



fairfield housing
co-operative

APPLICATION FOR HOUSING

APPLICANT

NAME

TITLE Mr Mrs Ms Miss Other

Male Female

MARITAL STATUS Married Single Separated Divorced

Widowed Co-Habitee Engaged

ADDRESS

POSTCODE

CONTACT TELEPHONE NO.

EMAIL

NATIONAL INSURANCE NUMBER

JOINT APPLICANT (IF APPLICABLE)

NAME

TITLE Mr Mrs Ms Miss Other

Male Female

MARITAL STATUS Married Single Separated Divorced

Widowed Co-Habitee Engaged

ADDRESS

POSTCODE

CONTACT TELEPHONE NO.

EMAIL

NATIONAL INSURANCE NUMBER

PLEASE RETURN COMPLETED FORM TO:
FAIRFIELD HOUSING CO-OPERATIVE, 5 FAIRFIELD AVENUE, PERTH PH1 2TF
TEL No: 01738 630738 FAX No: 01738 627305

REFERENCE
NUMBER

DATE
RECEIVED

TOTAL
POINTS

HOUSING
LIST

REFERENCE NUMBER	DATE RECEIVED	TOTAL POINTS	HOUSING LIST
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INFORMATION FOR APPLICANTS

INTRODUCTION

Fairfield Housing Co-operative was established in 1988 to improve the housing standards in the Fairfield area of Perth. We currently manage over 400 properties and are the third largest landlord in Perth. Our current stock comprises of a mixture of family homes, single person flats, housing for the elderly, as well as homes for the disabled. The Co-operative is committed to providing a high quality service to both its tenants and prospective tenants. The Co-operative is controlled ultimately by an elected board of tenants representing all our residents' interests.

APPLYING FOR HOUSING

Anyone who is 16 or over can apply for a home in Fairfield.

- Please complete the form as fully as possible
- Please ensure that you provide as much supporting documentation as possible with your application; ie copies of leases, custody arrangements and any other correspondence you feel may be relevant.
- If you have a medical condition, which is exacerbated by your current housing situation and would be improved by rehousing, please complete the enclosed self-assessment medical form and return it with your application.
- Please ensure that you advise us of any change in circumstances immediately as this may have an effect on your position on our housing lists.

Your application will be assessed and we will normally advise you within five working days that you have been accepted onto our housing list. In the case where you have not provided adequate supporting documentation or not completed the form correctly, the assessment may be delayed.

If you deliberately give false information on your form, your application will be disqualified.

Allocations are made to applicants with various types of housing need and are prioritised using a points system. Points awarded to your application will take into account your current circumstances. The measurement of housing need takes into account various factors including;

- Lack of permanent housing
- Overcrowding /underoccupation
- Property condition
- Medical needs
- Support requirements
- Harassment
- Employment/excessive travel

Applicants may be visited to check their circumstances; this does not always mean an offer of housing will follow as a result.

Once your application has been processed you will receive a letter adjusting how many points you have been awarded. It will also state what size of property you will be in.

ENQUIRIES ABOUT APPLICATIONS

The Co-operative's staff will be happy to help you complete this form and to let you know how it will be assessed. All matters relating to your application will be treated in complete confidence. If you are unhappy in any way over the treatment of your application you have access to the Co-operative's Complaints Procedure, copies of which are available from our office.

ACCEPTANCE ON TO THE HOUSING LIST DOES NOT GUARANTEE YOU WILL BE OFFERED ACCOMMODATION.

If you require this form to be translated or need assistance in completing it, please contact Dundee Translation and Interpretation Service, Mitchell Street Centre, Mitchell Street, Dundee, DD2 2LJ
Tel: 01382 435 825

PERSONAL DETAILS

Please state below, the names and other details of all persons (including yourself) who would be staying with you if you were offered housing

NAME	ADDRESS (if different to page 1)	RELATIONSHIP TO YOU	DATE OF BIRTH	SEX	OCCUPATION
		APPLICANT			

What date did you move into your current home?

PREVIOUS ADDRESSES

Please state below, the last three addresses you have lived in prior to your present address. Do not write present address.

Tenancy Reference	
Requested	Received

ADDRESS	FROM DD/MM/YY	TO DD/MM/YY	NAME & ADDRESS OF LANDLORD	WERE YOU THE TENANT	REASON FOR LEAVING

ALLOCATION PREFERENCE

Please select your preferred areas for rehousing:

- Fairfield
 Perth City Centre
 Muirton Park

What types of heating would you like?

- Gas
 Electric

YOUR CURRENT PROPERTY

Where you live at present, are you

- Tenant of Local Council
- Living in Tied Accommodation
- Tenant of Housing Association / Co-operative
- Tenant of Private Landlord
- Living with Friends / Relatives
- Owner Occupier
- Supported Accommodation
- Living in a Caravan
- Temporary Accommodation
- Can you advise if you have been accepted as Homeless by Perth & Kinross Council. If yes, please provide copy of your decision letter

Other (please specify)

(Please tick appropriate box)

What type of home do you presently live in?

- Tenement Flat
- Detached House
- Multi-Storey
- Maisonette
- Hostel
- Terraced House
- Cottage
- Caravan
- Semi-Detached

(Please tick appropriate box)

How many people (including yourself) live in the house?

How many bedrooms are in your current home?

Single Double

Who sleeps in each room?

	SINGLE OR DOUBLE	NAME
BEDROOM 1		
BEDROOM 2		
BEDROOM 3		
BEDROOM 4		
OTHER		

Overcrowding

Under occupancy

PROPERTY CONDITIONS

For Office
Use Only

Does your current home have the following for your sole use,
i.e. Not shared with anyone outwith your household?

Yes No

Living Room

Kitchen

Bathroom

Does your current home have the following facilities

Yes No

Running Hot Water

Inside Toilet

Bath or Shower

Central Heating

Does your current home have any serious problems of
disrepair, i.e. Rising Damp, Structural Defects, which
affect your housing needs?

Yes No

We will carry out a home visit to assess these matters.

If yes, please give details

SECURITY OF TENURE

For Office
Use Only

Who is your current Landlord?

Tenancy
Reference

NAME

Requested

Received

ADDRESS

POSTCODE

TELEPHONE NO.

Written
Confirmation

Is your tenancy for a fixed period?

Yes No

Requested

Received

If yes, on what date does it end?

Have you been asked to leave your tenancy?

Yes No

If yes, for what reason? Please provide proof of this.

How much is your rent?

Written
Confirmation

If you are a Owner Occupier, are you
required to sell your home?

Yes No

Requested

Received

If yes, please give details of the reason for sale and if applicable the steps you
have taken to sell the property. Please provide proof of this.

MEDICAL CONDITION

Do you or any members of your household suffer from a medical
condition / disability that is exacerbated by your current
housing situation and would be improved by rehousing?

Yes No

Medical

If yes, you should complete the enclosed Medical Assessment Form and return to
the Co-operative's office as soon as possible.

Requested

Received

SUPPORT REQUIREMENTS

For Office
Use Only

Do you have a requirement to move to the Perth area in order to provide or receive support?

Yes No

If yes, please give a full detailed description of the support you are required to provide or receive (including any relevant names and addresses). You may be requested to provide a letter of proof of support in the Perth area.

Written Confirmation

Requested	Received
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EMPLOYMENT AND EXCESSIVE TRAVEL

If you are applying for housing due to employment in Perth, please give the details of your existing or potential employer

Written Confirmation

EMPLOYER

ADDRESS

POSTCODE

TELEPHONE NO.

Requested	Received
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Do you have to travel in excess of 40 miles per day to undertake this employment?

Yes No

Is it a requirement of your employment that you have to reside within the Perth Area?

Yes No

Do you have adequate access to public transport to travel to and from your place of work?

Yes No

HARASSMENT

For Office
Use Only

Are you currently suffering any type of ongoing harassment, which could be resolved by being rehoused? Yes No

If yes, please provide details (including if you have reported this to the police and your landlord). You will also be required to provide proof.

Written
Confirmation

Requested Received

OTHER INFORMATION

If there is any other relevant information you wish to add to your housing application please details below:-

Are you or any person noted on this application form required to register with the police under the Sex Offenders Act 1997? Yes No

Has anyone included in this application been evicted for Anti-Social Behaviour in the last 3 years? Yes No

Has any person covered by this application been the subject of an Anti-Social Behaviour Order (ASBO) under Section 19 of the Crime and Disorder Act 1998, on or after September 2002? Yes No

If yes, which person was this?

Please note: If there is evidence of the above which is corroborated we may suspend your application in accordance with our suspension policy.

Are you, or any member of your household, a close relative of any staff member, or any member of the Committee of Management of Fairfield Housing Co-operative? Yes No

If yes, please state their name and relationship to you.

Name Relationship

How did you find out about the Co-operative?

An Existing Tenant

Publicity Leaflets

Perth & Kinross Council

Citizens Advice Bureau

Social Work Department

Another Housing Association

Yellow Pages / Telephone Directory

Other Source (please specify)

(Please tick appropriate box)

DECLARATION

I (we) declare to the best of my (our) knowledge that the information given overleaf is true and accurate. I (we) understand that any false or misleading information provided by me (us) may result in the application being cancelled. I (we) further understand that in the event of me (us) being housed on the basis of false / misleading information may result in the Co-operative taking legal action to recover the property.

I (we) authorise the Co-operative to make any necessary investigation to verify the accuracy of the information provided.

DATA PROTECTION ACT 1998 - YOUR PERSONAL DATA. The following information will be used for allocation and checking purposes and to make enquiries in connection with this application with other agencies i.e. doctor/health visitor, current/former landlord, social work department.

SIGNATURE

Applicant

Joint Applicant

DATE

Your co-operation in completing the Equal Opportunities form over the page would be appreciated

EQUAL OPPORTUNITIES

Fairfield Housing Co-operative operates a policy of Equality of Opportunity to ensure that all applicants are treated equally regardless of gender, disability, race, colour or country of origin.

To assist the Co-operative in complying with our Policy, we would ask that you answer the questions on this tear off section. Answering these questions is optional and will have no bearing on your Housing Application. The information given is used for statistical records only and completely confidential. Your co-operation with this request would be appreciated.

DATA PROTECTION ACT 1998 - YOUR PERSONAL DATA. The following information will be used for allocation and checking purposes and to make enquiries in connection with this application with other agencies i.e. doctor/health visitor, current/former landlord, social work department.

(Please tick appropriate box)

Are you Male Female

Do you have a disability Yes No

ETHNIC ORIGIN : Choose ONE section from A to E, then tick ONE box which best describes your ethnic group or background

A White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please write in

B Mixed or multiple ethnic groups

Any mixed or multiple ethnic groups, please write in

.....

C Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in

D African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write in

E Other ethnic group

- Arab, Arab Scottish or Arab British
- Other, please write in



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www.fairfieldhousing.co.uk

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Perth PH1 2TF

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