



Perth and Kinross Common Housing Register

2019



Application Number:

Date Received:

For Office Use Only

Homeless Appointment Details:

Housing Option Details:







Please return this form to any Perth and Kinross Common Housing Register landlord's office. All addresses are listed on page 20 of this application form.

Fill in this form in **black ink** and write clearly in BLOCK CAPITALS. Answer every question.

If you cannot answer a question, please write 'N/A' (not applicable) or 'Do not know' in the space provided.

If you are homeless or may become homeless within two months, you will need to contact either your local office (see page 20) or the Housing Options & Support Team, Housing & Environment, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, PERTH, PH1 5GD - tel 01738 476000.

If you are applying for a home with someone else, this form calls that person the 'Joint Applicant' and you must fill in the 'Joint Applicant' boxes. If you are applying on your own, leave the 'Joint Applicant' boxes blank.



If you see this symbol, you may need to send proof to support your answers.

If you cannot send proof with your application, carry on filling in the application and return the form for assessment with all the information you have.

Please check the 'Housing Application Guide' for more details. You must fill in as much detail as possible to make sure we assess your housing need correctly.

Please note that your application will not be fully processed until you have provided all of the information required. This includes proof of your identity and address and any other information indicated by the 'Proof' symbols throughout the form.

You and the Joint Applicant (if any)

You (Main Applicant)



Title (*Mr, Mrs, Miss etc*)

Surname

First name (including any middle names)

Date of birth

Nationality

National Insurance number

Contact Details (*please tick preferred method*)

Daytime Phone
Mobile
Email address

Current address and postcode

 Postcode



What is the date you moved into this address?

If you rent this accommodation, please provide the full name and address of your landlord.

Postcode

Joint Applicant



Title (*Mr, Mrs, Miss etc*)

Surname

First name (including any middle names)

Date of birth

Nationality

National Insurance number

Contact Details (*please tick preferred method*)

Daytime Phone
Mobile
Email address

Current address and postcode

 Postcode



What is the date you moved into this address?

If you rent this accommodation, please provide the full name and address of your landlord.

Postcode

Relationship to Main Applicant

Do you want us to send your mail to you at a different address?

No Yes *If Yes, please provide details below*

Address _____ _____ _____ Postcode _____
--

Do you want us to deal with someone else on your behalf?

No Yes *If Yes, please provide details below*

Representative's name _____
Relationship to you (if any) _____
Address _____ _____ Postcode _____
Phone number _____
Email address _____
Representative's signature _____

If you appoint a representative, all the housing providers taking part in the Perth and Kinross Housing Register can give personal information about you to your representative in connection with your application for housing. You cannot hold any housing provider responsible for information they share with your representative.

I authorise you to:
<i>direct all communications, both by letter and telephone, to the above named person</i> <input type="checkbox"/>
<i>discuss my housing application with the above named person should they contact</i> <input type="checkbox"/>
<i>make any amendments to my application as requested by the</i> <input type="checkbox"/>

Your signature _____ Date _____

Joint Applicant's signature _____ Date _____

Asylum and Immigration Act 1999

Under the Housing (Scotland) Act 2001 and the Asylum & Immigration Act 1999, the housing providers must find out whether a person qualifies for help provided from public funds, including housing.

You



Are you under immigration control?

No Yes

Are there any conditions or limits to your permission to stay in the UK?

No Yes

If Yes, please provide details below

Joint Applicant



Are you under immigration control?

No Yes

Are there any conditions or limits to your permission to stay in the UK?

No Yes

If Yes, please provide details below

Anti-Social Behaviour etc (Scotland) Act 2004

Has action for anti-social behaviour ever been taken against you or anyone who will live with you?

No Yes (Answer the questions below if 'Yes')

Was court action taken?

No Yes

If Yes, date of case

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Name of court

Was other action taken?

No Yes If Yes, who against?

Sex Offenders Act

Are you, or anyone who will live with you, registered under the Sex Offenders Act 1997 as amended by the Sexual Offences Act 2003?

No Yes If Yes, who?

Are you, or anyone who will live with you, subject to any bail conditions, licence conditions or any other court orders?

No Yes If Yes, who?

Provide details of these conditions

Your Household Details



In the tables below, please give the details of everyone else who will move into your new home with you. If you have shared access to children who live with you less than 50% each week, you should **not** include them here. Please tell us about these arrangements in the extra information box on page 8.

Full name

Date of birth

Relationship to you

Male Female

Do you live at the same address as the main applicant?
Yes No

If No, please provide current address and postcode _____
_____ Postcode _____

Date they moved in

Full name

Date of birth

Relationship to you

Male Female

Do you live at the same address as the main applicant?
Yes No

If No, please provide current address and postcode _____
_____ Postcode _____

Date they moved in

Full name

Date of birth

Relationship to you

Male Female

Do you live at the same address as the main applicant?
Yes No

If No, please provide current address and postcode _____
_____ Postcode _____

Date they moved in

Full name

Date of birth

Relationship to you

Male Female

Do you live at the same address as the main applicant?
Yes No

If No, please provide current address and postcode _____
_____ Postcode _____

Date they moved in

(continued overleaf)

Full name

Date of birth

Relationship to you

Male Female

Do you live at the same address as the main applicant?

Yes No

If No, please provide current address and postcode _____

_____ Postcode _____

Date they moved in

Full name

Date of birth

Relationship to you

Male Female

Do you live at the same address as the main applicant?

Yes No

If No, please provide current address and postcode _____

_____ Postcode _____

Date they moved in

Are you, or any person who will be moving with you, expecting a baby? No Yes

If 'Yes', who is expecting the baby?

When is the baby due?

Extra Information

Please detail here any access arrangements and ensure you provide the name and DOB of each child along with the arrangement. Please note that it will normally only be children that are permanent members of your household that will be considered in terms of bedroom requirements. We will ask for proof that you are the recipient of the Child Benefit to verify this.



Previous Addresses - You (Main Applicant)

Please list your addresses over the last three years, starting with the most recent. You **do not** need to list your current address. **Please continue on a separate sheet if required.**

Address _____ _____	Were you the tenant/joint tenant? If Yes, please provide: Name and address of landlord _____ _____								
Postcode _____	Postcode _____								
From <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Reason for leaving _____ _____
D	D	M	M	Y	Y	Y	Y		
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D	D	M	M	Y	Y	Y	Y		

Previous Addresses - Joint Applicant

Please list the joint applicant's addresses over the last three years, starting with the most recent (if different from yours). **Please continue on a separate sheet if required.**

Address _____ _____	Were you the tenant/joint tenant? If Yes, please provide: Name and address of landlord _____ _____								
Postcode _____	Postcode _____								
From <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Reason for leaving _____ _____
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D	D	M	M	Y	Y	Y	Y		

You (Main Applicant)

Do you own/rent any other accommodation?

No Yes

If Yes, please provide details and any reason why you are not able to occupy this?

Do you owe rent arrears for any of the addresses you have listed?

No Yes

If Yes, please detail the address and amount outstanding below?

Joint Applicant

Do you own/rent any other accommodation?

No Yes

If Yes, please provide details and any reason why you are not able to occupy this?

Do you owe rent arrears for any of the addresses you have listed?

No Yes

If Yes, please detail the address and amount outstanding below?

Your Current Home

Please choose the option which best describes the current accommodation (as given in Section 1) for both the applicant and the joint applicant.

Applicant Joint Applicant

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Council property (if you are named on the tenancy agreement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Housing Association/Co-operative property (if you are named on the tenancy agreement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Shared Ownership/Shared Equity property (if you are the owner/joint owner) |
| <input type="checkbox"/> | <input type="checkbox"/> | Property rented from a private landlord (if you are named on the tenancy agreement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Supported tenancy |
| <input type="checkbox"/> | <input type="checkbox"/> | Home that comes with your job |
| <input type="checkbox"/> | <input type="checkbox"/> | HM Forces |
| <input type="checkbox"/> | <input type="checkbox"/> | Owner-Occupier |
| <input type="checkbox"/> | <input type="checkbox"/> | Staying with relatives/friends* (delete as appropriate) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sofa surfing with relatives/friends* (delete as appropriate) |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary accommodation (provided by the Council, including B&B, Greyfriars House and Rio House) |
| <input type="checkbox"/> | <input type="checkbox"/> | Prison |
| <input type="checkbox"/> | <input type="checkbox"/> | Hostel (not provided by Perth & Kinross Council) |
| <input type="checkbox"/> | <input type="checkbox"/> | B&B (not provided by Perth & Kinross Council) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital/care or nursing home |
| <input type="checkbox"/> | <input type="checkbox"/> | Student accommodation |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's residential accommodation |
| <input type="checkbox"/> | <input type="checkbox"/> | Tent/caravan/campervan or mobile home* (delete as appropriate) |

Our assessment of your application will be based on the main applicant's address. Please use this when answering the following questions.

How many bedrooms are there in your current accommodation? *Single* *Double*

How many bedrooms does your household have the use of?

Single *Double*

What type of property do you currently live in?

House *Cottage* *Flat* *Other*

If you live in a flat, what floor is it on?

Do you have lift access? *No* *Yes*

If you are homeless, or about to become homeless, you can contact any of the Council offices at the back of this form.

Will you have to leave your current address within the next six months? No Yes

Why are you having to leave:

- | | | | | | |
|--------------------------------|--------------------------|---|--------------------------|-----------------------------------|--------------------------|
| <i>End of tenancy</i> | <input type="checkbox"/> | <i>Cannot afford rent or mortgage arrears</i> | <input type="checkbox"/> | <i>Condition of property</i> | <input type="checkbox"/> |
| <i>Medical reasons</i> | <input type="checkbox"/> | <i>Leaving HM Forces</i> | <input type="checkbox"/> | <i>Relationship breakdown</i> | <input type="checkbox"/> |
| <i>Tied accommodation</i> | <input type="checkbox"/> | <i>Leaving care/supported accommodation</i> | <input type="checkbox"/> | <i>Care of and asked to leave</i> | <input type="checkbox"/> |
| <i>Sofa surfing</i> | <input type="checkbox"/> | <i>Property being sold</i> | <input type="checkbox"/> | <i>At risk/harassment</i> | <input type="checkbox"/> |
| <i>Ready to leave hospital</i> | <input type="checkbox"/> | <i>Release from prison</i> | <input type="checkbox"/> | | |
| <i>Other</i> | <input type="checkbox"/> | | | | |

Is your property in a reasonable physical condition? No Yes
(eg no dampness problems, adequate heating/lighting)

If No, please tell us more

Have you reported issues with your property to your landlord? No Yes

Do you suffer from any of the following:

- repeated break-ins* *domestic abuse/physical assault*
harassment/anti-social behaviour

Who is causing the problem:

- | | | | |
|---|--------------------------|----------------------------------|--------------------------|
| <i>someone who visits your property</i> | <input type="checkbox"/> | <i>your neighbour(s)</i> | <input type="checkbox"/> |
| <i>someone who visits a neighbouring property</i> | <input type="checkbox"/> | <i>you don't know the person</i> | <input type="checkbox"/> |
| <i>someone living with you</i> | <input type="checkbox"/> | | |

Have you reported any of the incidents to the Police? No Yes

If Yes, who did you report this to?

Crime reference number

If you have said that you have suffered domestic abuse, please provide the following additional information:

Name and date of birth of perpetrator

Do they live with you? No Yes

Are you working with any domestic abuse agencies, eg Women's Aid? No Yes

If Yes, please provide the name and contact details of the worker

Are you happy for us to contact the above agency/worker? No Yes

Health and Support

Do you want to move to receive support from a family member staying in the area?



No Yes *If Yes, please provide details below*

Name of person who provides support _____	
Relationship to you (if any) _____	
Address _____	

_____	Postcode _____
Tel _____	
How often is this support required?	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

Do you want to move to be nearer a family member staying in the area to provide them with support?



No Yes *If Yes, please provide details below*

Name of person who provides support _____	
Relationship to you (if any) _____	
Address _____	

_____	Postcode _____
Tel _____	
How often is this support required?	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

Do you need to move on health grounds?

No Yes *If Yes, please indicate which of the following reasons apply (please note that a medical will have to be completed for us to take into consideration)*

You can no longer manage the internal/external stairs

Your property location is not suitable (you are isolated, too far from support or property at the top of a steep hill etc)

Your property has adaptations that you no longer need

Your property needs adaptations

You need to be nearer facilities/amenities

Other (please detail)

--

Employment Details

Do you need to remain in an area for employment reasons?

No Yes *If Yes, please provide details below*



Present employer's details	Future employer's details (if appropriate)
Name _____	Name _____
Address _____ _____	Address _____ _____
Postcode _____	Postcode _____
Tel _____	Tel _____
Your occupation _____	Your occupation _____
	Date you start work <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

Education Details

Do you need to remain in an area for education reasons?

No Yes *If Yes, please provide details below*



School details
Name _____
Address _____ _____
Postcode _____

The Housing You Want

Tick your choices from the boxes below

Which housing providers will you consider?

Caledonia Housing Association Fairfield Housing Co-operative
Hillcrest Homes Kingdom Housing Association Perth & Kinross Council

The Council can nominate applicants to other housing providers who are not covered by this application form. A full list of these providers is included in the Housing Application Guide. If they have homes suitable for you in your chosen areas, would you like us to nominate you?

No Yes

What type of housing would you consider? (please see housing application guide for more details and note that should you choose Sheltered, Retirement, Very sheltered, Amenity and Housing with additional support, a separate form and medical will have to be completed)

Rented

General needs
Wheelchair
Amenity
Sheltered
Very sheltered
Retirement
Housing with additional support

Other

Private rented
Low cost home ownership
Shared ownership
Flat sharing

What type of property would you like to live in? (please see housing application guide for more details)

House Cottage Multi-storey flat (access through common close)
Flat (access through common close) Four-in-a-block flat (own door) Maisonette (access through common close)

What size of property would you consider? (please see housing application guide for more details)

Bedsit One bedroom Two bedroom
Three bedroom Four bedroom Five bedroom

Please note that single people or couples without children can request one additional bedroom but an affordability assessment will be undertaken due to the difference in rent levels between one and two-bedroom properties. We reserve the right not to award the additional bedroom based on the outcome of this assessment.

What type of heating would you accept?

Gas Electric Coal

What is the highest floor you would consider living on...

...with a lift? Please circle **Ground 1st 2nd 3rd 4th 5th 6th 7th 8th 9th Any**
...without a lift? Please circle **Ground 1st 2nd 3rd 4th**

Where Would You Like to Live?

Please choose all areas of Perth and Kinross you would like to be considered for re-housing.

Lettings Area 1 <input type="checkbox"/>	Lettings Area 14 <input type="checkbox"/>	Lettings Area 26 <input type="checkbox"/>
Bertha Park Hillyland Fairfield Letham	Caputh Murthly Forneth Spittalfield Meikleour	Aberargie Dunning Abernethy Forgandenny Bridge of Earn
Lettings Area 2 <input type="checkbox"/>	Lettings Area 15 <input type="checkbox"/>	Lettings Area 27 <input type="checkbox"/>
Double Dykes	Bankfoot Stanley Luncarty	Comrie Madderty Crieff Muthill Gilmerton
Lettings Area 3 <input type="checkbox"/>	Lettings Area 16 <input type="checkbox"/>	Lettings Area 28 <input type="checkbox"/>
Muirton North Muirton	Alyth New Alyth Meigle	Aberuthven Blackford Auchterarder
Lettings Area 4 <input type="checkbox"/>	Lettings Area 17 <input type="checkbox"/>	Lettings Area 29 <input type="checkbox"/>
Bridgend Town Centre	Balbeggie Kinrossie Collace Saucher Guildtown Wolfhill	Almondbank Methven Chapelhill Pitcairngreen Harrietfield
Lettings Area 5 <input type="checkbox"/>	Lettings Area 18 <input type="checkbox"/>	Lettings Area 30 <input type="checkbox"/>
Cherrybank Friarton Craigie Moncrieffe	Kirkmichael	Braco Greenloaning
Lettings Area 6 <input type="checkbox"/>	Lettings Area 19 <input type="checkbox"/>	
Scone	Ardler Coupar Angus Burrelton Kettins	
Lettings Area 7 <input type="checkbox"/>	Lettings Area 20 <input type="checkbox"/>	
Errol Leetown Glencarse St Madoes	Ballinluig Logierait Grandtully	
Lettings Area 8 <input type="checkbox"/>	Lettings Area 21 <input type="checkbox"/>	
Inchture Kingoodie Invergowrie Longforgan	Acharn Kenmore Fearnan	
Lettings Area 9 <input type="checkbox"/>	Lettings Area 22 <input type="checkbox"/>	
Kinross	Aberfeldy Glenlyon Dull Weem	
Lettings Area 10 <input type="checkbox"/>	Lettings Area 23 <input type="checkbox"/>	
Blairingone Crook of Cleish Devon Powmill	Blair Atholl Killiecrankie Bobbin Mill Pitlochry Chalets	
Lettings Area 11 <input type="checkbox"/>	Lettings Area 24 <input type="checkbox"/>	
Milnathort Scotlandwell Kinnesswood	Birnam Dunkeld	
Lettings Area 12 <input type="checkbox"/>	Lettings Area 25 <input type="checkbox"/>	
Glenfarg	Kinloch Rannoch	
Lettings Area 13 <input type="checkbox"/>		
Blairgowrie Rattray Carsie		

Please list below any streets or areas where you cannot be re-housed and the reason why.

Personal Connection

This will not affect your application but we are required to ask:

Are you or anyone living with you:

- an employee or related to an employee of Perth & Kinross Council, Caledonia Housing Association, Fairfield Housing Co-operative or Hillcrest Homes?*
- a Perth & Kinross Councillor?*
- a Board Member or Committee Member of Perth & Kinross Council, Caledonia Housing Association, Fairfield Housing Co-operative, Hillcrest Homes or Kingdom Housing Association?*

No Yes *If Yes, please provide details below*

Extra Information

Use the space below to give us any other information you think is relevant to your application.

Declaration

Please read this declaration carefully and sign at the bottom to confirm you understand and agree with these statements.

- *I confirm that the details I have given on this application form are true and accurate.*
- *I understand that if my circumstances change, then I must advise Perth & Kinross Council as soon as possible.*
- *I understand that if I have given false or misleading information, my application may be suspended.*
- *If I get a tenancy based on false or misleading information, I understand that the landlord may take court action to evict me.*
- *I understand that the housing providers can ask for references from any landlord I have had. I authorise these landlords to provide any information the housing providers need in connection with my housing application.*
- *I understand that this application will be cancelled when I accept a property offered through the register. If I want to move again, I know that I would have to make a new application.*
- *I understand that the details I have given in this application are going to be put on the register and you will share this information with any or all landlords using the register.*
- *My doctor, hospital consultant, health visitor, social worker, police or any other relevant person can be contacted if more information is needed for my housing application.*

How We Use Your Personal Information

The information provided by you will be used by Perth & Kinross Council to assess your application for housing, establish the extent of your housing need and consider your suitability for offers of accommodation. The information will be shared with relevant partner agencies to ensure that your application is assessed accurately and that offers of accommodation are reasonable. These agencies include relevant local authority departments, the Department for Work and Pensions, the Medical Advisory Service (NHS) and Police Scotland. If you would like a full list of the agencies that may be consulted regarding your application, please contact the Housing Options & Support Team, Housing & Environment, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, PERTH, PH1 5GD.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

For further information, please look at our website www.pkc.gov.uk/dataprotection or email DataProtection@pkc.gov.uk or telephone 01738 477933.

Signatures

- *We will accept forms signed by an individual on behalf of an applicant provided this individual has Power of Attorney.*
- *If you are applying with someone else, you must both sign or we will not be able to process the form.*

Your signature _____ Date _____

Joint applicant's signature _____ Date _____

Please return this completed form to any Perth and Kinross Common Housing Register Office, all the addresses of which are detailed on the next page.

Perth and Kinross Common Housing Register Offices



Housing Options & Support Team

Housing & Environment
Perth & Kinross Council
Pullar House
35 Kinnoull Street
PERTH
PH1 5GD

Aberfeldy Sub-Office

Housing & Environment
Perth & Kinross Council
Breadalbane Community
Campus
Crieff Road
ABERFELDY
PH15 2DU

Auchterarder Area Office

Housing & Environment
Perth & Kinross Council
Aytoun Town Hall
91-93 High Street
AUCHTERARDER
PH3 1QD

Blairstown Area Office

Housing & Environment
Perth & Kinross Council
46 Leslie Street
BLAIRSTOWN
PH10 6AW

Crieff Area Office

Housing & Environment
Perth & Kinross Council
32 James Square
CRIEFF
PH7 3EY

Kinross Area Office

Housing & Environment
Perth & Kinross Council
Integrated Team Base
Loch Leven Community Campus
Muir
KINROSS
KY13 8FQ

Letham Area Office

Housing & Environment
Perth & Kinross Council
Tweedsmuir Road
Letham
PERTH
PH1 2HJ

Perth City/Central Office

Housing & Environment
Perth & Kinross Council
Pullar House
35 Kinnoull Street
PERTH
PH1 5GD

Pitlochry Area Office

Housing & Environment
Perth & Kinross Council
26 Atholl Road
PITLOCHRY
PH16 5BX

Telephone number for all offices:

Tel 01738 476000



Caledonia Housing Association

5 South St John's Place
PERTH
PH1 5SU
Tel 01738 441088



Fairfield Housing Co-operative

5 Fairfield Avenue
PERTH
PH1 2TF
Tel 01738 630738



Hillcrest Homes

55 Huntingtower Road
PERTH
PH1 2LH
Tel 0300 123 2640



Kingdom Housing Association

Saltire Centre
Pentland Court
GLENROTHES
KY6 2DA
Tel 01592 630922

Monitoring Form



In accordance with Scottish Government guidance, the three providers are committed to providing equal opportunities to the way it provides access to social housing in Perth and Kinross.

By completing this questionnaire you will help us to ensure that we give everyone appropriate access regardless of their ethnicity, gender, age, disability, sexuality, religion or belief. What you tell us will be treated in the strictest confidence and used for monitoring purposes only.

The information given in this part of the form is private and confidential and will not be seen by any staff other than the small number who process the data. This information is being collected to help us determine whether our services are being used by the diverse population of Perth and Kinross for statistical analysis only.

The three providers are committed to eliminating direct and indirect discrimination practices. Please fill out this form in relation to one applicant only. If you require further copies of this form, please let us know.

1. Age

Please indicate your age group from bands below:

16-24 35-44 55-64 75-84 Prefer not to say
25-34 45-54 65-74 85+

2. Health and Disability

Do you have any of the following conditions? (Please tick all that apply)

Deafness or severe hearing impairment

- Please indicate if British Sign Language (BSL) is your first language

Blindness or severe visual impairment

A physical disability (which substantially limits one/more basic physical activities)

A learning disability (such as Down's Syndrome)

A learning difficulty (such as dyslexia or dyspraxia)

A mental health condition (such as depression or schizophrenia)

A chronic illness (such as cancer, HIV or diabetes)

Other condition

No

Prefer not to say

Any other relevant information _____

3. What do you consider your ethnicity to be?

White:

Scottish English Welsh Northern Irish
British Irish Polish Gypsy Traveller
Any other white ethnic group, please write in (eg Bulgarian, Romanian)

(continued overleaf)

Mixed or Multiple Ethnic Groups:

Any mixed or multiple ethnic groups, please write in

Asian, Asian Scottish or Asian British:

Pakistani, Pakistani Scottish, or Pakistani British
Indian, Indian Scottish, or Indian British
Bangladeshi, Bangladeshi Scottish, or Bangladeshi British
Chinese, Chinese Scottish, or Chinese British
Other Asian ethnic group, please write in

African, Caribbean, or Black:

African, African Scottish, or African British
Caribbean, Caribbean Scottish, or Caribbean British
Black, Black Scottish, or Black British
Other African, Caribbean, or Black ethnic group, please write in

Other Ethnic Group:

Arab Prefer not to say
Other, please write in

4. What do you consider your religion/belief to be?

Buddhist Christian Hindu Jewish
Muslim Sikh None
Other religion/belief? (please write in)

Prefer not to say

5. What do you consider your gender to be?

Male Female Other gender identity Prefer to not say

6. What do you consider your sexual orientation to be?

Heterosexual Bisexual Gay man Lesbian/Gay woman
Other? (please write in) _____
Prefer not to say

If you or someone you know would like a copy of this document in another language or format, (on occasion only a summary of the document will be provided in translation), this can be arranged by contacting the Customer Service Centre on 01738 475000

إن احتجت أنت أو أي شخص تعرفه نسخة من هذه الوثيقة بلغة أخرى أو تصميم آخر فيمكن الحصول عليها (أو على نسخة معدلة لمملخص هذه الوثيقة مترجمة بلغة أخرى) بالاتصال ب:
الاسم: Customer Service Centre
رقم هاتف للاتصال المباشر: 01738 475000

اگر آپ کو یا آپ کے کسی جاننے والے کو اس دستاویز کی نقل دوسری زبان یا فارمیٹ (بعض دفعہ اس دستاویز کے خلاصہ کا ترجمہ فراہم کیا جائے گا) میں درکار ہے تو اس کا بندوبست سروس ڈیولپمنٹس Customer Service Centre سے فون نمبر 01738 475000 پر رابطہ کر کے کیا جاسکتا ہے۔

如果你或你的朋友希望得到這文件的其他語言版本或形式 (某些時候，這些文件只會是概要式的翻譯)，請聯絡 Customer Service Centre 01738 475000 來替你安排。

Jeżeli chciałbyś lub ktoś chciałby uzyskać kopię owego dokumentu w innym języku niż język angielski lub w innym formacie (istnieje możliwość uzyskania streszczenia owego dokumentu w innym języku niż język angielski), Proszę kontaktować się z Customer Service Centre 01738 475000

P ejete-li si Vy, anebo n kdo, koho znáte, kopii této listiny v jiném jazyce anebo jiném formátu (v n kterých p ípadech bude p eložen pouze stru ný obsah listiny) Kontaktujte prosím Customer Service Centre 01738 475000 na vy ízení této požadavky.

Если вам или кому либо кого вы знаете необходима копия этого документа на другом языке или в другом формате, вы можете запросить сокращенную копию документа обратившись Customer Service Centre 01738 475000

Nam bu mhath leat fhèin no neach eile as aithne dhut lethbhreac den phàipear seo ann an cànan no ann an cruth eile (uaireannan cha bhi ach geàrr-iomradh den phàipear ri fhaotainn ann an eadar-theangachadh), gabhaidh seo a dhèanamh le fios a chur gu Ionad Sheirbheis Theachdaichean air 01738 475000.

You can also send us a text message on 07824 498145.

All Council Services can offer a telephone translation facility.