

### INSTRUCTIONS FOR COMPLETION

1. Please complete all sections fully.
2. Where boxes are provided tick the box, which indicates the response most relevant to you.
3. Where you are asked for more details, if there is not enough room, please use a separate sheet of paper.

The issue of this form does not guarantee an offer of housing by Dumfries & Galloway Homes Limited. All information supplied will be treated as strictly private and confidential.

FOR OFFICIAL  
USE ONLY

REFERENCE NO

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DATE RECEIVED

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DATE  
ACKNOWLEDGED

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POINTED BY

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CHECKED BY

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INPUT BY

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LETTER ISSUED

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REFERENCES  
RECEIVED

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HOME VISIT

---

TENANCY  
OFFERED

---

OUTCOME

---

T/C DATE

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### Areas Requested (please tick)

Brisbane Way, Eastriggs  
Fionn Lann, Dumfries

- Mitchell Terrace, Newton Stewart  
 Loanwath Road, Gretna  
 Surrone Gardens, Gretna  
 Mansfield House, Gretna

Maxwell Court, Langholm

### Reason For Rehousing

What is your main reason for seeking rehousing?

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### Personal Details

#### 1. Present Address

<b>Applicant:</b>	<b>Joint Applicant:</b>
Title: _____ M/F	Title: _____ M/F
Forenames: _____	Forenames: _____
Surname: _____	Surname: _____
Date of Birth: _____	Date of Birth: _____

Current Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone Number - Home: \_\_\_\_\_ Work: \_\_\_\_\_

Correspondence Address & Telephone Number (if different from above):  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Telephone Number - Home: \_\_\_\_\_ Work: \_\_\_\_\_

**(VERIFICATION OF RESIDENCY AT THIS ADDRESS MAY BE REQUIRED)**

**Tenure & Security**

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**1. Previous Addresses**

Give the addresses of yourself or other people included in this Application Form, over at least the last five years, starting with your current address.

Name	Address	Full Name & Address of Landlord / Mortgage Co	Date To/From	Reason for Leaving

**2. Tenure**

What type of accommodation are you in at present (please tick)?

- Rented from Housing Association / Communities Scotland
- Rented from Council  Rented Privately
- Owner Occupier/Shared Ownership  Tied Accommodation
- H M Forces  Sub-Letting
- With Parents or Children  With Other Family Members
- Caravan  With Friends
- Bed & Breakfast  Lodgings
- Hospital or Residential Care  Hostel / Refuge
- Sleeping Rough

Other (please specify): \_\_\_\_\_

INITIAL

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DATE

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**2. Homeless**

Have you applied to the Council as Homeless? Yes  No

If **Yes**, please state which Council office you applied to, the date of your application and the outcome:

\_\_\_\_\_

\_\_\_\_\_

*(You must provide a copy of the Homeless Assessment Notification letter)*

Do you own the house you currently occupy? Yes  No

Are you obliged to sell your house for any reason? Yes  No

If **Yes**, please state reasons for sale: \_\_\_\_\_

Have you been asked to leave your present accommodation? Yes  No

If **Yes**, please state reason: \_\_\_\_\_

\_\_\_\_\_

By what date do you have to leave this address?: \_\_\_\_\_

*(You must provide a copy of any Notice served requiring you to leave your current accommodation)*

**FOR OFFICIAL  
USE ONLY**

INITIAL

DATE

## **Condition Of Property**

### **1. Condition**

Is your home in:

Need of major repair, eg. structural defects, not wind and watertight, unsafe? Yes  No

A poor state of general maintenance, eg. poor internal fittings, joinery, plasterwork (*where not your responsibility*)? Yes  No

If your answer is **Yes** to any of the above, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **2. Facilities**

Do you have the following facilities in your present accommodation? (*please tick all that apply*)

Piped Water Supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hot Water to Bathroom	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bath or Shower	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hot Water to Kitchen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Inside Toilet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kitchen / Cooking Facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### **3. Heating**

a. Do you have full central heating in your present home? Yes  No   
If **No**, please answer Question b.

b. How is your present heating provided?

Fixed Heaters (eg. coal fire, radiator, storage heaters etc)	<input type="checkbox"/>
Portable Heaters (eg. Calor Gas fire, plug in fire etc)	<input type="checkbox"/>
Combination of Fixed and Portable	<input type="checkbox"/>
Other (please state): _____	

**4. Household Details**

Please give details of other people who are *currently* housed with you, **and** people who *will* be living with you. Do not include yourself or Joint Applicant.

Name	Relationship	Age	Sex M / F	Currently Living With You?	Will Be Living With You?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**5. Overcrowding / Underoccupation**

How many bedrooms are there in your present home?

Number of double bedrooms: \_\_\_\_\_

Number of single bedrooms: \_\_\_\_\_

Is the livingroom of your home being used as a bedroom? Yes  No

Do you share one or more of the following rooms with another household (other than your parents or children)?

Livingroom Yes  No

Kitchen Yes  No

Bathroom Yes  No

Does any member of your household need to live apart from you due to overcrowding in your present home?

Yes  No

**Medical Needs**

Do you or other household members suffer from any illness or medical condition which would affect or influence your need for housing?

Yes  No

If **Yes**, please complete the additional Medical Assessment Form enclosed and return it with your Application Form.

Do you require accommodation suitable for a wheelchair? Yes  No

Do you require ground floor accommodation? Yes  No

**Pets**

Do you have any pets? Yes  No

If **Yes**, please give details: \_\_\_\_\_  
\_\_\_\_\_

**Employment**

**Applicant:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Time in Employment:  
\_\_\_\_\_

Net Weekly Income: £ \_\_\_\_\_

**Joint Applicant:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Length of Time in Employment:  
\_\_\_\_\_

Net Weekly Income: £ \_\_\_\_\_

**NB: APPLICANTS WILL BE REQUIRED TO PROVIDE DUMFRIES & GALLOWAY HOMES WITH TWO REFERENCES, EG. EMPLOYER AND BANK, AND PAY ONE MONTHS' RENT IN ADVANCE.**

**Statement**

The information given in this form is a true and complete statement to the best of my knowledge.

I understand that should any of the information prove to be untrue, or has been given in an attempt to obtain housing unfairly, then Dumfries & Galloway Homes reserves the right to withdraw the application from the Waiting List, withdraw any offer of housing, or take action for repossession of any accommodation which has been obtained by providing deliberately false information.

I agree to any necessary enquiries being made on behalf of Dumfries & Galloway Homes to confirm details given on this form, and understand that the information provided on this form may be used to prevent and detect fraud. The information may also be used for statistical purposes.

**Signed (Applicant):** \_\_\_\_\_

**Signed (Joint Applicant):** \_\_\_\_\_

**Date:** \_\_\_\_\_