



OFFICE USE ONLY

Forgewood Housing Co-operative Limited Housing Application Form

79 Kinloch Drive
Forgewood
Motherwell
ML1 3XD

Tel No: 01698 263311
Fax No: 01698 263399
Email: enquiries@forgewoodcoop.org.uk
Website: www.forgewoodcoop.org.uk

NAME _____
ADDRESS _____
POST CODE _____
CONTACT TEL NO'S _____

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

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).

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. _____

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.

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.

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