

Dear Applicant,

Thank you for your interest in applying for a home with GWHA.

Your application number is _____. Please quote this number on all Correspondence. Attached you will find:

- Self Assessment form/introduction
- Housing Application Form
- Property Selection
- Medical Form
- Equal Opportunities Form
- Details of other Housing Associations & advice agencies



Please read the introduction & self assessment carefully as this explains how your application will be assessed and the likely outcome of your application. **If you require this application pack in a different font size or translated into a different language then please contact our office 0141 331 6650 or alternatively email us at admin@glasgowwestha.co.uk**

If you have a medical condition which can be improved by re-housing, please complete the medical form enclosed. This **MUST** be verified by your doctor or relevant health care professional.

Please complete the property/area selection carefully, you will not be offered any property that does not meet the specifications you select from this form.

Return your application form, your form will be assessed within 10 working days and a letter will be sent to you advising of your points.

Regards,

Glasgow West Housing Association

Checklist for returning your form:

(Please note your application may be returned to you if not fully completed)

- Copy of photo ID enclosed (for applicant & joint applicant). If not available please submit a passport photo.
- Address history completed in full
- 2 proofs of current address for e.g. bills/letters (for applicant & joint applicant)
- Further Information Mandate signed
- Area Selection Form completed in full
- Copy of Statutory Homeless letter if applicable. (Or Caseworker details if not available.)

Application for Housing - Self Assessment

We appreciate that it takes time to complete an application form and whilst GWhA welcome applications for re-housing we are unfortunately only able to re-house approximately 5% of people on our waiting lists each year. So you can be aware of the likely outcome of your application please answer the following questions:

Do you own a property? Yes / No

If you have answered “yes” it is unlikely you will receive the required number of points to be re-housed with GWhA.

You will receive no points in the “tenure” category unless your property is subject to an order of repossession, is subject to an environment protection order or is totally unfit for your purpose due to a medical condition.

Do you let your property from another housing association or local authority? Yes / No

If you have answered “yes” it is unlikely you will receive the required number of points to be re-housed with GWhA.

You will receive no points in the “tenure” category unless your property is too small or too large for your family, is not suitable for you because of a medical condition or you are separating from your partner / joint tenant.

Do you have a medical condition that makes your current home unsuitable for you? Yes / No

Will rehousing lessen the impact of your medical condition? Yes / No

If you have answered “yes” please be aware that medical points will only be awarded where the medical form has been verified by your GP or most relevant health professional. We will not allocate medical points without verification. You may also wish to contact Glasgow Centre for Inclusive Living on 0141 550 4455

Do you share your current home with people you do not wish to be re-housed with? Yes / No

If you have answered “no” you will not receive any points in the “sharing” category.

GWHA - INTRODUCTION

If you are 16 years of age or over, you are entitled to register your name on the housing list. Every year we issue around 1800 Housing Application Forms, however, only about 5 people in every 100 are actually offered re-housing.

The points listed below provide you with an idea of whether the association would be likely to offer you re-housing. If you are awarded less than the points noted it is unlikely you would be offered re-housing, more than or equal to the points noted and we may be in a position in the future to offer re-housing. Please also note that we are unable to say when we would be in a position to offer re-housing.

Studio / Multi storey flats	-	32 Points (single person)
1 Bedroom Flat	-	37 points (single person)
2 Bedroom Flat	-	34 points (adult(s) and children)
3 / 4 Bedroom Flat	-	34 points (adult(s) and children)

Please note our allocations policy determines the size of property you require based on your circumstances. Children of the same sex can share a bedroom until the oldest turns 14 years old, children of opposite sex can share a bedroom until the oldest turns 8 years old. Please note that if you have access to a child we will require a letter from the child's parent or guardian to confirm this.

HOMELESS

GWHA does not offer emergency accommodation; if you are going to be homeless in the near future we recommend that you go to the Hamish Allen Centre for assistance. You can still apply to GWHA but you will have no guarantee of being re-housed within a certain timescale, please note the maximum points awarded for homelessness is 20 tenure security points.

CONDITION OF PROPERTY

Condition of property points can be awarded if your current property is not up to standard, please refer to the table below for more information. You can only be awarded points for one category.

<u>Condition</u>	<u>Points Awarded</u>
Category B	15 Points
Category C	10 Points
Category D	5 Points

Category B includes:

Property Subject of an EHD (Environmental Health Department) closing order and declared unfit for human habitation.

Severe dampness/direct water penetration (i.e. visible evidence of rising or penetration dampness (mould growth or water stains)

Severe rodent and/or insect infestation (i.e. where the infestation is noted by staff and/or where confirmation is received that the property has been treated by the EHD for severe infestation at least once in the previous 12 months.

Category C includes:

a) **Substantial dampness/condensation** (i.e. inadequate heating/ventilation resulting in visible evidence of dampness and/or severe condensation in at least two rooms in property)

Category D includes:

a) **Inadequate heating** (i.e. a property which does not have a fixed form of heating in at least two rooms will be deemed to be inadequately heated. Fixed forms of heating include gas fires, solid fuel fires, fixed electrical appliances and radiators).

b) **Difficult to heat** (i.e. factors which could show a house is very difficult to heat include single glazed metal framed windows, poor insulation qualities, electric under-floor heating system, noticeable draughts around and window openings.

MEDICAL

In order for the association to award medical points we will need you to complete a medical form, your doctor or equivalent must sign the form to verify your condition. Please note points for medical are only given where rehousing will improve your condition.

OVERCROWDING/UNDEROCCUPATION

These points are awarded to the householder only, therefore if you are staying care of someone, you will not be entitled to these points.

SHARING AMENITIES

Sharing amenity points will be awarded where you have to share a living room, kitchen or bathroom with other people who you do not wish to be re-housed with you. If you are the sole tenant you will not be entitled to these points.

CHANGE OF CIRCUMSTANCES

Should your circumstances change after you have applied for re-housing with Glasgow West Housing Association you must fill in a change of circumstances form, this applies if you change address, members of the household change etc.

HOUSE VISITS

As you approach the top of our housing list, we will write to you with a date for carrying out a house visit or a case conference at our office if it is not appropriate to visit you at home. At this visit we will check that all the information you submitted when you applied for re-housing is still applicable to your current situation. No offer of accommodation will be made without this visit taking place.

OFFERS

You will be entitled to receive a maximum of 2 offers. Should you refuse both offers your application will be suspended for a period of 6 months before you are considered for any more offers. GWA does offer a street preference sheet, however applications will be considered **for all areas** that the association covers **unless** the street preference sheet has been completed.

FALSE INFORMATION

Should you submit false information in your application form then your application will be suspended for a period of 6 months and you will be bypassed for any offers you may have been entitled to. If you have already been offered a tenancy or signed a tenancy agreement then action will be taken to recover the tenancy from you.

CONTACT INFORMATION

Should you wish to discuss your application you can contact the office using the following:

Telephone: You can contact reception on 0141-331-6650 between 9am – 4pm Monday to Friday (11:30am – 4pm on a Tuesday).

Email: You can also email any enquiries to admin@glasgowwestha.co.uk

Letter: GWA, 5 Royal Crescent, Glasgow, G3 7SL (letters will be responded to within 10 working days)

Office: You can make an appointment to come to the office Thursday afternoon between 2pm-4pm or Friday morning between 10am – 12pm, you must make an appointment. If a Thursday afternoon or Friday morning is not suitable then you should contact the office to make a mutually suitable time. Appointments are for a maximum of 15 minutes.

1. Local Housing Associations

In addition to Glasgow West Housing Association, there are a number of other Housing associations (HAs) operating in and around the West End of Glasgow.

Across the city, Glasgow Housing Association (GHA) is the largest single housing association. You can download an application directly from GHA website www.gha.org.ok & post to a local office, alternatively telephone 08004797979 (0141 274 7979 is cheaper if you are calling via a mobile) you can also contact them by email lettings@gha.org.uk GHA require three forms of identification, which confirm identity, proof of income and residency – all housing associations will require this type of information.



It may increase your chances of being re-housed if you apply to several housing organisations in addition to GHA.

Glasgow Housing Association

GHA Shop
173 Trongate
G1 5HF
0800 479 7979

Sanctuary HA

24 Little Street
Glasgow
G3 8DQ
0141 847 0952

Charing Cross HA

31 Ashley Street
Glasgow
G3 6DR
0141 333 0404

Yorkhill HA

1271 Argyle Street
Glasgow
G3 8TH
0141 285 7910

Partick HA

10 Mansfield Street
Glasgow
G11 5QP
0141 357 3773

Queens Cross HA

45 Firhill Road
Glasgow
G20 7BE
0141 945 3003

Cube Housing Association

Maryhill Burgh Halls
24 Gairbraid Avenue
Glasgow
G20 8YE
0800 027 3456

Whiteinch & Scotstoun HA

The Whiteinch Centre
1 Northinch Court
Glasgow
G14 0UG
0141 959 2552

If you require sheltered or specially adapted accommodation the undernoted HAs may be able to assist:

Bield HA

Craighall Business Park
7 Eagle St
Glasgow
G4 9AX
0141 270 7200

Hanover HA

Pavillion 5 (Ground Floor), Watermark Business Park
345 Govan Road
Glasgow
G51 2SE
0141 553 6300

Blackwood Homes

1 Belses Gardens
Cardonald
Glasgow
G52 2DY
0141 883 4477

Trust HA

Pavillion 5 (1st Floor), Watermark Business Park
345 Govan Road
Glasgow
G51 2SE
0141 227 8501

A full list of housing associations can be found in the telephone directory or online.

2. Private Rented Sector

Glasgow Rent Deposit & Support Scheme – Telephone 0141 550 7140

- For homeless/potentially homeless clients
- History of drug alcohol addiction must be clean for a least 6 months
- Capable of sustaining a tenancy and if not will accept support
- Must be 25yrs or over, under 25yrs with a child or children, under 25 and have someone willing to share a tenancy.

A short telephone interview will be given to those to assess suitability and if accepted an appointment will be given to complete an application form. You will also be asked for the names, addresses and telephone numbers of 2 people who will provide you with a reference.

Websites

Rightmove.co.uk – has over 200,000 properties for let

s1rental.com – properties throughout Scotland

3. Homeless Services

Persons who are homeless and require immediate assistance should approach the Homeless Persons Unit at:

Hamish Allen Centre

180 Centre Street

Glasgow

G5 8EE

0141 287 1800

North West Community Casework Team

30 Mansion Street

Glasgow

G22 5SZ

0141 276 6169

Social Work Services

Glasgow City Council

Commonwealth House

32 Albion Street

Glasgow

G1 1LH

www.glasgow.gov.uk/socialwork

Text Relay 18001 0141 287 0555

Fax 0141 287 8840

Phone 0141 287 0555

Information and assistance may also be available from the following agencies:

Quarriers Stopover

200 Pollokshaws Road

Glasgow

G41 1QB

Short term hostel for 16-25 year olds.

Emergency admissions.

0141 420 3121

stopover@quarriers.org.uk

Glasgow Women's Aid

30 Bell Street

4th Floor

Glasgow

G1 1LG

Women fleeing domestic violence.

Emergency admissions.

0141 553 2022

Hermat Gryffe Women's Aid

24 Willowbank Street

Flat 0/1

Glasgow

G3 6LZ

Primarily for ethnic minority women

fleeing violence. Emergency admissions.

0141 353 0859

Talbot Association

Kingston Halls, 344 Paisley Road

Glasgow

G5 8RE

Emergency and long-term accommodation
for men.

0141 429 4541

Salvation Army

30 East Campbell Street

Glasgow

G1 5DT

Emergency and long-term accommodation
for people over 17 years old.

0141 552 4301

4. Housing Advice Agencies

Independent housing information and advice may be obtained from agencies such as Shelter or the Citizen's Advice Bureau:

Shelter

First Floor Suite 2
Breckeridge House
274 Sauchiehall Street
Glasgow
G2 3EH
0808 800 4444

Citizens Advice Bureau

1st Floor
88 Bell Street
Glasgow
G1 1LQ
0141 552 5556

Positive Action in Housing

98 West George Street
Glasgow
G2 1PJ
0141 353 2220

5. Legal and Financial Advice

If you need legal advice and representation, a law centre will probably be able to give this to you. If you've been referred to a law centre by an advice agency, the law centre will usually work with your caseworker or adviser to help you.

A solicitor at the law centre will speak to you and look at the situation you're in before advising you of your legal position and what to do next. They can also represent you in court if you need this.

Law centres have experience in areas of law that other solicitors don't deal with. For example, a law centre can help you:

- If your landlord is threatening to evict you
- If you've been having problems with your benefits
- With other money problems, including debt
- If your home isn't in a good state but your landlord won't do anything about it
- If you're getting hassle from your landlord
- If you can't pay your mortgage and you're at risk of losing your home

However not every law centre deals with the same kind of cases so it's best to check whether the law centre near you can help with the problems you're having. Again, an advice agency near you can help to guide you in the right direction.

- Ethnic Minorities Law Centre: 41 St Vincent Place, 2nd Floor, Glasgow G1 2ER
Language spoken English/Punjabi/Urdu/Chinese
Telephone No: 0141 204 2888
Email emlc@btconnect.com
- Legal Service Agency legal: Advice and representation in social welfare law areas within Glasgow City generally. Telephone 0141 353 3354 for more information. LSA operate a free drop in clinic on a first come, first served basis, each Wednesday from 1.30pm – 3.30pm. email lsa@btconnect.com
- Debt Counselling/Money Advice Service
Consumer & Trading Standards, Glasgow City Council, 231 George Street, Glasgow G1 1RX
Tel 0141 287 6681 Fax 0141 287 6682
- Drumchapel Money Advice Centre
Unit 1, KCEDG Commercial Centre, Ladyloan Place, Drumchapel, Glasgow, G15 8LB
Tel: 0141 994 0507
- National Debtline, Freephone: 0808 808 4000, <https://www.nationaldebtline.org>

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



**Glasgow
WEST**
HOUSING
ASSOCIATION
LIMITED

5 ROYAL CRESCENT
GLASGOW G3 7SL

TEL: 0141 331 6650
FAX: 0141 331 6679

HOUSING APPLICATION FORM

**ENCLOSE A COPY
OF PHOTO ID WITH
YOUR APPLICATION**

IMPORTANT

PLEASE READ THE INTRODUCTION LEAFLET BEFORE COMPLETING THIS FORM. THE ASSOCIATION MAY NOT BE ABLE TO ASSESS YOUR APPLICATION IF ANY SECTION OF THIS FORM IS INCOMPLETE.

1. YOUR 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 GWA 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

Mandate for obtaining further information.



I/We hereby certify that Glasgow West Housing Association may obtain information regarding my former/current tenancy for use in progressing my housing application.

Name:

Signed (1st Applicant): _____

Date: _____

Signed (2nd Applicant): _____

Date: _____

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-storey (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: _____

GLASGOW WEST HOUSING ASSOCIATION - EQUALITY AND DIVERSITY MONITORING

We are committed to ensuring there is equality of opportunity in all our services and activities. This Form was revised in April 2010 to reflect legislative requirements and good practice recommendations and we would like you to answer the following questions for monitoring purposes. We will treat all information confidentially and will not disclose your personal details. If you choose not to complete the form, or any of the questions, it will not in any way affect the advice or services you receive.

If you are applying for rehousing with your partner, please complete the columns marked "self" and "partner". For all other services, complete for "self" only.

AGE

What was your age last birthday? _____ Year of Birth? _____

Prefer not to answer

DISABILITY

Please tick if you consider yourself to be a disabled person?

SELF PARTNER

What is the nature of the disability?	Self	Partner
Physical/Mobility (e.g. walking, climbing stairs, lifting or carrying)		
Deafness, or severe hearing impairment		
Blindness, or severe vision impairment		
Mental Health (e.g. depression or schizophrenia)		
Learning Disability (e.g. Down's Syndrome)		
Learning Disability (e.g. Dyslexia)		
Chronic Illness (e.g. cancer, HIV, diabetes, heart disease, epilepsy)		
Other, please note here		
Prefer not to say		

ETHNIC ORIGIN

Which of the following best describes your ethnic origin? Please tick

	Self	Partner
A White:		
Scottish		
Other British		
Irish		
Gypsy/Traveller		
Polish		
Any Other White background, please indicate		
B Mixed:		
Please indicate:		
C Asian, Asian Scottish or Asian British:		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Any other Asian background please indicate		
D Black, Black Scottish or Black British		
Caribbean		
African		
Any Other Black background, please indicate		
E Other Ethnic Background:		
Arab, Arab Scottish or Arab British		
Other: (please indicate)		

GENDER

Which one of the following categories best describes your gender?

Couple		Couple (same sex)	
Single Parent (Male)		Single Parent (Female)	
Single Male		Single Female	
Other, please note here		Prefer not to say	

HOUSEHOLD ORIGIN

Which one of the following categories best describes your household origin?

MINORITY ETHNIC WHITE MIXED (e.g. Asian/UK)

LANGUAGE

What language do you prefer to speak in?

English		Polish		Arabic	
Cantonese		Urdu		Hindi	
Gaelic		Bengali		Punjabi	

Other (please indicate) _____

Do you need an interpreter or help to communicate?

YES NO PREFER NOT TO SAY

If yes, what type of help do you need? _____
(E.g. induction loop, Braille, large print, interpreter, advocacy)

RELIGION/BELIEF

How would you describe your religion, religious denomination or belief?

None		Buddhist	
Christian		Jew	
Hindu		Pagan	
Atheist		Agnostic	
Islam		Humanist	
Sikh		Prefer not to say	
Other, please note here			

SEX

What is your sex?

MALE FEMALE PREFER NOT TO SAY

SEXUAL ORIENTATION

Which of these best describes your sexual orientation?

Gay or Lesbian (same sex)		Bi-sexual (both sexes)	
Heterosexual (opposite sex)		None	
Prefer not to say			

TRANSGENDER

Do you consider yourself to be transgender or transsexual (i.e. have you, or are you considering surgery to change your sex)?

YES NO PREFER NOT TO SAY

INFORMATION RECORDS

Please fill in your name and address below if you would like us to record The details you have provided so that you do not have to fill in this Form each time you access our services.

NAME

ADDRESS

DATE

THANK YOU FOR HELPING US TO MONITOR OUR SERVICES