



# Forgewood Housing Co-operative Limited Housing Application Form

79 Kinloch Drive  
Forgewood  
Motherwell  
ML1 3XD

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NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
POST CODE \_\_\_\_\_  
CONTACT TEL NO'S \_\_\_\_\_

## OFFICE USE ONLY

REF. NO  
POINTS  
APT SIZE  
D.O.A  
CATEGORY  
SIGNED  
SIGNED  
REHAB  
NEW BUILD  
DATE OF HOUSE VISIT  
DATE OF OFFER


To enable your application to be assessed thoroughly, please answer all questions as accurately as possible.

### APPLICATION DETAILS

Please give details of all persons living at your current address starting with yourself.

Full Name	D.O.B	Relationship to Applicant	Are they to be rehoused with you? Yes/No
		APPLICANT	

Please give names and addresses of anyone not residing with you at present but wishing to be rehoused with yourself.

Full Name	Address	D.O.B	Relationship to Applicant

Is there anyone in the household expecting a child?  Yes  No If yes, expected D.O.B \_\_\_\_\_

Do you consider yourself to be homeless?  Yes  No  
(A letter confirming priority homelessness from Local Authority will be required)

**Are you a victim of**

Domestic Violence    Yes     No       Racial Harassment    Yes     No

If yes, please give details (Further documentation will be required in this instance).

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**PRESENT ACCOMODATION**

Please state type of accommodation (e.g. Flat, Tower Block, Semi-detached) \_\_\_\_\_

Total number of bedrooms in current accommodation       House Position / Floor Level

How long have you lived at your present accommodation?  Years  Months

Please provide current landlords name and address. \_\_\_\_\_

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**Please provide copy of lease if you are a private tenant**

**PREVIOUS ADDRESS**

Please list details of previous addresses in the last 5 years as accurately as possible starting with the most recent.

Address	Date From - To	Please state tenure type, i.e. Owner, tenant lodger, c/o family etc	Landlord's name & address	Reason for leaving

**Present Amenities - Does your current accommodation have the following:**

Kitchen Facilities    Yes     No     Bath or Shower    Yes     No

Internal W.C          Yes     No     Hot water supply    Yes     No

Are these shared with others?      Yes       No

Do you have Central Heating in your home?    Yes       No

If yes which type of Heating is provided?    Gas     Electric     Other (Please State) \_\_\_\_\_

**Property Condition -**

Please supply details of any disrepair, which you consider to adversely affect your living circumstances.

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**Statutory Notices** Is your property under any Statutory Notices e.g. due to demolition.

Please give details. \_\_\_\_\_  
\_\_\_\_\_

**Location / Support Factors**

***Does any member of your household need to be rehoused in Forgewood to be near work relatives, schools etc?***

Yes  No

Please give details. \_\_\_\_\_  
\_\_\_\_\_

Do you need to be rehoused to provide or receive support to/from a relative who lives in the Forgewood Area?

Please give details. \_\_\_\_\_  
\_\_\_\_\_

**Medical Priority**

Please indicate if a member of your household has a medical condition and whose health would be significantly improved by rehousing. Applicants will be required to complete a medical self assessment in order to determine priority. In all cases the form is passed to an independent medical advisor to assess.

Name (if not applicant) \_\_\_\_\_

Disability or Condition \_\_\_\_\_

**Area** *Please indicate which street you are interested in being considered for.*

Fife Drive New Build  Flats  Davaar Drive  Tulley Wynd

Ashton Street New Build  Flats  Lorne Drive

Dinmont Crescent New Build  Flats

Are you interested in being considered for a Mutual Exchange? Yes  No

Are you interested in Shared Ownership Properties? Yes  No

**Reasons for applying for Rehousing** *Please tick all your reasons why your present accommodation is unsuitable.*

House too large  Leaving HM Forces  In a hilly area  In poor condition

House too small  Legal eviction/  
Mortgage repossession  Leaving hospital/  
prison/institution  End of lease/being  
asked to leave

House too low down  Marital Breakdown  Living in tied  
accommodation  In a poor  
environment

House too high up  Too far from shops/  
transport  Too far from friends  
/family  Too far from doctor/  
hospital

Wish to set up first home  Other reason, Please give details \_\_\_\_\_  
\_\_\_\_\_

**Social Priority**

Do you feel that there are serious social problems in the area in which you live? Yes  No

**Note: Documentary evidence of this will be required**

Please write below any further details of special circumstances about your application, which will help us, assess your housing need.

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Are you or any member of your household, applying for housing, RELATED to, or otherwise connected with, a member of Forgewood Housing Co-operative's MANAGEMENT COMMITTEE or STAFF?

If "YES" please state the NAME (S) of the Staff or Committee Member(s) and the nature of the relationship below.

Name(s) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

**Personal Declaration**

1. I/We hereby certify that the information given in the preceding pages is a true record of my/our present circumstances and if it is found NOT to be so the application may be invalid.
2. I/We authorise Forgewood Housing Co-operative Limited to obtain information from necessary sources to ensure that the information given is accurate.
3. I/We understand that Forgewood Housing Co-operative Limited has the right to apply in Court for repossession of a dwelling/house where the tenancy was granted on the basis of false or misleading information provided knowingly by the applicant(s).
4. I/We undertake to notify Forgewood Housing Co-operative Limited immediately of any change in my/our circumstances as described in this application.

Signature) of Applicant \_\_\_\_\_

Joint Applicant \_\_\_\_\_

Date \_\_\_\_\_

DATE	OFFICER COMMENTS	SIGNED
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