SHELTERED 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)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mr/Mx/Mrs/Miss/Ms  Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Forenames \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Flat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone No Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Why are you applying for a C&DHA Sheltered House?    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OFFICE USE ONLY | | | | | | | | | | | | | | |
| CDHA List | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
| Resident  Sub Area | | | | | | |  | | | | | | | |
| Effective Date  Of Application | | | | | | | | | | | | | | |
|  |  | | - |  | | |  | | | - | |  | |  |
| Initial  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Start of Tenancy | | | | | | | | | | | | | | |
|  |  | | - |  | |  | | | | - | |  |  | |
| Actual Date  of Application | | | | | | | | | | | | | | |
|  |  | | - |  | | | |  | | | - |  |  | |
| Generated number | | | | | | | | | | | | | | |
|  | |  | | |  | | | |  | | |  | | |
|  | | | | | | | | | | | | | | |

**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).

1. **Housing Factors**

a) Overcrowding/Sharing

Do you have exclusive use of a:-

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Living Room |  |  |
| Bedroom |  |  |
| Kitchen |  |  |
| Bathroom |  |  |

If you have answered ‘no’ to any of the above, please give details of those you share with

………………………………………………………………………………………….

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you live in a non domestic setting e.g Residential Home, Hostel, Hospital etc |  |  |

If yes, please give details

……………………………………………………………………………………………

……………………………………………………………………………………………

b) Housing Condition

Does your present house have:-

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| A bath or shower |  |  |
| An inside toilet |  |  |
| Adequate kitchen facilities |  |  |
| Dampness or condensation |  |  |
| Any serious repairs problems |  |  |

c) Adaptations

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Does your accommodation have special adaptations? |  |  |

Give details

……………………………………………………………………………………………

d) Heating

What type of heating does your home have? Please tick as appropriate

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gas Fire |  | Electric Fire |  | Coal Fire |  |
| Gas Central |  | Electric Central |  | Coal Central |  |

e) Access

Do you live on:-

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ground Floor |  | 1 up |  | 2up |  | 3 up |  |

Is your house on:-

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| One level |  |  |
| Split level |  |  |
| On a hill |  |  |

If you have to climb stairs, do you manage these?

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Without difficulty |  |  |
| With a little difficulty |  |  |
| With a lot of difficulty |  |  |
| Only with assistance |  |  |

f) Mobility

Do you go out:-

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Most days |  |  |
| At least once a week |  |  |
| Less than once a week |  |  |
| Less than once a month |  |  |

Do you go out

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Alone |  |  |
| Only with assistance |  |  |

g) Disability

Please state as fully as possible the nature of your disability

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

How long have you suffered from this complaint?

……………………………………………………………………………………………

What medication do you receive? (please provide repeat prescriptions or provide names of medications)

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

Do you receive Disability Living Allowance Yes/No

Sheltered Housing Complexes tend to have some form of communal activities. Would you wish to participate? Yes/No

Please provide your Doctor’s name and address

Name: ……………………………………………

Address: ……………………………………………

Telephone No: ……………………………………………

h) Home Help

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have a home help? |  |  |

If yes, how many days per week ……………………….. days

i) Visitors

|  |  |  |  |
| --- | --- | --- | --- |
| Most Days |  | At least once a week |  |
| Less than once a week |  | Less than once a month |  |

k) Walking Aids

Do you walk:-

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Unaided |  |  |
| With a stick |  |  |
| With a walking frame |  |  |

Do you use a wheelchair:-

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Sometimes |  |  |
| Most of the time |  |  |
| Only when outside |  |  |
| All the time |  |  |

l) Health

Do you suffer from falls, dizziness or unsteadiness?

|  |  |  |
| --- | --- | --- |
|  | Self | Partner |
| Not at all |  |  |
| Infrequently |  |  |
| Frequently |  |  |

Please give details

……………………………………………………………………………………………

……………………………………………………………………………………………

m) Shopping

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have shops nearby? |  |  |

2. Personal Factors

a) Family Support

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| In relation to the scheme you are applying for, do you have the support of family or friends? |  |  |

If yes please describe the sort of assistance you receive from family and friends

……………………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………………………………………………………

What is their:-

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

Flat: ………………………......................

Address: …………………………………………

Town: …………………………………………

Postcode: …………………………………………

b) Assistance

Do you need help with?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | None | A Little | Quite a lot | A lot |
| Housework |  |  |  |  |
| Cooking |  |  |  |  |
| Shopping |  |  |  |  |
| Bathing |  |  |  |  |
| Gardening |  |  |  |  |

If yes who: ………………………………………………………………..

**Floor Levels**

Ground Floor 🞏

First Floor 🞏

No preference 🞏

# Declaration

BEFORE SIGNING THE APPLICATION FORM, PLEASE READ THE FOLLOWING DECLARATION.

* I declare that the information provided by me on this form is correct. I understand that any information provided which is deliberately false or misleading could result in my application being suspended. I undertake to give notice in writing of any change in my circumstances.
* I hereby authorise Cathcart & District Housing Association to contact any relevant person or organisation to obtain information, which it considers necessary and relevant to my application.
* I understand that the information provided on my application may be passed to a Housing Association where I have asked to be nominated to them for rehousing.
* 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.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joint Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

All applications along with the appropriate documentation should be returned to:

**Cathcart & District Housing Association**

**3/5 Rhannan Road**

**Glasgow**

**G44 3AZ**

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