

**DECLARATION**

***“Cathcart & District Housing Association Ltd (CDHA) is registered under the Data Protection Act 2018. CDHA is under an obligation to properly manage public funds. Accordingly information that you have provided on this form may be used to prevent and detect fraud and may also be shared for the same purpose with public bodies or other organisations which handle public funds.”***

I hereby give permission for the CDHA’s medical advisor to ask my Doctor/Hospital Specialist, in confidence, for further information. I hereby certify that the particulars in this application are true and I understand that any false or misleading information or withholding of relevant information now and at any time may result in any tenancy granted to me being terminated.

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.

**Signatures. If you are applying with someone else, you must both sign or we will not process the form.**

Signed (applicant): ..........................................................…............. Date: ........................

# Name and Address of Local Housing Organisation

Cathcart & District Housing Association Ltd

3/5 Rhannan Road, Cathcart, Glasgow, G44 3AZ

**APPLICATION FOR RE-HOUSING - MEDICAL PRIORITY**

Applicant’s Name: ......................................................…. Date of Birth: ......................

Applicant’s Address: ....................................................................................................................

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

Reference: .................................................................…………………………………………….…

Signed: .......................................................................…. Date: ..................................

on behalf of Cathcart & District Housing Association

Cathcart & District Housing Association Ltd, 3 Rhannan Road, Cathcart, Glasgow, G44 3AZ

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**FOR OFFICE USE ONLY**

⬜ Re-housing essential

* Re-housing not essential
* Medical ‘A’
* Medical ‘B’

The type of housing should be: ...............................................………………………………………………………………………

**Privacy Notice**

Cathcart & District Housing Association Limited has registered under the Data Protection Act 2018 to enable us to process personal information about housing applicants and other service users. The Association must comply with the conditions set out in the Act.

You have a right to apply for a copy of the information we hold about you and to have any inaccuracies corrected. The Association may charge a fee for providing the information; the fee is limited by statute.

We collect the following personal information about you:

* Personal details: name, addresses, date of birth
* Contact details: home phone number, mobile phone number and email address
* Further details: NI number, gender, ethnicity, disability, medical details, marital status, signature
* Household composition: details of existing accommodation arrangements and family members seeking accommodation with the applicant

We will not collect any personal data from you that we do not need.

We use information from applicants and tenants for a range of purposes relating to our housing list and tenancy management. We will also use the information to provide statistical data to our Management Committee, the Scottish Housing Regulator, and other interested parties. We will always respect the confidentiality of the information you provide.

We may also use the information if you are successful in obtaining housing from Cathcart & District Housing Association. Your application details will be kept on file as “history notes”.

While you are on our housing list, and during any subsequent tenancy you have with the Association, we may add to or modify the information provided by you or others, for example your landlord.

We may disclose your personal information to local authorities in respect of matters relevant to a tenancy, or if you are claiming or receiving housing benefit.

If you wish anyone to deal with your affairs on your behalf please request a ‘mandate to represent form’ from our office or you can find this on our website. This allows you to request a named person permission to discuss specific or all of your personal data with the Association as required.

We will not share your personal information with anyone who claims to represent you unless we are satisfied that you have appointed them or they act in some recognised official capacity. There may be a delay to us dealing with requests whilst we confirm the caller’s identity, or check that we have your approval to deal with them.

**By returning this form to us you consent to processing personal data about you in accordance with the Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR).**

**REQUEST FOR RE-HOUSING - MEDICAL PRIORITY**

1. Name: …..............................................................................................................

2. Address: ....……........................................................................................................

.....…..….....................................................................................................

.......…...……..............................................................................................

1. Telephone: ........…......……..........................................................................................

4. Please list the members of your household:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Date of Birth** | **Relationship** | **Moving with Applicant** |
|  |  |  |  | YES / NO |
|  |  |  |  | YES / NO |
|  |  |  |  | YES / NO |
|  |  |  |  | YES / NO |
|  |  |  |  | YES / NO |

5. When did you move to your present address? ..............................................................

6. What type of property do you live in?

TENEMENT / MULTI STOREY / MAISONETTE / 4-IN-A-BLOCK /

BUNGALOW / TERRACED / SEMI DETACHED / OTHER

7. Which floor do you live on? ..........................................................................................

8. How many steps are there to your front door? ...............................................................

9. How many bedrooms are there in your present home? ..................................................

10. What type of heating do you have?

GAS / ELECTRIC / SOLID FUEL / OTHER

11. Is the property centrally heated? YES / NO

12. Do you have a garden? YES / NO

13. Do you have shops within easy reach? YES / NO

14. Do you have your own transport? YES / NO

15. Would you say the area you live in is hilly or flat? HILLY / FLAT

16. Describe your health problem in as much detail as you can: …………………………………………………………………………………………………….

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17. How long have you suffered from this complaint?

….................................................................................................................................

18. List any medication you are receiving (please provide copy of current repeat prescription):

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19. Why is your present house unsuitable?

…………………………………………………………………………………………………….

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20. What type of housing would suit your medical needs? …………………………………….....................................................................................

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21. Do you require housing all on the one level? YES / NO

22. Do you require sheltered accommodation? YES / NO

23. Are you registered disabled? YES / NO

24. Are you registered blind? YES / NO

25. Do you use any of the following?

WHEELCHAIR / ZIMMER / TRIPOD / WALKING STICK

26. Do you use the aid

INSIDE - Always / Regularly / Occasionally

OUTSIDE - Always / Regularly / Occasionally

27. Do you have difficulty climbing the stairs? YES / NO

28. If Yes, how many steps can you manage?

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

29. Have any adaptations been carried out to your present accommodation because of your medical needs? YES / NO

1. If YES please specify: ……………….……………………………………………………………………………………

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

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

31. Is your present house fitted with a Housing Alarm? YES / NO

32. Have you been admitted to hospital in the past 12 months? YES / NO

Date of admission: ......................................... Length of Stay: ...................................

Hospital: ........................................................ Reason: ..............................................

33. Please give the name and address of your GP:

…………………………………………………………………………………………………….

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34. Please give the name and address of any hospital specialist you attend: …………………………………………………………………………………………………….

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35. Have you applied for medical priority before? YES / NO

36. If YES when did you apply? ..….........................................................................................

37. Do you have family support? YES/NO

If YES, please give name and address of supporter: ......................................................................................................................................

…………………………………………………………………………………………...............

State relationship: ………...........................................................................................................................

Details of support given: ......................................................................................................................................

…………………………………………………………………………………………………….

**Please add any further comments here:**