |  |
| Short Assured Tenant (e.g 6 month lease) |  |  |
| Lodger/Insecure Tenant |  |  |
| Living in ‘tied’ accommodation |  |  |
| Other |  |  |
| Do you have a tenancy agreement, lease or missive for your present home? |  |  |
| When does your lease end? |  |  |
| **Notice to Leave** | **Yes** | **No** |
| Are you under legal notice from your landlord to leave your present home? |  |  |
| If yes when did you get that notice |  |  |
| Has court action started |  |  |
| If yes, what is the court date |  |  |
| Has a decree for eviction been granted |  |  |
| If yes, when was the decree granted? **Date:** | | |

|  |  |  |
| --- | --- | --- |
| **HOUSE CONDITION**  Please tell us if your present home is affected by any of the following problems (if there are problems in your current home, we will require proof that this has been reported to your landlord). Please tick the appropriate boxes | | |
| **Does your home have:** | **Yes** | **No** |
| Severe dampness or water penetration |  |  |
| Structural problems |  |  |
| If you have answered yes to any of the above, please give us more details plus official documentary evidence | | |

A house meets Tolerable Standard if it:

* Is structurally stable
* Is substantially free from rising or penetrating damp
* Has satisfactory provision for natural or artificial light, ventilation and heating
* Has an adequate supply of both hot and cold water to the bathroom and kitchen
* Has a toilet available for the sole use of the occupants
* Has an effective system for drainage

The above is a list of the standard amenities, a house that falls below Tolerable Standard (BTS) must be lacking in standard amenities, or it must be in extremely poor condition. Please note that a house may pass the Tolerable Standard but may still be in a poor state of repair, or may suffer from dampness/water penetration/structural problems (as above)

|  |  |  |
| --- | --- | --- |
| **Below Tolerable Standard** | **Yes** | **No** |
| Do you think your home is Below Tolerable Standard if yes why? |  |  |
|  | | |

|  |  |  |
| --- | --- | --- |
| **HOUSING NEEDS** | Yes | No |
| Are you disabled or do you have any medical condition that makes your present home unsuitable for your needs? |  |  |
| If yes, please describe below how your present accommodation affects your disability or medical condition and how being rehoused would improve your situation. Please also complete a medical form giving details of your health conditions, your GP and any other health service or social work staff (e.g. Occupational Therapists) who can provide information in support of your application. | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Adaptations and Equipment** | Yes | | No |
| Has your present address been adapted in any way to meet special needs such as a medical condition or disability? For example, does it have a ramp, handrails, wheelchair, accessible kitchen and bathroom, and other aids for daily living? |  | |  |
| If yes, please give details. | | | |
| **Care and Support Needs** | Yes | No | |
| Do you need to move to Cathcart and/or Mount Florida to provide care and/or support to a relative or friend? |  |  | |
| Would you benefit from living with Supported Accommodation (meaning someone assisting with your daily tasks)? |  |  | |
| Would you be able to receive care and/or support if you moved to Cathcart and Mount Florida |  |  | |
| If yes, please tell us who the friends or relatives are, what their relationship is to you, what their address is, and what care and/or support could you provide to them or receive from them. | | | |
| GP’s name and address: | | | |
| Name and address of other relevant contacts: | | | |
| Are you related to anyone who is already a tenant of Cathcart & District Housing Association | **Yes** | **No** | |
|  |  | |
| If ‘Yes’ please give details of name and address | | | |

|  |
| --- |
| **REASONS FOR APPLICATION:**  Please use this space to provide any other information that you feel would be useful in assessing your application for housing |
|  |
| **HOUSING PREFERENCES** |
| We have 596 properties in Cathcart, Battlefield and Mount Florida. The majority of our properties are traditional tenement flats. We also have a number of studio flats and some more modern flats built within the last 20 years.  It is important that you complete this part of the Application Form as accurately as possible as we will only consider you for vacant properties that meet the preferences you note on this form. It is important to widen your choice as much as possible. If you restrict your selection, you may reduce your prospects of receiving an offer of housing from the Association. |

|  |  |
| --- | --- |
| **FLOOR LEVEL**  Please tick the options below to advise us which floor levels you are interested in | **Please tick** |
| Ground floor |  |
| First floor |  |
| Second floor |  |
| 3rd floor |  |
| No preference |  |

|  |  |
| --- | --- |
| **HOUSE TYPE**  Cathcart & District Housing Association has a variety of properties. Please tick the boxes below indicating what type of property you would be interested in | **Please tick** |
| Tenement |  |
| Studio deck access (white meter heating) |  |
| One apartment (Gas or white meter heating) |  |
| Amenities housing aged 60 and over (Gavinton Street only) |  |

|  |  |
| --- | --- |
| **HEATING**  All our properties are either gas or white meter heating, please indicate what type of heating you would be interested in and if you would accept either please tick gas or white meter heating in order that we can make suitable offers | **Please tick** |
| Gas central heating |  |
| White meter heating |  |
| Gas or white meter heating |  |

|  |  |
| --- | --- |
| **Street Choices** | **Please tick all that you prefer:** |
| **Studio Apartments:** | |
| Clarkston Road |  |
| Craig Road |  |
| Cumming Drive (Mount Florida) |  |
| Newlands Road |  |
| Old Castle Road |  |
| Snuff Mill Road |  |
| Spean Street |  |
|  |  |
| **1 Bedroom Apartments:** | |
| Brunton Street |  |
| Cathcart Road |  |
| Clarkston Road |  |
| Craig Road |  |
| Cumming Drive (Mount Florida) |  |
| Dairsie Court |  |
| Dairsie Street |  |
| Garry Street |  |
| Grange Road |  |
| Greenholme Street |  |
| Holmhead Crescent |  |
| Holmhead Place |  |
| Holmhead Road |  |
| Holmlea Road |  |
| Kilmailing Road |  |
| Kirkwell Road |  |
| Manse Brae |  |
| Newlands Road |  |
| Old Castle Road |  |
| Rannoch Street |  |
| Stanmore Road (Mount Florida) |  |
| Tankerland Road |  |
| Tulloch Street |  |
|  |  |
| **2 Bedroom Apartments:** | |
| Brisbane Street |  |
| Brunton Street |  |
| Cartside Quadrant |  |
| Cartside Street |  |
| Cartvale Road |  |
| Clarkston Road |  |
| Cumming Drive (Mount Florida) |  |
| Craig Road |  |
| Dundrennan Road |  |
| Garry Street |  |
| Grange Road |  |
| Greenholme Street |  |
| Gryffe Street |  |
| Holmhead Place |  |
| Holmlea Court (Mount Florida) |  |
| Holmlea Road |  |
| Kirkwell Road |  |
| Morley Street |  |
| Mount Annan Drive |  |
| Orchy Street |  |
| Rannoch Street |  |
| Rhannan Road |  |
| Ruel Street |  |
| Stanmore Road (Mount Florida) |  |
| Tulloch Street |  |
|  |  |
| **3 Bedroom Apartments:** | |
| Cartside Street |  |
| Brisbane Street |  |
| Cartvale Road |  |
| Dundrennan Road |  |
| Garry Street |  |
| Greenholme Street |  |
| Gryffe Street |  |
| Holmlea Road |  |
| Orchy Street |  |
| Ruel Street |  |
| Tulloch Street |  |
|  |  |
| **4 Bedroom Apartments:** | |
| Brunton Street |  |
| Gryffe Street |  |
| Holmlea Road |  |
| Orchy Street |  |
|  |  |
| **Other Types of Accommodation:** | |
| Sheltered Housing (applicants aged 65 or over) |  |
| Supported Accommodation |  |

|  |  |  |  |
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| **DECLARATION OF INTEREST** | | Yes | No |
| Are you related to a Committee Member or employee of Cathcart and District Housing Association? | |  |  |
| If yes, what is their relationship to you? | | | |
| **Please provide their name and address** | | | |
| **Name** |  | | |
| **Address** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION**  **Please read the following statement carefully and then sign at the relevant place below**. Where a joint application is being made, both applicants **must** sign below, or the application will not be processed. | | | |
| * I confirm that to the best of my knowledge, the details I have given on this application form are true and accurate and that I will tell you if there is any change in my circumstances so that my housing needs can be re-assessed. I understand that knowingly or recklessly giving false or misleading information, or withholding relevant facts, may result in my application for housing being cancelled. If I obtain a tenancy based on false or misleading information, I understand that action may be taken against me to recover the property. * I give permission to Cathcart & District Housing Association to make any necessary enquiries in connection with my application for housing to verify the circumstances as stated on this application, or to obtain details relating to any former tenancies. * I understand that this application will be cancelled when I accept a property offered through the register. If I want to move again, I know that I will have to make a new application. * 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 and update form, you will cancel my application. * I understand and agree to the conditions noted in the declaration.   **Signatures:**  **If you are applying with someone else, you must both sign or we will not process the form.** | | | |
| Applicant Signature |  | Date |  |
| Joint Applicant Signature |  | Date |  |
| Cathcart and District HA staff member (if relevant) |  | Date |  |

**Cathcart & District Housing Association**

**Anonymised Equality Data Collection Form**

**Information for those completing the form**

**Why are we asking for equality information?**

We collect equality information to help us to plan and deliver effective services and to meet our legal and regulatory obligations.

**What do we do with equality information?**

We use equality information for a range of purposes, including to help us to:

* protect and promote your rights and interests;
* promote equality objectives across our services;
* identify and address our customers’ needs, and improve our services; and
* identify and eliminate any form of discrimination.

**Do you need to answer every question?**

By answering as many questions as possible you will help us meet your needs better, but we provide options throughout this form to allow you to provide only the information you want to give us. You can complete some questions and not others or you can complete parts of questions. The form has space for you to tell us more about your needs if you want.

We may ask for some information in other forms where this is required by law. For example, where we need to know your age if you are applying for a home as only those over 16 years old can be registered on our housing list.

**How do we process your equality information?**

We process equality information strictly in line with data protection law, including by:

* processing your equality data confidentially;
* restricting access only to relevant staff members;
* retaining equality information only as long as necessary;
* sharing data only as lawfully permitted; and
* destroying data securely.

**Who do we gather equality information about?**

We gather equality information from:

* housing applicants;
* tenants;
* people who apply for a job with us;
* our employees; and
* committee members.

**Other formats**: Please let us know if you would like this form in another format.

**Age**

Note: We may request a specific date of birth in certain forms when this is required in law. For example, we need to know the age of housing applicants as a person can only be registered on our housing list/register if the person is 16 years of age.

**What is your date of birth?**

|  |  |  |
| --- | --- | --- |
|  | Date of birth (DD/MM/YYYY) | I would prefer not to say |
| **Applicant** |  |  |
| **Joint Applicant** |  |  |

*Alternative format:*

**Please tick the band for your age:**

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Joint Applicant** |
| 16 to 24 |  |  |
| 25 to 34 |  |  |
| 35 to 44 |  |  |
| 45 to 54 |  |  |
| 55-65 |  |  |
| 65+ |  |  |
| I would prefer not to say |  |  |

**Belief or religion**

Please tick the box which best describes your belief or religion from the list below?

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Joint Applicant** |
| Buddhism |  |  |
| Christianity – Catholic |  |  |
| Christianity – Protestant |  |  |
| Christianity – Other |  |  |
| Hinduism |  |  |
| Islam |  |  |
| Judaism |  |  |
| Sikhism |  |  |
| Other religion (please state what this is) |  |  |
| No specific belief in religion (for example, atheism or agnosticism) |  |  |
| I would prefer not to say |  |  |

**Disability**

Are you a disabled person?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I would prefer not to say |
| **Applicant** |  |  |  |
| **Joint Applicant** |  |  |  |

If ‘Yes’, please tick the box which category you would use from the following list:

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Joint Applicant** |
| Autoimmune (for example, multiple sclerosis, HIV, Crohn’s/Ulcerative colitis) |  |  |
| Learning difficulties (for example, Down’s Syndrome) |  |  |
| Mental health issues (for example, depression, bi-polar) |  |  |
| Neuro-divergent condition (for example, autistic spectrum, dyslexia, dyspraxia) |  |  |
| Physical impairment (for example, wheelchair-user, cerebral palsy) |  |  |
| Sensory impairment – hearing impairment |  |  |
| Sensory impairment – visual impairment |  |  |
| Other |  |  |
| I would prefer not to say |  |  |

If ‘Other’ please specify:

**Ethnicity**

Please tick the box that best describes your particular ethnic group:

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Joint Applicant** |
| **African** | | |
| African, African Scottish or African British |  |  |
| Other African background (please specify) |  |  |
| **Asian, Scottish Asian or British** | | |
| Bangladeshi, Bangladeshi Scottish or Bangladeshi British |  |  |
| Indian, Indian Scottish or Indian British |  |  |
| Pakistani, Pakistani Scottish or Pakistani British |  |  |
| Chinese, Chinese Scottish or Chinese British |  |  |
| Other Asian background (please specify) |  |  |
| **Black or Caribbean** | | |
| Caribbean, Caribbean Scottish or Caribbean British |  |  |
| Black, Black Scottish or Black British |  |  |
| Other Caribbean or Black background (please specify) |  |  |
| **Mixed groups** | | |
| Mixed or multiple ethnic group (please specify) |  |  |
| **White** | | |
| English |  |  |
| Gypsy Traveller |  |  |
| Irish |  |  |
| Polish |  |  |
| Roma |  |  |
| Scottish |  |  |
| Welsh |  |  |
| Other British |  |  |
|  | | |
| **Other group (please specify your ethnic group)** |  |  |
| **I would prefer not to say** |  |  |

**Marriage and civil partnership**

Are you presently in a civil partnership?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I would prefer not to say |
| **Applicant** |  |  |  |
| **Joint Applicant** |  |  |  |

Are you presently married?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I would prefer not to say |
| **Applicant** |  |  |  |
| **Joint Applicant** |  |  |  |

**Pregnancy and maternity**

Are you pregnant?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I would prefer not to say |
| **Applicant** |  |  |  |
| **Joint Applicant** |  |  |  |

Have you taken maternity or paternity leave in the past year?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I would prefer not to say |
| **Applicant** |  |  |  |
| **Joint Applicant** |  |  |  |

**Sex**

What is your sex?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Male | Female | Intersex | Other (please specify) | I prefer not to say |
| **Applicant** |  |  |  |  |  |
| **Joint Applicant** |  |  |  |  |  |

**Gender re-assignment (trans/transgender)**

Do you consider yourself to be a trans person?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | I would prefer not to say |
| **Applicant** |  |  |  |
| **Joint Applicant** |  |  |  |

**Sexual orientation**

What is your sexual orientation?

|  |  |  |
| --- | --- | --- |
|  | **Applicant** | **Joint Applicant** |
| Bisexual |  |  |
| Gay man |  |  |
| Heterosexual/straight |  |  |
| Lesbian/gay woman |  |  |
| Other |  |  |
| I would prefer not to say |  |  |

**What to do now**

Please post or return this form to:

Cathcart & District Housing  
3/5 Rhannan Road  
Glasgow  
G44 3AZ