

# Housing application form



Dumfries & Galloway  
Housing Partnership

Working with our Tenants

Print clearly and answer all the questions as fully as possible. Your application will be treated in confidence and in compliance with the Data Protection Act 1998. If anything is unclear please call us for advice and further information. Once your application has been registered on our waiting list we will send you a registration letter. The registration letter will tell you how many points you have been awarded and your position on our waiting list.

If you don't want to be considered for a house straightaway, we can hold back your application. If so, please give us a date when you would like to be considered.

Date:

## Your name and address

Title	<input type="text"/>	National Insurance No.	<input type="text"/>
Last name	<input type="text"/>		
First names	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Home phone number	<input type="text"/>	Mobile Number	<input type="text"/>
Work phone number	<input type="text"/>	Email address	<input type="text"/>
Do you want us to write to you at this address?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If 'No', please provide an address where we can write to you.			
Address and postcode	<input type="text"/>		

## Joint applicant's name and address

Title	<input type="text"/>	National Insurance No.	<input type="text"/>
Last name	<input type="text"/>		
First names	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Home phone number	<input type="text"/>	Mobile Number	<input type="text"/>
Work phone number	<input type="text"/>	Email address	<input type="text"/>
Relationship of joint applicant to you	<input type="text"/>		

## For official use only

Date received	<input type="text"/>	Application date	<input type="text"/>	Reference number	<input type="text"/>
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## Details of your present home

1 What date did you move into your present home?

2 If you are a member of the armed forces, please give the date you leave.

If possible, please supply supporting evidence (e.g. discharge papers)

3 If you live in a tied tenancy, or insecure tenure please give the date you leave.

If possible, please supply supporting evidence (eg. Notice to Quit).

4 If you are currently in prison, please give the date you are due to be released.

If possible, please supply supporting evidence.

5 I am living in a:

DGHP Property  Nurses' residences

Other housing association tenancy  Halls of residence

Local authority tenancy  Hostel

Residential Home  Sharing with family

Bed & breakfast  Sharing with friends

Private tenancy  Homeless Temp. Accomodation

House I own  Living as a lodger

No fixed address  Towing or static caravan

HM Forces accomodation  Tied or service tenancy

Shared Ownership Property  Prison

Other (please specify)

6 Please tell us the name and address of your landlord.

Name

Address

Tel. No.

**7 What is your main reason for applying for housing?**

Discharge from the armed forces	<input type="checkbox"/>	Medical reasons	<input type="checkbox"/>
Need a bigger house	<input type="checkbox"/>	To be near work	<input type="checkbox"/>
Want to move to another area	<input type="checkbox"/>	To be near friends	<input type="checkbox"/>
End of lease	<input type="checkbox"/>	Neighbour problems	<input type="checkbox"/>
Eviction order	<input type="checkbox"/>	Can't afford present housing	<input type="checkbox"/>
To be near family	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>
Poor condition of current property	<input type="checkbox"/>	Relationship breakdown	<input type="checkbox"/>
Leaving family home	<input type="checkbox"/>	Being released from prison	<input type="checkbox"/>
Losing tied accommodation	<input type="checkbox"/>	Need a smaller house	<input type="checkbox"/>
Want a house with a garden	<input type="checkbox"/>	Getting married	<input type="checkbox"/>
Other (please state)	<input type="text"/>		

**8 What type of property do you live in now?**

Four in a block flat – ground floor	<input type="checkbox"/>	Flat – 1st floor	<input type="checkbox"/>
Four in a block flat – upper floor	<input type="checkbox"/>	Flat – 2nd floor	<input type="checkbox"/>
Bedsit bungalow	<input type="checkbox"/>	Flat – 3rd floor	<input type="checkbox"/>
Bedsit – ground floor	<input type="checkbox"/>	House with internal stairs	<input type="checkbox"/>
Bedsit – upper floor	<input type="checkbox"/>	Maisonette – ground floor	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	Maisonette – upper floor	<input type="checkbox"/>
Flat - ground floor	<input type="checkbox"/>	Sheltered housing	<input type="checkbox"/>
Caravan - static	<input type="checkbox"/>	Caravan - Touring	<input type="checkbox"/>
Other - please specify	<input type="text"/>		

**9 Does the property you live in have a shared entrance?** Yes  No

**10 Does the property you live in have its own garden?** Yes  No

**11 Where you live at present, how many bedrooms are there?**

**12 How many bedrooms do you and anyone moving with you actually have use of?**

**13 Does your home have the following:**

A piped water supply	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A fixed bath or shower and wash-hand basin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A hot and cold water supply	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Inside WC facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Effective drainage and waste disposal system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Kitchen facilities and adequate cooking facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Satisfactory thermal insulation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Satisfactory provision for natural and artificial lighting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Satisfactory provision for ventilation and for heating	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Satisfactory access to all external doors and outbuildings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**14 Do you currently share the following facilities with anyone who will not be moving with you?**

Kitchen  Bathroom

## Information about people included on your application

### 15 Give details of anyone who:

- lives with you now and will continue to live with you when you are rehoused
- does not live with you now but will live with you when you are rehoused
- lives with you now but will NOT live with you when you are rehoused

Name	Relationship to you	Sex (M/F)	Date of Birth* (or expected DOB)	Currently Living with you	Will be Living with you
	<b>SELF</b>			<b>Y/N</b>	<b>Y/N</b>
				<b>Y/N</b>	<b>Y/N</b>
				<b>Y/N</b>	<b>Y/N</b>
				<b>Y/N</b>	<b>Y/N</b>
				<b>Y/N</b>	<b>Y/N</b>
				<b>Y/N</b>	<b>Y/N</b>
				<b>Y/N</b>	<b>Y/N</b>
				<b>Y/N</b>	<b>Y/N</b>

\* If an expected baby is listed above then please provide the date the baby is due and enclose a copy of the maternity certificate

### 16 Give details of any children who:

- don't live with you all the time but who stay with you regularly

Name	Relationship to you	Sex (M/F)	Date of Birth	Access Arrangement (hours with you per week)

### 17 Please tell us where the children normally live and who with.

Name

Address

## Accommodation history

**18 Please list your three previous addresses starting with your last address**

(do not include your current address).

### Main Applicant

Address	Date from	Date to	Reason for leaving	Name and address of landlord
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

**19 Please list the joint applicant's three previous addresses starting with your last address**

(do not include your current address).

### Joint Applicant

Address	Date from	Date to	Reason for leaving	Name and address of landlord
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

## Medical information

**20a** Does anyone on this application form need housing because they have a medical condition which is made worse by their present housing situation? If so, please complete a separate Medical points application form. Independent Medical Advisors and Specialists will assess your application. They consider such factors as the design, condition, location and access to your current home as well as your living arrangements.

**20b** Has your home been adapted in any way?

Stairlift  Ramp  Walk In Shower  Other

**20c** Do you need to move to live nearer to someone to provide or receive care or support:

Yes  No

Name

Relationship to you

Address

Phone Number

## Information about the area you want

You can choose as many areas in Dumfries and Galloway that you want to live in. All applicants can be allocated the first available property from any of their chosen areas. If you would prefer to be offered a property in a few areas, you should only indicate those choices. Should you have chosen an area, property type or size and subsequently refuse an offer based on any of your choices your application will be suspended for 6 months.

### 21 Area

#### East

Annan - Galabank	<input type="checkbox"/>	D19A	Eskdalemuir	<input type="checkbox"/>	D16A	Lockerbie - Kintail Park	<input type="checkbox"/>	D42A
Annan - Kimmeter	<input type="checkbox"/>	D28A	Evertown	<input type="checkbox"/>	D17A	Lockerbie - Rosebank	<input type="checkbox"/>	D42A
Annan - Newington	<input type="checkbox"/>	D39A	Gair	<input type="checkbox"/>	D18A	Lockerbie - Town Centre	<input type="checkbox"/>	D34A
Annan - Town Centre	<input type="checkbox"/>	D01A	Gretna	<input type="checkbox"/>	D20A	Middlebie	<input type="checkbox"/>	D35A
Annan - Welldale	<input type="checkbox"/>	D49A	Gretna Green	<input type="checkbox"/>	D21A	Millhousebridge	<input type="checkbox"/>	D36A
Bankshill	<input type="checkbox"/>	D02A	Harelaw	<input type="checkbox"/>	D22A	Moffat - Holmend	<input type="checkbox"/>	D25A
Beattock	<input type="checkbox"/>	D03A	Hightae	<input type="checkbox"/>	D23A	Moffat - Park Circle	<input type="checkbox"/>	D40A
Boreland	<input type="checkbox"/>	D04A	Johnstonebridge	<input type="checkbox"/>	D27A	Moffat - Town Centre	<input type="checkbox"/>	D37A
Brydekirk	<input type="checkbox"/>	D05A	Kirkpatrick Fleming	<input type="checkbox"/>	D31A	Newbie	<input type="checkbox"/>	D38A
Canonbie	<input type="checkbox"/>	D06A	Kirtlebridge	<input type="checkbox"/>	D32A	Rigg	<input type="checkbox"/>	D41A
Carrutherstown	<input type="checkbox"/>	D07A	Langholm - Central	<input type="checkbox"/>	D08A	Rowanburn	<input type="checkbox"/>	D43A
Chapelknowe	<input type="checkbox"/>	D09A	Langholm - Holmwood	<input type="checkbox"/>	D26A	Sibbaldie	<input type="checkbox"/>	D44A
Dornock	<input type="checkbox"/>	D12A	Langholm - Townfoot	<input type="checkbox"/>	D47A	Springfield	<input type="checkbox"/>	D45A
Eaglesfield	<input type="checkbox"/>	D13A	Lochmaben	<input type="checkbox"/>	D33A	Templand	<input type="checkbox"/>	D46A
Eastriggs	<input type="checkbox"/>	D14A	Lockerbie - Hillview	<input type="checkbox"/>	D24A			
Ecclefechan	<input type="checkbox"/>	D15A	Lockerbie - King Edward Park	<input type="checkbox"/>	D29A			

Please tell us any streets in the above area you do not want to live in.

Area	Street Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

#### Central

Ae	<input type="checkbox"/>	D01N	Dumfries - Town Centre	<input type="checkbox"/>	D17N	Mid Nithsdale - Penpont	<input type="checkbox"/>	D44N
Amisfield	<input type="checkbox"/>	D02N	Dumfries - Troqueer	<input type="checkbox"/>	D54N	Mid Nithsdale - Thornhill	<input type="checkbox"/>	D52N
Bankend	<input type="checkbox"/>	D05N	Dunscore	<input type="checkbox"/>	D18N	Mouswald	<input type="checkbox"/>	D38N
Beeswing	<input type="checkbox"/>	D06N	Glencaple	<input type="checkbox"/>	D21N	Nethermill	<input type="checkbox"/>	D39N
Cargenbridge	<input type="checkbox"/>	D10N	Holywood	<input type="checkbox"/>	D22N	New Abbey	<input type="checkbox"/>	D40N
Collin	<input type="checkbox"/>	D14N	Kelton	<input type="checkbox"/>	D26N	Parkgate	<input type="checkbox"/>	D43N
Dumfries - Balmoral	<input type="checkbox"/>	D04N	Kingholm Quay	<input type="checkbox"/>	D27N	Prestonmill	<input type="checkbox"/>	D45N
Dumfries - Broomlands	<input type="checkbox"/>	D07N	Kirkmahoe	<input type="checkbox"/>	D29N	Shawhead	<input type="checkbox"/>	D47N
Dumfries - Cresswell	<input type="checkbox"/>	D16N	Kirkton	<input type="checkbox"/>	D30N	Shieldhill	<input type="checkbox"/>	D48N
Dumfries - Georgetown	<input type="checkbox"/>	D20N	Locharbriggs	<input type="checkbox"/>	D33N	Terregles	<input type="checkbox"/>	D51N
Dumfries - Janefield	<input type="checkbox"/>	D23N	Marchmount	<input type="checkbox"/>	D35N	Torthorwald	<input type="checkbox"/>	D53N
Dumfries - Larchfield	<input type="checkbox"/>	D31N	Mid Nithsdale - Auldgirth	<input type="checkbox"/>	D03N	Upper Nithsdale - Crawick	<input type="checkbox"/>	D15N
Dumfries - Lincluden	<input type="checkbox"/>	D32N	Mid Nithsdale - Burnhead	<input type="checkbox"/>	D08N	Upper Nithsdale - Kelloholm	<input type="checkbox"/>	D25N
Dumfries - Lochside	<input type="checkbox"/>	D34N	Mid Nithsdale - Cample	<input type="checkbox"/>	D09N	Upper Nithsdale - Kirkconnel	<input type="checkbox"/>	D28N
Dumfries - Millburn	<input type="checkbox"/>	D36N	Mid Nithsdale - Carronbridge	<input type="checkbox"/>	D11N	Upper Nithsdale - Sanquhar	<input type="checkbox"/>	D46N
Dumfries - Summerhill	<input type="checkbox"/>	D49N	Mid Nithsdale - Closeburn	<input type="checkbox"/>	D13N	Wallaceton	<input type="checkbox"/>	D55N
Dumfries - Summerville	<input type="checkbox"/>	D50N	Mid Nithsdale - Moniaive	<input type="checkbox"/>	D37N			
Dumfries - The Meadows	<input type="checkbox"/>	D56N	Mid Nithsdale - Park	<input type="checkbox"/>	D42N			

Please tell us any streets in the above area you do not want to live in.

Area	Street Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**West (Stewartry)**

Auchencairn	<input type="checkbox"/> D01S	Dalry	<input type="checkbox"/> D11S	Lochfoot	<input type="checkbox"/> D20S
Balmaclellan	<input type="checkbox"/> D02S	Dundrennan	<input type="checkbox"/> D12S	New Galloway	<input type="checkbox"/> D21S
Borgue	<input type="checkbox"/> D03S	Gatehouse of Fleet	<input type="checkbox"/> D13S	Old Bridge of Urr	<input type="checkbox"/> D22S
Bridge of Dee	<input type="checkbox"/> D04S	Gelston	<input type="checkbox"/> D14S	Palnackie	<input type="checkbox"/> D23S
Carsphairn	<input type="checkbox"/> D05S	Glenlochar	<input type="checkbox"/> D15S	Portling	<input type="checkbox"/> D24S
Castle Douglas	<input type="checkbox"/> D06S	Haugh of Urr	<input type="checkbox"/> D16S	Rhonehouse	<input type="checkbox"/> D25S
Crocketford	<input type="checkbox"/> D08S	Kirkcudbright	<input type="checkbox"/> D17S	Ringford	<input type="checkbox"/> D26S
Crossmichael	<input type="checkbox"/> D09S	Kirkgunzeon	<input type="checkbox"/> D18S	Springholm	<input type="checkbox"/> D27S
Dalbeattie	<input type="checkbox"/> D10S	Laurieston	<input type="checkbox"/> D19S	Twynholm	<input type="checkbox"/> D28S

Please tell us any streets in the above area you do not want to live in.

Area	Street Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**West (Wigtown)**

Cairnryan	<input type="checkbox"/> D02W	Kirkinner	<input type="checkbox"/> D14W	Sandhead	<input type="checkbox"/> D27W
Carty	<input type="checkbox"/> D03W	Leswalt	<input type="checkbox"/> D15W	Sorbie	<input type="checkbox"/> D28W
Castle Kennedy	<input type="checkbox"/> D04W	Lochans	<input type="checkbox"/> D16W	Stoneykirk	<input type="checkbox"/> D29W
Creetown	<input type="checkbox"/> D05W	Minnigaff	<input type="checkbox"/> D17W	Stranraer - Belmont	<input type="checkbox"/> D30W
Culquirk	<input type="checkbox"/> D06W	Mochrum	<input type="checkbox"/> D18W	Stranraer - Central	<input type="checkbox"/> D35W
Drummore	<input type="checkbox"/> D07W	Mochrum Park	<input type="checkbox"/> D19W	Stranraer - Dicks Hill	<input type="checkbox"/> D31W
Dunragit	<input type="checkbox"/> D08W	Monreith	<input type="checkbox"/> D20W	Stranraer - East End	<input type="checkbox"/> D32W
Garlieston	<input type="checkbox"/> D09W	New Luce	<input type="checkbox"/> D21W	Stranraer - Ochtreure	<input type="checkbox"/> D33W
Glenluce	<input type="checkbox"/> D10W	Newton Stewart	<input type="checkbox"/> D22W	Stranraer - Sheuchan	<input type="checkbox"/> D34W
Glenstockdale	<input type="checkbox"/> D40W	Palnure	<input type="checkbox"/> D23W	Stranraer - West End	<input type="checkbox"/> D36W
Isle of Whithorn	<input type="checkbox"/> D11W	Portlogan	<input type="checkbox"/> D24W	Whauphill	<input type="checkbox"/> D37W
Kirkcolm	<input type="checkbox"/> D12W	Portpatrick	<input type="checkbox"/> D25W	Whithorn	<input type="checkbox"/> D38W
Kirkcowan	<input type="checkbox"/> D13W	Portwilliam	<input type="checkbox"/> D26W	Wigtown	<input type="checkbox"/> D39W

Please tell us any streets in the above area you do not want to live in.

Area	Street Name
<input type="text"/>	<input type="text"/>
<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 about the property you want

### 22 Please note that not all property types are available in all areas.

Four in a block flat – ground floor	<input type="checkbox"/>	<input type="checkbox"/>	01	Flat – 1st floor	<input type="checkbox"/>	<input type="checkbox"/>	08
Four in a block flat – upper floor	<input type="checkbox"/>	<input type="checkbox"/>	02	Flat – 2nd floor	<input type="checkbox"/>	<input type="checkbox"/>	09
Bedsit bungalow	<input type="checkbox"/>	<input type="checkbox"/>	03	Flat – 3rd floor	<input type="checkbox"/>	<input type="checkbox"/>	10
Bedsit – ground floor	<input type="checkbox"/>	<input type="checkbox"/>	04	House with internal stairs	<input type="checkbox"/>	<input type="checkbox"/>	11
Bedsit – upper floor	<input type="checkbox"/>	<input type="checkbox"/>	05	Maisonette – ground floor	<input type="checkbox"/>	<input type="checkbox"/>	12
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>	06	Maisonette – upper floor	<input type="checkbox"/>	<input type="checkbox"/>	13
Flat – ground floor	<input type="checkbox"/>	<input type="checkbox"/>	07	*Sheltered housing	<input type="checkbox"/>	<input type="checkbox"/>	14

\* You will only be considered for sheltered housing where you are assessed as needing this kind of accommodation. Please contact your local office for more information.

### 23 The table below shows the number of bedrooms you can have depending on the size of your household. Please tick one box for the number of bedrooms you want.

House size	How many in household?	tick
Bedsit	Single people	<input type="checkbox"/>
One Bedroom	Single people Married couples or partners who live together	<input type="checkbox"/>
Two Bedroom	Single People Two single people Married couples or partners who live together Married couples or partners who live together who have 3 to 4 people in their family Single, separated or widowed people who have 2 to 3 people in their family	<input type="checkbox"/>
Three Bedroom	Married Couples or Partners who live together who have 4 to 6 people in their family Single, Separated or Widowed People who have 3 to 5 people in their family	<input type="checkbox"/>
Four Bedroom	Married Couples or Partners who live together who have 5+ people in their family Single, Separated or Widowed People who have 4+ people in their family	<input type="checkbox"/>

## Other information

24 Has legal action ever been raised against you in respect of your current or previous accommodation, including any action resulting in your eviction?

Yes  No

If 'Yes', please state where, when and why:

25 Has an Anti-Social Behaviour been granted in any Scottish Court against you or any prospective member of your household?

Yes  No

If 'Yes', please provide the following details?

### Declaration

Are you a current DGHP Board or District Management Committee Member?

Yes  No

Are you a former DGHP Board or District Management Committee Member that has served within the last 12 months?

Yes  No

Are you a close relative of a current or former DGHP Board or Committee Member?

Yes  No

Are you a current employee of DGHP?

Yes  No

Are you a former employee of DGHP that was employed within the last 12 months?

Yes  No

Are you a close relative of a current employee of DGHP?

Yes  No

Are you a close relative of a former employee of DGHP that was employed within the last 12 months?

Yes  No

Close relative is a spouse or partner (whether of the opposite or same sex), a parent, a grandparent, a child, a grandchild, a brother, a sister, an uncle, an aunt, a niece, a nephew, a foster child. This also includes stepchildren.

If you have answered 'yes' to any of the above, please detail below

Name

Relationship to you

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

## Declaration (cont.)

As far as I know, the information given on this form is correct. I understand that I may be prosecuted if I have given false information. I may also lose any home you have offered me. I will tell my DGHP office immediately if there is any change to the circumstances I have declared on this application.

I give permission for DGHP to get any information you need from the health authority, social services department, my present or previous landlord, probation service, the police or other agencies.

Your signature

Date

Joint applicant's signature

Date

We will process the information you provide on this form on our computer system. The information is protected under the Data Protection Act 1998.



Dumfries & Galloway  
Housing Partnership

Working with our Tenants

**Customer Service Centre**  
**0800 011 3447 (Freephone)**  
**0845 606 3447 (Charged at network rate)**

**DGHP (HQ)**  
**Grierson House**  
**The Crichton, Bankend Road, Dumfries DG1 4ZS**

**Please return this form to DGHP (HQ) office.**