



KINGDOM

Housing Association

HOUSING APPLICATION FORM



INVESTORS
IN PEOPLE

Please refer to the enclosed Information Guide to help you complete the following application form. We can only accept your application if we have stock that matches your size/needs in your chosen areas so please check our current stock within the information guide.

The information you give on this form is important. If you have any problems completing this, please contact our Customer Contact Team for assistance.

Throughout the application you will see



This symbol indicates that you should provide some form of proof. Please refer to the table below for the proofs we accept.

Page	Question	Proof Required
3	Representative	Power of Attorney/Guardianship paperwork etc
3	Homeless	Council homeless assessment letter
3	Pregnancy	MATB1/NHS correspondence with Estimated Delivery Date
6	Home facilities	Confirmation from Landlord/Environmental Services/other source of dampness/inadequate drainage/unsafe water/lack of central heating
7	Homeowners	Confirmation from your lender or independent advice agency that you have been advised to sell your property due to financial problems
7	Tenancy (If in private let)	Copy of AT5 & Lease (if signed before 1 December 2017) or Private Residential Tenancy (if signed after 1 December 2017)
7	Notice to Quit	Copy of AT6/Section 33 Notice & Notice to Quit (if Lease signed before 1 December 2017) or Notice to Leave (if Lease signed after 1 December 2017)/Armed Forces Discharge papers
9	Health/Disability	Confirmation from medical professional that additional bedroom is required for medical needs
11	Support Needs	Support Assessment form confirming giving/receiving support
11	Support Needs	If you receive support with childcare, confirmation from your employer/College to evidence that you are working/studying
11	Support Needs	Copy of DLA/PIP award if applicant gets benefits to provide support
12	Harassment	Confirmation of harassment
12	Children's Needs	Confirmation of the need for you for child to move schools
12	Children's Needs	Letter from employer/school/day centre/college etc confirming needs to move. Travel must be more than 1 hour away
12	Care Arrangements	Letter from Social Work confirming respite, foster arrangements. Complete Access to Children form for access arrangements

About You

Main Applicant		Joint Applicant	
Marital Status:	Male/Female	Marital Status:	Male/Female
Title:	Relationship to applicant:	Title:	Relationship to applicant:
First Name:		First Name:	
Last Name:	Date of Birth:	Last Name:	Date of Birth:
National Insurance No:		National Insurance No:	
Address:		Address:	
Postcode:		Postcode:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Mobile:		Mobile:	
Email:		Email:	
If you would like your mail to be sent to an address other than the one given above, please provide details below:			
If someone has permission to deal with your application(a representative), please provide their details below:			
Name:	DOB:	Relationship to you:	P
Address:			
Tel No:			
Are you homeless?	P	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Might you become homeless in the next 56 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you or anyone applying with you ever received warnings about ant-social behaviour?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you, or anybody you are applying with, have to register with the police under the Sex Offenders Act 1997 or the Sexual Offences Act 2003?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do any immigration controls apply to you or someone who will be moving with you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any conditions or limits on your permission, or that of someone living with you, to enter or stay in the UK?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you, or anyone who is moving with you pregnant?	P	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give their name below:			
When is baby due?			

Household Details

Please use these pages to detail your household. This should include those you currently live with but not moving with you. Please provide any respite, foster and access arrangements on page 12.

Main Applicant

Joint Applicant

Person 1		Person 1	
Male/Female		Male/Female	
Title:	Relationship to applicant:	Title:	Relationship to applicant:
First Name:	Joint App: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name:	Joint App: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name:	Date of Birth:	Last Name:	Date of Birth:
Lives with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moving with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Moving with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they live somewhere else, please give their address:		If they live somewhere else, please give their address:	
Person 2		Person 2	
Male/Female		Male/Female	
Title:	Relationship to applicant:	Title:	Relationship to applicant:
First Name:	Joint App: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name:	Joint App: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name:	Date of Birth:	Last Name:	Date of Birth:
Lives with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moving with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Moving with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they live somewhere else, please give their address:		If they live somewhere else, please give their address:	
Person 3		Person 3	
Male/Female		Male/Female	
Title:	Relationship to applicant:	Title:	Relationship to applicant:
First Name:	Joint App: <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name:	Joint App: <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name:	Date of Birth:	Last Name:	Date of Birth:
Lives with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moving with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Moving with you:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they live somewhere else, please give their address:		If they live somewhere else, please give their address:	

Housing History

How long have you been at your present address?

Main Applicant

Years Months

Joint Applicant

Years Months

If less than three years, please tell us in full, every address you have lived at during the past three years.

Main Applicant

Joint Applicant

Address 1:		Address 1:	
From: Month/Year	To: Month/Year	From: Month/Year	To: Month/Year
Owned by: (give name and address)		Owned by: (give name and address)	
Reason for leaving:		Reason for leaving:	
Address 2:		Address 2:	
From: Month/Year	To: Month/Year	From: Month/Year	To: Month/Year
Owned by: (give name and address)		Owned by: (give name and address)	
Reason for leaving:		Reason for leaving:	
Address 3:		Address 3:	
From: Month/Year	To: Month/Year	From: Month/Year	To: Month/Year
Owned by: (give name and address)		Owned by: (give name and address)	
Reason for leaving:		Reason for leaving:	
Address 4:		Address 4:	
From: Month/Year	To: Month/Year	From: Month/Year	To: Month/Year
Owned by: (give name and address)		Owned by: (give name and address)	
Reason for leaving:		Reason for leaving:	

Present Accommodation

Please complete the following section based on the main applicants' circumstances

Which of these describes you? (please tick one)	
<input type="checkbox"/> Home Owner	<input type="checkbox"/> Housing Association Tenant
<input type="checkbox"/> Council Tenant	<input type="checkbox"/> Stay with friends/family
<input type="checkbox"/> Private Tenant P	<input type="checkbox"/> Sharing Owner
<input type="checkbox"/> No fixed address	<input type="checkbox"/> Other (please give details)
Please give the name and address of your lender/landlord below:	
Why do you want to move?	
Do you or joint applicant own property that you do not currently live in? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide address, number of bedrooms and reasons why you cannot live there	

Home Facilities

Are you missing any of the following?	Are you sharing the following with anyone other than those who will move with you?
A kitchen or cooking facilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Bath or shower <input type="checkbox"/> Yes <input type="checkbox"/> No
Bathing facilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Kitchen <input type="checkbox"/> Yes <input type="checkbox"/> No
An inside toilet <input type="checkbox"/> Yes <input type="checkbox"/> No	Toilet <input type="checkbox"/> Yes <input type="checkbox"/> No
Sink with hot and cold running water <input type="checkbox"/> Yes <input type="checkbox"/> No	
Central Heating P <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has Environmental Services or any other organisation tested your:	
Water and found it unsafe? P <input type="checkbox"/> Yes <input type="checkbox"/> No	

Drainage and found it inadequate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property and found rising or penetrating damp? <input checked="" type="checkbox"/> P <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many bedrooms do you have?	
How many bedrooms do you need?	



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Homeowners only (tick all that apply)	
Do you own your home outright? <input type="checkbox"/>	
Have you been advised to sell your home due to financial problems? <input type="checkbox"/>	<input checked="" type="checkbox"/> P
Is your home being repossessed due to financial problems? <input type="checkbox"/>	

For Owners and Tenants only (tick all that apply)	
Do you have a bedroom where, permanently:	
Three or more people are sharing <input type="checkbox"/>	
A parent is sharing a bedroom with a child <input type="checkbox"/>	
A child over 8 is sharing with someone (other than a parent) of the opposite sex <input type="checkbox"/>	
A child 13 or over is sharing with someone (other than a parent) of the same sex <input type="checkbox"/>	
Children share with step brothers or step sisters <input type="checkbox"/>	

For Tenants only (tick all that apply)	
Do you have:	Have you had notice to leave your house? <input type="checkbox"/> Yes <input type="checkbox"/> No
A written lease <input checked="" type="checkbox"/> P <input type="checkbox"/>	What date do you have to leave?
A tied tenancy <input checked="" type="checkbox"/> P <input type="checkbox"/>	If yes, was it: <input checked="" type="checkbox"/> P <input type="checkbox"/>
A time limited tenancy <input type="checkbox"/>	Notice to Quit <input type="checkbox"/>
An armed forces tenancy <input type="checkbox"/>	Environmental Services Closure Order <input type="checkbox"/>
No lease <input type="checkbox"/>	Notice to demolish or develop your home <input checked="" type="checkbox"/> P <input type="checkbox"/>

Armed Forces Discharge Papers

For those staying with family, friends or in lodgings only

Current living arrangements are:

Don't have to share a bedroom (Except with partner if applicable)

Share with brother/sister

Share with someone else (other than partner, brother or sister if applicable)

Usually sleep in a room that isn't a bedroom



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Health and Disability

Complete this section ONLY if you or anyone wishing to live with you suffers from a long standing illness or permanent disability which is affected by your present housing.

Name:	Details of disability:
Name:	Details of disability:

May we contact your doctor for further information? Yes No

Doctor's Details	Consultant's Details
Name:	Name:
Address:	Address:
Tel. No.	Tel. No.

Please tell us how your current accommodation affects your illness or disability and why you feel a move to another property would help you.

Medication – Please list your medication here

Existing Support Network

Please tell us who you get support from	Name	Telephone No.
Relative/Neighbour		
Home Carer		
Meals on Wheels		

Community Alarm		
Day Care/Day Hospital		
Occupational Therapist		
Social Worker		
Physiotherapist		
District Nurse		
Health Visitor		
Community Psychiatric Nurse		



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Your Current Accommodation

What type of Property do you have? House/ Flat/ Cottage
 If you live in a flat, which floor do you live on? Ground/First/Second/Third/Other

Which floor is your front door on?
 Ground Floor 1st Floor 2nd Floor Other: _____

How many steps do you have outside your home?
 None 1 – 3 steps 4 – 6 steps 7 or more

If you have stairs inside your home, which rooms are upstairs?
 Toilet Bathroom Bedrooms

Heating What kind of heating do you have?	Gas <input type="checkbox"/> Electric <input type="checkbox"/>	What type of heating would you prefer?	Gas <input type="checkbox"/> Electric <input type="checkbox"/>
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Bedroom

Does your illness or disability mean you need an extra bedroom? Yes No

If yes, please tell us why:

Access to Current Facilities			
Please tick the following as they apply to you or mark as not applicable if they do not apply. Can you:			
	Yes	With difficulty	No
Get to your toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get to a bedroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get to bathroom facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get to your kitchen facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get in and out of your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get to and from the garden?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get to and from a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manage your heating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have particular problems with anything on the list, please state here:			



Equipment and Adaptations

Has your home been adapted in any way for disabled use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, tell us how it has been adapted:
Has an Occupational Therapist given / planned to give you bathing equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details here:
What in your opinion, would let you or anyone in your household be independent in bathing?		

Mobility Aids		
Do you use mobility aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please tick the aids you use:
Wheelchair	Outdoors <input type="checkbox"/>	Indoors <input type="checkbox"/>
Walking Frame	Outdoors <input type="checkbox"/>	Indoors <input type="checkbox"/>
Walking Stick	Outdoors <input type="checkbox"/>	Indoors <input type="checkbox"/>

Access to Local Amenities			
Do you find it difficult to access shops and other amenities?	<input type="checkbox"/> Yes	<input type="checkbox"/> Some difficulty	<input type="checkbox"/> No

Income and Allowance			
Please tick the boxes for all the types of income you receive:			
Disability Care Component	Low Rate <input type="checkbox"/>	Medium Rate <input type="checkbox"/>	High Rate <input type="checkbox"/>
Mobility Component	Low Rate <input type="checkbox"/>	High Rate <input type="checkbox"/>	
Attendance Allowance (over 65)	<input type="checkbox"/>	Severe Disablement Allowance	<input type="checkbox"/>
Invalid Care Allowance	<input type="checkbox"/>	Income Support	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	Pension (please state type of pension)	<input type="checkbox"/>

If your health problem has not been fully described, please tell us how your current accommodation affects your illness or disability and why you feel a move to another property would help you:



Support Needs

I need to give support to someone <input type="checkbox"/>		I need to get support from someone <input type="checkbox"/>	
Please give their name and address below:		Why do you need to move to give/get support:	
Name:			
Address:			
Why is support needed and how often?			
	Everyday	Other	
Going Outside	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	
Going to bed and/or getting up	<input type="checkbox"/>	<input type="checkbox"/>	
Money and benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	
Something else:	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person who will receive support get benefits for support to be given? (for example Disability Living Allowance or Personal Independence Payment)		<input type="checkbox"/> Yes <input type="checkbox"/> No	



Please complete the Support Assessment form to confirm the information detailed above.



Additional/Social Needs

Violence and Harassment

Are you suffering from:			
Threats of abuse or physical abuse from neighbours?	<input type="checkbox"/>	Verbal harassment from neighbours?	<input type="checkbox"/>
Racial harassment from neighbours?	<input type="checkbox"/>	Fear of domestic abuse?	<input type="checkbox"/>
Please provide details: P			
Have you reported claims of harassment to your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Children's Needs	
I need to move home to allow my child to change school. (please give details on why your child needs to move school) P	<input type="checkbox"/>

Private Play Space		
I have children aged 15 or under and have:		
My own garden <input type="checkbox"/>	Shared Garden <input type="checkbox"/>	No garden <input type="checkbox"/>

Work/Education			
Do you need to move because you: P			
Cannot get to work or education on time?	<input type="checkbox"/>	Travel for more than an hour to get to work or place of education?	<input type="checkbox"/>

Care Arrangements	
Please provide details of those you offer respite, foster care or have overnight access to below:	
Name:	Name:
Date of Birth:	Date of Birth:
Who they live with:	Who they live with:
Address:	Address:
Respite <input type="checkbox"/> Foster <input type="checkbox"/> Access <input type="checkbox"/>	Respite <input type="checkbox"/> Foster <input type="checkbox"/> Access <input type="checkbox"/>
Nights per week: P	Nights per week:

Please provide letter confirming from main carer/Social Work confirming respite/foster care. Complete access form for access arrangements

General Information

Where do you want to live? (Check we have suitable sized properties or we cannot accept your application)

Alloa Tullibody Tillicoultry Sauchie
 Falkirk Dunipace

Within these areas, list any streets you do not want to be housed in:

We no longer accept applications for our stock in Perth & Kinross. Applicants for any future Perth & Kinross vacancies will be through nominations from Perth & Kinross Council. Please apply directly to Perth & Kinross Council for housing in these areas and select that you wish to be nominated to other Housing Associations

What type of property do you want?

House Bungalow Ground Floor Flat Other Flat

Do you have pets?

Do you have a cat(s)? Yes No Do you have a dog(s)? Yes No

If yes, how many? If yes, how many and what breed are they?

You may not be offered certain property types if you have a dog.

Please list any other pets you have:

Affordability Issues

What is your normal income each week? (include all wages, benefits and pensions paid to your household)

Less than £95 per week	<input type="checkbox"/>	£96 - £195 per week	<input type="checkbox"/>	£196 - £289 per week	<input type="checkbox"/>
£290 - £384 per week	<input type="checkbox"/>	£385 - £479 per week	<input type="checkbox"/>	£480 or more per week	<input type="checkbox"/>

Are you:	Self	Joint Applicant
In full time employment	<input type="checkbox"/>	<input type="checkbox"/>
In part time employment	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>

My household income consists of:

Wages/Salary	<input type="checkbox"/>	Unemployment Benefit	<input type="checkbox"/>	Tax Credits	<input type="checkbox"/>
Retirement Pension	<input type="checkbox"/>	Child Benefit	<input type="checkbox"/>	Occupational Pension	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	Interest from Savings	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>

Other:

Do you have difficulty paying your rent/mortgage?

Do you have rent/mortgage arrears?

The Scottish Government has instructed us to collect additional equality and diversity information as part of the reporting process for the new Scottish Social Housing Charter. Here is a note of the guidance they have issued to us:

Social landlords should perform all aspects of their housing services so that:

- Every tenant and other customer has their individual needs recognised, is treated fairly and with respect and receives fair access to housing and housing services.

This outcome describes what social landlords, by complying with equalities legislation, should achieve for all tenants and other customers regardless of age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex or sexual orientation. It includes landlords' responsibility for finding ways of understanding the needs of different customers and delivering services that recognise and meet these needs.

We must comply with this requirement and, in order to do this, we need to ensure we collect relevant information to allow us to provide any specific services you may require. I would therefore be grateful if you would complete this form.

You may not want to answer all of the questions, if this is the case, please just tick the 'choose not to disclose' box of the appropriate section.

Do you consider yourself to have any of the following conditions which have lasted or are expected to last more than 12 months?			What is your sexual orientation?		
	Main Applicant	Joint Applicant		Main Applicant	Joint Applicant
None	<input type="checkbox"/>	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Mental health eg depression, schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	Gay/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	Hetrosexual	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	Other:		
Learning disability eg Down's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Choose not to disclose	<input type="checkbox"/>	<input type="checkbox"/>
Learning difficulty eg dyslexia, dyspraxia	<input type="checkbox"/>	<input type="checkbox"/>			
Blind	<input type="checkbox"/>	<input type="checkbox"/>	What is your religion or belief?		
Visually impaired	<input type="checkbox"/>	<input type="checkbox"/>		Main Applicant	Joint Applicant
Profoundly deaf	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>
Hard of hearing	<input type="checkbox"/>	<input type="checkbox"/>	Church of Scotland	<input type="checkbox"/>	<input type="checkbox"/>
Speech impaired	<input type="checkbox"/>	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>	Other Christian:		
Frail due to old age	<input type="checkbox"/>	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Drug dependency	<input type="checkbox"/>	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Any chronic disease eg cancer, diabetes, etc	<input type="checkbox"/>	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Other:			Any other:		
Choose not to disclose:	<input type="checkbox"/>	<input type="checkbox"/>	Choose not to disclose:	<input type="checkbox"/>	<input type="checkbox"/>

What is your ethnic group?			What is your ethnic group?		
	Main Applicant	Joint Applicant		Main Applicant	Joint Applicant
White			Asian, Asian Scottish, Asian British		
Scottish	<input type="checkbox"/>	<input type="checkbox"/>	Indian	<input type="checkbox"/>	<input type="checkbox"/>
Other British	<input type="checkbox"/>	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/traveller	<input type="checkbox"/>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian background:		
Other White background:					
			Other Ethnic background		
			Arab, Arab Scottish, Arab British	<input type="checkbox"/>	<input type="checkbox"/>
Black, Black Scottish, Black British			Any other group:	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>			
African	<input type="checkbox"/>	<input type="checkbox"/>			
Other black background:			Choose not to disclose:	<input type="checkbox"/>	<input type="checkbox"/>
			Main Applicant	Joint Applicant	
Do you need the services of an interpreter?			<input type="checkbox"/>	<input type="checkbox"/>	
If yes, which language:					
Choose not to disclose:			<input type="checkbox"/>	<input type="checkbox"/>	
Do you need the services of a lip speaker?			<input type="checkbox"/>	<input type="checkbox"/>	
Choose not to disclose:			<input type="checkbox"/>	<input type="checkbox"/>	
Do you need the services of a British Sign Language Interpreter?			<input type="checkbox"/>	<input type="checkbox"/>	
Choose not to disclose:			<input type="checkbox"/>	<input type="checkbox"/>	
Do you need this form in another format?			<input type="checkbox"/>	<input type="checkbox"/>	
Please state what format you require:					

Relationship to staff or board members

Special permission may be needed for us to offer accommodation to employees, Board members or their close relatives.

Is there anyone who normally lives as part of your household related to or friends with a Kingdom employee or Board member? Yes No

If yes, please provide details:

Are you related by birth or by marriage to any Kingdom employee or Board member? Yes No

If yes, please provide details:

Are you friends, a neighbour or a business acquaintance of a Kingdom employee or Board member? Yes No

If yes, please provide details:

General Data Protection Regulation Statement

- I understand that the information contained within my application will be used to help my application for housing to be assessed. I am aware that Kingdom have a Privacy Statement that gives details of how my information will be used.
- I am aware that it may be necessary to get more information about my application either from myself or from others such as current/previous landlords, mortgage lenders.
- The details on this form are true.
- I have or will give Kingdom the proofs needed.
- I understand that if I have given false information, or withheld any relevant information, my application may be withdrawn.
- I understand that I should tell you immediately about any changes in my circumstances that may affect my application for housing
- I understand that if I get a tenancy using false or incomplete information then the relevant landlord can end the tenancy and repossess the property.
- I understand that I can withdraw my application for housing at any time and as a result it will be destroyed.

How will we use the information about you?

Our Fair Processing Notice sets out what information we will collect and how we will use this information.

We will

- only collect information we need for a specific purpose, keep it secure, relevant and up to date;
- only hold as much as we need and only for as long as we need it;
- allow you to see the information we hold about you if you request it or ask us to correct or remove it.

Signed:
(Main Applicant)

Date:

Signed:
(Joint Applicant)

Date: