

CHANGE OF CIRCUMSTANCES FORM

REF. NO.	DATE REC'D	1 st POINTED	2 nd POINTED
For Office Use			



IF YOU HAVE MOVED PROPERTY – PLEASE SUBMIT 2 X PROOF OF ADDRESS WITH THIS FORM

IMPORTANT

THE ASSOCIATION MAY NOT BE ABLE TO ASSESS YOUR APPLICATION IF ANY SECTION OF THIS FORM IS INCOMPLETE

1. PERSONAL DETAILS

Name _____ Title (Mr/Mrs/Ms/Miss) _____

Address _____ Flat Position _____

Postcode _____ Email _____

Contact Tel. Number _____ Mobile _____

How long have you lived here? _____

Landlord's name (or applicable) _____

Reason for seeking re-housing _____

Please tick the box that best describes your current living arrangements:

OWNER	<input type="checkbox"/>	LIVING IN A CARAVAN	<input type="checkbox"/>
COUNCIL/HOUSING ASSOC TENANT	<input type="checkbox"/>	LIVING WITH FRIENDS/RELATIVES	<input type="checkbox"/>
LODGER	<input type="checkbox"/>	PRIVATE RENTING	<input type="checkbox"/>
HOSTEL	<input type="checkbox"/>	IN A HOMELESS FLAT	<input type="checkbox"/>
IN A TIED HOUSE	<input type="checkbox"/>	SUPPORTED ACCOMMODATION	<input type="checkbox"/>
MOVED BACK IN WITH PARENTS	<input type="checkbox"/>	OTHER (please specify)	
ALWAYS LIVED WITH PARENTS	<input type="checkbox"/>		

Postal address (if different from above) _____

2. ADDRESS HISTORY

Please give your full address history. Continue on a separate page if necessary.

Previous Address (1)
Dates From: To:
Were you the Tenant/Owner/Living care of/Other
Landlord
Reason for leaving

Previous Address (2)
Dates From: To:
Were you the Tenant/Owner/Living care of/Other
Landlord
Reason for leaving

Previous Address (3)
Dates From: To:
Were you the Tenant/Owner/Living care of/Other
Landlord
Reason for leaving

Previous Address (4)
Dates From: To:
Were you the Tenant/Owner/Living care of/Other
Landlord
Reason for leaving

3. YOUR PRESENT ACCOMMODATION

What type of property is it? Tenement Flat House Multi-storey
Bedsit/Studio Hostel room Other _____

What floor level is the property on? _____ is there a lift? YES/NO

How many bedrooms are in your present accommodation? _____

Does the accommodation have a Living room YES / NO
Bathroom YES / NO
Kitchen (separate from living room) YES / NO

Do you share any of the above with anyone? YES / NO (if yes, please tick)

Living room Kitchen Bathroom Bedroom

Does your present accommodation lack, or are you unable to make use of any of the following amenities (please tick).

Piped hot water in the kitchen and/or bathroom clothes drying area

Double glazing heating system

Is your present accommodation (please tick)?

- (i) The subject of an Environmental Health Closing Order
- (ii) Suffering dampness, water penetration or condensation
- (iii) Suffering from rodent/insect infestation (at least once in the last year)
- (iv) Difficult to heat

Please provide further information if necessary

Is more than 10% of total household income (excluding housing benefit) spent on fuel bills each month?

YES / NO

(If yes, please give details)

4. WHO LIVES IN YOUR PRESENT ACCOMMODATION? (Please give details)

NAME	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP TO YOU	IS THIS PERSON TO BE REHOUSED WITH YOU?
			Your own details	YES
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO
				YES/NO

IF YOU DO NOT HAVE FULL CUSTODY/ACCESS TO A CHILD THEN CUSTODY/ACCESS ARRANGEMENTS MUST BE CONFIRMED IN WRITING BY CHILDS LEGAL GUARDIAN

5. PLEASE LIST THE DETAILS OF ANYONE ELSE (who is not named above)

WHO IS TO BE REHOUSED WITH YOU?

NAME	CURRENT ADDRESS	SEX (M/F)	DATE OF BIRTH	RELATIONSHIP TO YOU

6. Does anyone listed above

- a) Own their own property **YES / NO**
- b) Have a tenancy with a
 - housing association/Co-op **YES / NO**
 - Local authority **YES / NO**
 - Scottish Homes **YES / NO**

If you have answered “yes” at point (a) or (b) above, please advise how many bedrooms are in the property?

7. HAVE YOU APPLIED TO ANY OTHER HOUSING ASSOCIATIONS, LOCAL AUTHORITY OR SCOTTISH HOMES? YES/NO

Please give details of the outcome of your applications and indicate if any offers of accommodation have been made.

8. MEDICAL PRIORITY – Please also complete attached medical form

Do you, or anyone who is to be rehoused with you, suffer from any medical conditions or have a disability which makes present accommodation unsuitable? YES / NO

If YES, please give details:

Name of person (1) _____

Disability/Medical condition _____

Name of person (2) _____

Disability/Medical condition _____

Have any adaptations been carried out within the home to assist with the disability/medical condition? YES / NO

If YES, please give details:

Do you, or does anyone who is to be rehoused with you, have any difficulty with stairs, inside or outside the home? YES / NO

If YES, please give details:

How many stairs are there outside/inside your current property? _____

How many stairs can you manage easily? _____

9. SUPPORT

Do you, or does anyone who is to be rehoused with you, need to move to or remain within the Association's area to receive specialist medical treatment? YES / NO

If yes, please give details _____

Is there someone within the Association's area you need to live beside in order to receive or provide regular support? YES / NO

If YES, please indicate

Name/Address of person _____

Nature of support _____

NOTE If you have provided information at Section 8 and/or Section 9 above, you may be required to provide further evidence in the event an offer of accommodation is made to you.

10. GENERAL

Do you have arrears of rent/mortgage/repairs in your current or any previous addresses?
YES / NO

If YES give details _____

Have you ever been evicted from accommodation? YES / NO

If YES give details _____

Are you related to any of the Association's staff or committee? YES / NO

If YES give details _____

If offered a GWhA tenancy, how would you intend to pay the rent?

Wages Benefit Entitlement Other _____

11. SENSITIVE ALLOCATIONS

Sensitive allocations need to be made in certain circumstances (e.g. to minimise risk to the Applicant). This is the purpose of the following question, which must be answered by all Applicants for rehousing. Please note, all information supplied by the Applicants is strictly confidential.

Have you ever received a criminal conviction for a sexual offence? YES / NO

12. ADDITIONAL INFORMATION

If you wish to provide additional information relevant to your application, please give brief details here. Continue on a separate page if necessary.

13. DECLARATION

PLEASE READ THE FOLLOWING DECLARATION CAREFULLY BEFORE SIGNING THIS FORM. IF A JOINT APPLICATION IS BEING SUBMITTED, BOTH APPLICANTS MUST SIGN THE DECLARATION.

I / we hereby certify that the information given in this form is true. If the information is found to be misleading or if relevant information is withheld, I / we understand the Housing Application Form may be cancelled and / or legal action may be taken to recover the Tenancy of any property offered.

Signed (Applicant) _____ Date _____

Signed (Joint-Applicant) _____ Date _____

REMEMBER TO NOW COMPLETE THE AREA SELECTION FORM ON THE NEXT PAGE

AREA SELECTION FORM

PLEASE COMPLETE ALL QUESTIONS - You will only be considered for property that matches your selections.

- Would you accept a 1-apartment (bedsit property – no separate bedroom)? Yes No
- Would you accept a property with combined living room/kitchen? Yes No
- Would you accept a property in the basement? Yes No
- Would you accept a multi-storey property? (Maximum height – 14th Floor) Yes No
- Would you accept a maisonette property? (Deck access) Yes No
- Do you wish to be considered for sheltered/amenity housing? Yes No

What is the minimum stair level you would accept? _____

What is the maximum stair level you would accept? _____

Please note that no dogs are allowed within our multi-story (Blythswood Court) properties or our maisonette/deck access (St Vincent Terrace) properties. As well as no dogs being allowed, there are also restrictions on other pets, please ask for more details.

Please list details of any pets you have: _____

The colour of the “tick box” indicates turnover of properties based on the number of flats that have become available in each street over the last 3 years = low (less than 5 properties), = medium (between 6 and 8 properties), = higher (more than 8 properties).

Please note you will only be considered for your household requirements (e.g. a single applicant will not be considered for a 3apt)

Will you accept a property anywhere within GWAH stock? Yes No

If no, please tick below to select the streets you would accept.

	1apt	2apt	3apt	4apt	5apt	6apt	Turn Over	Tick Box
ANDERSTON/FINNIESTON (G2 &G3)								
Argyle Street (640-650)		29	12	6	2		Higher	
Argyle Street (930-1172)		30	8				Higher	
Beltane Street	3	15	7				Higher	
Berkeley Street		24	34	12			Higher	
56 Blythswood Court – Dalriada (multi-story)		105					Higher	
323 Blythswood Court – Columba (multi-story)		111					Higher	
421 Blythswood Court – Davaar (multi-story)		104					Higher	
Breadalbane Street		12	14	4			Higher	
Brechin Street		17	39	13			Medium	
Cheapside Street		6	5				Low	
Claremont Street		1	5	2			Low	
Cleveland Street	1	8	9	5			Medium	
Derby Street	8	9	6	1			Higher	
Dorset Street	4	9	6	2			Medium	
Dover Street		10	10	2	1		Low	
Elderslie Street		18	7	4			Medium	
Kelvingrove Street						1	Low	
Kent Road		16	9	4	1		Low	
McIntyre Street		1	7				Low	
Pembroke Street		11	9	2			Medium	
St Vincent Crescent	5	16	3	1			Medium	
St Vincent Street		5	16				Medium	
St Vincent Terrace (maisonette/deck access)			187				Higher	
TOTAL STOCK IN AREA = 1021	21	545	391	58	5	1		

Please turn over for more areas>

	1apt	2apt	3apt	4apt	5apt	6apt	Turn Over	Tick Box
HYNDLAND/PARTICK (G11 & G12)								
Crown Road North (55yrs or over only)		14					Low	
Dowanhill Street (55yrs or over only)	11	1					Medium	
Gardner Street		4	1				Low	
Highburgh Road (55yrs or over only)	11						Low	
Hyndland Road (55yrs or over only)		18					Low	
Keith Court		21	4	2			Medium	
Peel Street			1	1			Low	
Prince Albert Road (55yrs or over only)	9	44					Higher	
Princes Place (55yrs or over only)		17					Low	
Walker Court		3	3	6			Low	
White Street		14					Low	
TOTAL STOCK IN AREA = 186	32	137	8	9				
WEST END (G4, G12 & G20)	1apt	2apt	3apt	4apt	5apt	6apt		
Athole Gardens (55yrs old or over only)	3	5					Low	
Baliol Street			3				Low	
Bank Street		17	3		1		Low	
Belmont Street		9	9	2			Medium	
Buccleuch Street			1				Low	
Burnbank Gardens		4	29	2			Higher	
Burnbank Terrace		13	3	4			Low	
Byres Road		10	15	15	3		Low	
Colebrooke Street			11				Low	
Dalhousie Street			1				Low	
Great Western Road			7	3			Low	
Hillhead Street	1	21		4			Higher	
Kew Terrace	2	2	3				Low	
Napiershall Street		15	5				Low	
North Woodside Road		2	3				Low	
Oakfield Avenue		4	2	2	1		Low	
Otago Street		1	1				Low	
Park Road			1				Low	
Rupert Street				1			Low	
South Woodside Road			2				Low	
St George's Road			1				Low	
University Avenue		14	5	1			Low	
University Place			4	3			Low	
West Graham Street		1					Low	
West Princes Street				1			Low	
Woodlands Road		1	2		1		Low	
TOTAL STOCK IN AREA = 274	6	114	111	37	6			

GLASGOW WEST HOUSING ASSOCIATION – MEDICAL FORM



NAME _____

ADDRESS _____

REFERENCE NO. _____

1. The exact nature of the patient's illness.

2. The length of time the patient has been affected by it.

3. Current Medication

4. Is the patient receiving support? Please provide details.

5. Is this support ongoing?

6. How has the illness affected the patient's life?

7. How do you think the patient's illness will be improved by re-housing?

GLASGOW WEST HOUSING ASSOCIATION

Please note medical points will only be awarded where an applicant's condition would benefit from a move to alternative accommodation.

8. What particular re-housing requirements does the patient have?

I/We hereby certify that the information given in this form is true. If information is found to be misleading, or if relevant information is withheld, I/We understand the housing application form (of which this form is part) may be cancelled and/or legal action may be taken to recover the tenancy of the property offered.

Applicant's Name : _____

Applicant's Signature : _____

Date : _____

The above applicant(s) has/have applied to Glasgow West Housing Association for re-housing on medical grounds. In order that their application be accurately assessed, I would be grateful if you would verify the information noted on the form and confirm that re-housing will alleviate this person's medical condition. Please note that the information supplied will be treated in the strictest confidence.

Doctor: _____

Address: (Surgery Stamp)

Doctors Signature: _____

Date: _____