



ARK Housing Association

Application for Housing

Please return to:

Ark Housing Association Ltd

The Priors

Canaan Lane

Edinburgh

EH10 4SG

Phone: 0131 447 9027

Fax: 0131 478 8173

Email: admin@arkha.org.uk

Web: www.arkha.org.uk

DO NOT LEAVE ANY QUESTIONS UNANSWERED

Communities Scotland No HEP66

Scottish Charity Number SCO15694

Industrial and Provident Societies Act No. 1899R(s)

FOR OFFICE USE ONLY

Mainstream
Mainstream
with support
Mutual Exchange

Move UK
Transfer
Other

Supported
Nomination
Entered onto IBS

POINTS
Pointed by & date
Staff

If you need this document translated into braille, large print, audio tape or community languages, please contact the address below;

আপনার যদি এই দলিলপত্র আপনার সম্প্রদায়ের ভাষায় অনুবাদ করবার প্রয়োজন হয় তাহলে নিচের ঠিকানায় যোগাযোগ করুন;

如閣下需要本文件翻譯成你的社區語言，請透過下列地址聯絡，提出要求：

यदि आपको इस प्रलेख का अनुवाद अपनी कम्युनिटी की भाषा में चाहिये तो कृपया नीचे लिखे पते पर सम्पर्क करें :

اگر آپ کو اپنی کمیونٹی میں بولی جانے والی زبان میں اس دستاویز کا ترجمہ درکار ہے تو درج ذیل پتے پر رابطہ فرمائیں؛

Bu belgenin kendi konuştuğunuz dile çevrilmesini istiyorsanız, lütfen aşağıdaki adrese başvurun;

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1. PERSONAL DETAILS

	APPLICANT	JOINT APPLICANT
Title	Mr/Mrs/Miss/Ms/Other	Mr/Mrs/Miss/Ms/Other
Surname		
First Name(s)		
Maiden Name or previous name(s)		
Date of Birth	/ /	/ /
Current Address		
	Postcode:	Postcode:
Postal Address (where you want mail sent to, if different from above)		
	Postcode:	Postcode:
Home/Contact telephone number (with full dialling code)		
Mobile number		
Work number		
Email Address		
National Insurance Number		
If you are pregnant, please state your due date		

2. Please give details of accommodation occupied by you and any joint applicants during the past 5 years. Please use a separate sheet if required.

Address:			
	Postcode:		
Dates at Address:	From: / /	To: / /	
Reason for Leaving:			
Were you (please circle):	Owner	Tenant	Sub-Tenant
Name & Address of your Landlord or Mortgage Lender:	Postcode:		
Did your Landlord or Mortgage Lender take legal action against you? If yes, please give details.			
Do you owe the Landlord or mortgage lender any money? If yes, please enter the amount and any arrangements made to repay it?			

Address:			
	Postcode:		
Dates at Address:	From: / /	To: / /	
Reason for Leaving:			
Were you (please circle):	Owner	Tenant	Sub-Tenant
Name & Address of your Landlord or Mortgage Lender:	Postcode:		
Did your Landlord or Mortgage Lender take legal action against you? If yes, please give details.			
Do you owe the Landlord or mortgage lender any money? If yes, please enter the amount and any arrangements made to repay it?			

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Reason for Leaving:			
Were you (please circle):	Owner	Tenant	Sub-Tenant
Name & Address of your Landlord or Mortgage Lender:	Postcode:		
Did your Landlord or Mortgage Lender take legal action against you? If yes, please give details.			
Do you owe the Landlord or mortgage lender any money? If yes, please enter the amount and any arrangements made to repay it?			

3. Please give the names of all the people who will live with you when you are re-housed. Please include children who you have access arrangements for.

First Name:		
Surname:		
Relationship to Applicant:		
Date of Birth:	/ /	
Please circle:	Male	Female
Current Address	Postcode:	
Children:	Pregnant (give due date):	
	Child Access (give access days):	

First Name:	
Surname:	
Relationship to Applicant:	
Date of Birth:	/ /
Please circle:	Male Female
Current Address	
	Postcode:
Children:	Pregnant (give due date):
	Child Access (give access days):

First Name:	
Surname:	
Relationship to Applicant:	
Date of Birth:	/ /
Please circle:	Male Female
Current Address	
	Postcode:
Children:	Pregnant (give due date):
	Child Access (give access days):

4. What are your current housing circumstances? (please answer all of the following questions)

4(a) Please Tick	✓		✓
Tenant of Local Authority/ Housing Association/Scottish Homes		Home Owner	
Tenant in private rented accommodation		Lodger	
Other		Homeless - go to question 4(b)	

4(b) Please Tick	✓		✓
Living with Parents		In care	
Living care of friends		Hospital/Nursing care	
Living care of other relatives		Women's Aid accommodation	
Local authority temporary accommodation		Bed & Breakfast	
Hostel accommodation		Caravan/mobile home	
HM armed forces		Prison with a release date	
Roofless		Other (please detail below)	

4(c)

How many people live in your household?

Adults

Children under 12

How many bedrooms are there?

Single

Double

4(d) Please Tick

Are you lacking facilities or do you have to share facilities with people who are not part of your household (landlord, other tenants, lodgers etc)?

	Lacking	Sharing
Toilet & Bathing facilities		
Cooking facilities		
Hot water supply		
Sufficient and appropriate heating supply		

4(e) Does your current property have any defects or disrepair that affects you?

	Please Detail
Dampness	
Disrepair	
Design or layout	
Structural defect	
Large unmanageable garden	

5. Do you or anyone wishing to live with you, have an illness, disability or mental health problem? Please give details.

	Self	Joint Tenant	Other Person
Illness			
Physical disability			
Learning disability			
Mental health			
Other			

Please detail how your health is affected by your current accommodation:

6. Does any member of your household have any 'special needs'?

Mobility	✓	Mobility	✓	Mobility	✓
Does any member of the household use a wheelchair?		Does any member of your household have a mobility problem?		Do you have internal steps?	
Is current home wheelchair adapted?		Does the affected person use crutches?		Can you manage these steps on your own?	
Would a wheelchair be used inside your home?		Does anyone use a walking stick?		Do you need support to manage steps?	
Does anyone use a trolley?		Does anyone use a zimmer?		Do you have dizzy spells, fits or blackouts on a regular basis?	
Does anyone find it difficult because area is hilly?		Are there any other mobility issues?			

Care & Support	✓	Adaptation & level access	✓	Adaptation & level access	✓
Do you need support?		Do you need a level access shower?		Do you need grab-rail outside the house?	
Do you currently need professional support?		Do you need a ramped level access (outside the house)?		Do you need grab-rails inside the bathroom?	
Do you receive the right level of help or support?		Ramps inside house?		Do you need grab-rails in the toilet?	
Do you feel isolated, insecure or lonely in your current home?		Do you have any adaptations in your current address?		Do you need a fixed bathing aid?	
Do you go out of your home?		Do you need a stair lift?		Do you need a low toilet seat?	
Do you receive regular visitors?		Do you need wide doors?		Do you need special taps?	
Do you need to move nearer family or friend to receive or give support? Please give details					

8. Does any member of your household need to move to be nearer to a place of work or education

Name of employer/college	Address of employer/college	Distance from current accommodation	Method of transport taken (car, bus etc)

9. What type of accommodation do you require?

Wheelchair adapted

Level access housing

Supported accommodation

Mainstream accommodation

Mainstream accommodation with visiting support

If you do receive support, please tell us how many hours a week you receive

Number of bedrooms	✓	Type of Housing	✓	Without a lift	✓	With a lift	✓	Type of Heating	✓
Bed-sit		House or Cottage		Any Floor		Any Floor		Any Type	
1 bedroom		Flat		Ground Floor		Ground Floor		Gas Heating	
2 bedroom		Maisonette		First Floor		First Floor		Electric Heating	
3 bedroom		Amenity		Second Floor		Second Floor		Solid Fuel	
4 bedroom		Sheltered		Third Floor		Third Floor		Partial Heating	
5 bedroom		Very Sheltered							
6 bedroom									

Do you have any other specific requirements for the type of housing you need?

13. Please read and sign the declaration to show that you understand and agree to the following statements:

Please Tick ✓

I/we agree;

That I/We will inform ARK Housing Association of any change in my/our circumstances.

That my/our current or previous landlord(s) can be contacted for a reference.

That my/our doctor, medical staff, health visitor, social worker, police or any other relevant person can be contacted in connection with this application for housing.

That all information given on this application form is true and accurate. If I/We supply any false information or withhold any relevant information I/we understand that the application may be cancelled.

That if I/we are offered a tenancy on the basis of false information or have kept back any information, the tenancy may be ended.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Joint Tenant's Signature: _____ Date: _____

Printed Name: _____

14. ARK Housing Association Ltd. operates an equal opportunities policy to ensure that all sections of the community have equal access to housing services. This information is used to monitor allocations and will not affect your application in anyway.

You are not required to complete this information unless you are happy to do so. This section will be removed before your application is processed.

Ethnic group describes how you see yourself, and is not the same as nationality. Please indicate with a ✓ how you would describe the ethnic origin of your household.

	You	Joint Applicant	Other	Other	Other
White British					
White Irish					
White Other					
Asian British					
Pakistani					
Bangladeshi					
Indian					
Chinese					
Asian Other					
Black British					
Black African					
Black Caribbean					
Black Other					
Mixed Race					
Other					

Please indicate with a ✓ how you would describe the sexuality of your household.

	You	Joint Applicant	Other	Other	Other
Straight					
Gay					
Lesbian					
Bi-sexual					
Transgender					
Other					

