

Ref No:

Name:

Address:



West Dunbartonshire Council Housing Application Form

This document is available in other formats such as audio tape, CD, Braille and in large print. It can also be made available in other languages on request. Please contact 01389 737288

Arabic

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

Chinese (Cantonese)

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。

Hindi

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई और सुनने वाले माध्यम पर भी उपलब्ध है

Polish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.

Punjabi

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Urdu

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

For Office Use Only:					
Date Received:		Received By:	Advice		Mail
Date Loaded:		Loaded By:			
Date Acknowledged:		Letter Type:			
Homeless Case/Short Enquiry: Yes/No					

Data Protection Act 1998

Information used on this form may be recorded on computers and used for other Local Authority purposes. The information is stored and used under the Data Protection Act 1998

Assistance

The service is provided from our centralised Allocations Team based within the Area Housing Office in Dumbarton. There is dedicated staff working on a geographical basis from our Area Housing Offices where private interview facilities are available. If you require assistance in completing this form Housing Advice Staff will be pleased to help you.

If you would like further information contact 01389 738282 or call into your nearest housing office. Your form can also be returned to any of our offices.

Our centralised team is based in the Area Housing Office in Dumbarton

Dumbarton Area Housing Office

24-30 College Way

Dumbarton

G82 1QS

Telephone: (01389) 608970 / 608963 / 608967

Fax: (01389) 608960

Text us on: 07899 076204 or 07909 890729

Email us at: allocations@west-dunbarton.gov.uk

Alexandria Area Office

17 Mitchell Way

Alexandria

G83 0LW

Clydebank Area Office

Roseberry Place

Clydebank

G81 1TG

Copies of our Allocation Policy and forms are available at each of our local offices and available on the Council's website www.wdcweb.info for download.

Applicant details

1. Main Applicant Name and address

Title Mr/Mrs/Ms/Miss

First name	<input type="text"/>	Surname	<input type="text"/>
Address inc postcode	<input type="text"/>	Tel No Work/home	<input type="text"/>
Email Address	<input type="text"/>	Mobile No	<input type="text"/>

2. Joint applicant/partner

Title Mr/Mrs/Ms/Miss

First name	<input type="text"/>	Surname	<input type="text"/>
Address (if different from main applicant)	<input type="text"/>	Tel No Work/home	<input type="text"/>
Email Address	<input type="text"/>	Mobile No	<input type="text"/>

Proof of address will be required

3. Do you want us to write to you at your address?

Yes No

If no, please provide an address
where we can write to you

4. Non-UK Citizens Under the Housing Scotland Act 2001 and the Asylum and Immigration Act 1999, West Dunbartonshire Council must establish whether a person qualifies for help with public funds, including housing.

Passports will need to be provided

	You (√)			Joint Applicant (√)		
Are you a Non –UK Citizen?	Yes		No	Yes		No
Are you under immigration control	Yes		No	Yes		No
Are there conditions or limits to your permission to stay in the UK?	Yes		No	Yes		No

If yes please give details

You	Joint Applicant

5. Are you or anyone applying with you subject to an Anti Social Behaviour Order (ASBO)? Yes No

6. Are you or any member of your household required to register with the Police? Yes No

Details of your present circumstances/accommodation

7. Please state your main reasons for applying (please tick one box)

Need a smaller house		UOC	To be closer to place of work		EMP
Need a bigger house		OVC	Medical reasons		MED
Moving in with partner		MIP	Relationship breakdown		RBD
Leaving family home		WOH	To give or receive support		SUP
End of lease		EOL	Want a different house type		TYP
Eviction order		EVO	Homeless		HOM
Losing tied accommodation		LTA	Wants to move to WDC area		WDC
Granted leave to remain in country		GLR			

ARE YOU HOMELESS OR COULD BE HOMELESS IN THE NEXT 2 MONTHS?

Have you currently applied to the Homeless Section? Yes No

If no, would you like a housing advice interview to discuss a range of housing options? Yes No

Or, would you like to be contacted by the Homeless Section? Yes No

8. Which box best describes your present housing situation (Please tick one box)

Living with parents		LWP	Private let		PSL	Housing Ass tenant within WDC		WDA
In bed & breakfast		BB	Living with friends/relatives		LOD	In prison		PRI
Owner occupier		OOC	In HM forces accommodation		HMF	Homeless, no fixed abode		NFA
WDC Council tenant		WDC	In a tied tenancy		WTT	Hostel, refuge/institution		HRI
Tenant of another council		LAT	Housing Ass tenant outwith WDC area		HAS	Living in a caravan		CDW

9. How long have you lived at your current address?

Date from _____

10. What type of property do you live in now? (Please tick one box)

Semi detached house	<input type="checkbox"/>	SD	Gypsy travellers site	<input type="checkbox"/>	GTS	Ground floor multi Storey flat	<input type="checkbox"/>	MSG
End terrace house	<input type="checkbox"/>	ET	Lower duplex flat – Clydebank	<input type="checkbox"/>	DFG	1 st – 5 th floor multi Storey flat	<input type="checkbox"/>	MSL
Mid terrace house	<input type="checkbox"/>	MT	Upper duplex flat- Clydebank	<input type="checkbox"/>	DFU	6 th – 10 th floor multi Storey flat	<input type="checkbox"/>	MSM
Semi bungalow	<input type="checkbox"/>	SBU	Person flat- Clydebank	<input type="checkbox"/>	PHL	11 th floor and above multi storey flat	<input type="checkbox"/>	MSU
End bungalow	<input type="checkbox"/>	EBU	Person house- Clydebank	<input type="checkbox"/>	PTH	Mini multi lower	<input type="checkbox"/>	MML
Mid bungalow	<input type="checkbox"/>	MBU	Lower four-in-a-block	<input type="checkbox"/>	LF	Mini multi middle	<input type="checkbox"/>	MMM
Ground floor flat in a close	<input type="checkbox"/>	TFL	Upper four-in-a-block	<input type="checkbox"/>	UF	Mini multi upper	<input type="checkbox"/>	MMU
1st floor flat in a close	<input type="checkbox"/>	TFM	Maisonette lower	<input type="checkbox"/>	ML	Lower multi sheltered	<input type="checkbox"/>	LMS
2nd or 3rd floor flat in a close	<input type="checkbox"/>	TFU	Maisonette upper	<input type="checkbox"/>	MU	Middle multi sheltered	<input type="checkbox"/>	MMS
One apartment flat	<input type="checkbox"/>	OAF	Sheltered housing lower	<input type="checkbox"/>	SL	Upper multi sheltered	<input type="checkbox"/>	UMS
Bedsit	<input type="checkbox"/>	BST	Sheltered housing upper	<input type="checkbox"/>	SU	No settled accommodation	<input type="checkbox"/>	NFA

11. If you are a tenant of a private landlord or housing association, please tell us the name and address of your landlord

12. If you live in a tied tenancy, when do you have to leave?

Date

Proof will be required of leaving tied accommodation

13. Please list all of the people living with you now including yourself

Full Name	Sex	Date of Birth	Relationship
1			<i>applicant</i>
2			
3			
4			
5			
6			

14. Please list all the people to be housed with you including yourself

Full Name	Sex	Date of Birth	Relationship
1			<i>applicant</i>
2			
3			
4			
5			
6			

15. Is anybody on your application expecting a baby? Yes No

If yes, who is it and when is the baby due?

Name	Due date	/	/
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Proof of pregnancy/birth will be required

16(a) Do you have access arrangements for dependent children? Yes No

Name	Sex	Date of Birth	Permanent address

16 (b) How often do they stay overnight? Number of Nights _____

Proof of written confirmation will be required for example from other parent, Solicitor

17. Are children to be accommodated with you physically disabled? Yes No

If yes, please name _____

We will require proof for example DLA award letter

18. Do you have an assistance dog? (guide or hearing dog) Yes No

Applicants with non assistance dogs will not be offered Multi Storey Properties

19(a) How many bedrooms are there in your current property? _____

19(b) How many bedrooms does your current household actually have use of? _____

19(c) Use of bedrooms – please include all the people living at your present address

Bedroom	Names of people using this room
1	
2	
3	
4	
Other	

19(d) How many bedrooms would you prefer? Total number _____
(Please refer to application guidance for house size eligibility)

20. Does your accommodation lack facilities?

Cooking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bath/shower	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

21. Do you share facilities with anyone other than the people being rehoused with you?

Cooking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bath/shower	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

22. Are you applying to move house from one town within the WDC area to another or moving from outwith WDC to be nearer a family member/social network to give or receive support?

Yes No

Please provide details of who will be supporting you or who will you be supporting

Name and Address	Reasons for giving or receiving support

You will be asked to provide written confirmation

23(a) Are you applying for housing to be closer to your place of work?

Yes No

23(b) Please tell us the name and address of your employer including postcode

23(c) Please tell us how far away you live from your place of work?
(Must be 30 miles away to qualify)

Number of Miles _____

You must provide written confirmation from your current employer

Accommodation History

24(a) Please list ALL previous addresses in the past 5 years

(State Tenure: Lodger / living with Parents (L), Owner (O). If Tenant please advise if Housing Association (HA) or private let (PL))

Previous Addresses	Landlord Details	Date From	Date To	Reason for leaving	Were you the tenant	Tenure
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	

24(b) Please list ALL previous addresses in the past 5 years of any joint

applicant/partner/anyone living in household over 16 years of age, if different from your own

(State Tenure: Lodger / living with Parents (L), Owner (O). If Tenant please advise if Housing Association (HA) or private let (PL))

Previous Addresses	Landlord Details	Date From	Date To	Reason for leaving	Were you the tenant	Tenure
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	
					Yes / No	

Your Housing Choice

25. You can choose any AREA within of WDC.

Clydebank

North Mountblow	C0001	Central/Radnor Park	C0008	Clydebank East	C0015
Old Mountblow	C0002	Old Parkhall	C0009	Town Centre	C0016
West Dalmuir	C0003	North Kilbowie	C0010	Village Centre **	C0017
Central/East Dalmuir	C0004	Boquhanran	C0011	Freelands **	C0018
North Drumry	C0005	Old Whitecrock	C0012	Faifley	C0019
South Drumry	C0006	Linnvale	C0013	Duntocher	C0020
East Kilbowie	C0007	Central Whitecrock	C0014	Hardgate	C0021

** Village Centre and Freelands are located in Old Kilpatrick

Dumbarton

Westcliff	D0001	Brucehill	D0009	Old West Bridgend	D0017
Castlehill-East	D0002	West Bridgend (msf)	D0010	Overburn	D0018
Town Centre	D0003	Park Crescent	D0011	Doveholm	D0019
Townend	D0004	Gooseholm	D0012	Glenside	D0020
Willox Park-Sheltered	D0005	Bellsmyre	D0013	Silverton	D0021
Garshake	D0006	Bonhill Road/Crosslet	D0014	Milton	D0022
Dumbarton East	D0007	Highmains	D0015		
Bowling	D0008	Castlehill West	D0016		

Vale Of Leven

Old Bonhill	V0001	O'Hare	V0009	Allan Crescent	V0017
Dalmonach	V0002	Ladyton	V0010	Burnbrae	V0018
Haldane	V0003	Braehead	V0011	Tontine	V0019
Alexandria	V0004	Pappert	V0012	Central Renton	V0020
Jamestown	V0005	Redburn	V0013	Riverside Estate	V0021
Tullichewan	V0006	Levenvale	V0014	Argyll Estate	V0022
Dalvait	V0007	Rosshhead	V0015		
Gartocharn	V0008	Milton Estate	V0016		

House Type

26. Please tick box(es) for PROPERTY TYPES you would accept.

Semi detached house	SD	Gypsy Travellers site*	GTS	Ground floor multi storey	MSG
End terrace house	ET	Lower duplex flat **	DFG	1-5 th floor multi storey	MSL
Mid terrace house	MT	Upper duplex **	DFU	6-10 th floor multi storey	MSM
Semi-bungalow	SBU	Person flat **	PFL	11 th floor & above multi	MSU
End-bungalow	EBU	Person house **	PTH	Mini multi lower*	MML
Mid bungalow	MBU	Lower 4 in a block	LF	Mini multi middle*	MMM
Ground floor flat (close)	TFL	Upper four in a block	UF	Mini multi upper*	MMU
First floor flat (close)	TFM	Maisonette lower	ML	Lower multi sheltered	LMS
Second or higher (close)	TFU	Maisonette upper	MU	Middle multi sheltered	MMS
Third floor flat (close)	TFU	Sheltered housing lower	SL	Upper multi sheltered	UMS
Bedsit (Dumbarton & Vale)	BST	Sheltered housing upper	SU		

* Property types in Dumbarton only

** Property types in Clydebank only

27. Do you or anyone who is to be housed with you have a disability or a medical condition which is made worse by your present housing situation? Yes No

If yes, a separate medical assessment form can be requested

28. Do you have an Occupational Therapist or Social Worker? Yes No
 If yes, please tell us their name and contact details and why?

29. Do you feel you need extra help to cope with a home of your own?
 None at all Some advice & assistance Long-term support

Tell us more by completing the Housing Support Form included in the application pack

30. Postponing this Application

If you do not want to be considered for a house straight away, we can put your application on hold. If so please give a date from when you would like to be considered. Please note this option is not available to applicants with a medical award.

Postpone Application Yes No

Until date Reason

Housing Associations

The Council has nomination agreements with local Housing Associations, where we are able to nominate applicants on our waiting list for vacant properties that they may have

31. Are you interested in being considered for a house or flat from a Housing Association? Yes No

If yes, please tick the housing association(s) you wish to be nominated to

Cube HA	<input type="checkbox"/>	01	Link HA	<input type="checkbox"/>	06	Dunbritton HA	<input type="checkbox"/>	11
Trafalgar HA	<input type="checkbox"/>	02	Bellsmyre HA	<input type="checkbox"/>	07	Faifley HA	<input type="checkbox"/>	12
Clydebank HA0	<input type="checkbox"/>	03	Knowes HA	<input type="checkbox"/>	08	Bield HA (sheltered)	<input type="checkbox"/>	13
Cordale HA	<input type="checkbox"/>	04	Dalmuir Park HA	<input type="checkbox"/>	09	Cairn HA	<input type="checkbox"/>	14
Trust HA (sheltered)	<input type="checkbox"/>	05	Margaret Blackwood HA	<input type="checkbox"/>	10	Loretto HA	<input type="checkbox"/>	15

You can also apply direct to any Housing Association for housing.

Equal Opportunities

In West Dunbartonshire Council we want to make sure that all our customers have equal and fair access to services. One of the ways we can do this is by monitoring who uses our services. We can then identify whether any particular group of people are being discriminated against in access to opportunities and services.

Are you? (please tick <input type="checkbox"/> one box only)	Applicant		Joint Applicant	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White: Scottish	A01		J01	
White: Other British	A02		J02	
White: Irish	A03		J03	
White: Other	A04		J04	
Black, Black Scottish, Black British: African	A05		J05	
Black, Black Scottish, Black British: Caribbean	A06		J06	
Black, Black Scottish, Black British: Other	A07		J07	
Asian, Asian Scottish, Asian British: Indian	A08		J08	
Asian, Asian Scottish, Asian British: Pakistani	A09		J09	
Asian, Asian Scottish, Asian British: Bangladeshi	A10		J10	
Asian, Asian Scottish, Asian British: Chinese	A11		J11	
Asian, Asian Scottish, Asian British: Other	A12		J12	
Mixed	A13		J13	
Gypsy/Traveller	A17		J17	
Other	A14		J14	
Refused	A16		J16	
Disability				
Are you disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have ticked 'other' please specify Ethnicity

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Declaration

- I/We declare that the information given on this form is correct
- I/We understand that if I/we have given false information our application will be suspended
- I/We may also lose any home you may have offered me/us
- I/We will tell the local Housing Office immediately if there is any change of circumstance
- I/We give permission for the Council to obtain any information they require from my/our present or previous landlord or other agencies

Signature of applicant

Date

Signature of joint applicant

Date

Signature of any members of household over 16

Date

Officer Comments/Verification attached:

Further verification checks to be carried out: Yes No

If no, reasons why: _____

Additional verification requested: _____ **Date Sent :** _____ **Date Received:** _____

Current Tenancy Address: _____ **Start Date:** _____ **End Date:** _____

Ref To: _____ **Date sent:** _____ **Date received:** _____

Satisfactory: Yes/No _____ **Arrears:** _____ **Recharges:** _____

Arrangement made: Yes No **Maintained:** Yes No

Previous Tenancy Address: _____ **Start Date:** _____ **End Date:** _____

Ref To: _____ **Date sent:** _____ **Date received:** _____

Satisfactory: Yes/No _____ **Arrears:** _____ **Recharges:** _____

Arrangement made: Yes No **Maintained:** Yes No

Previous Tenancy Address: _____ **Start Date:** _____ **End Date:** _____

Ref To: _____ **Date sent:** _____ **Date received:** _____

Satisfactory: Yes/No _____ **Arrears:** _____ **Recharges:** _____

Arrangement made: Yes No **Maintained:** Yes No

Nationality checked: Yes No **ASB database checked:** Yes No

Medical Application: Provided / Completed / NA

Staff Signature: _____ **Completed:** _____

Application suspended: Yes No **If yes reasons:** _____

Application deferred: Yes No **If yes reasons:** _____

Authorised by: _____ **Date:** _____