



**Shetland
Islands
Council**

APPLICATION FORM FOR HOUSING IN SHETLAND



Please complete this joint Application Form for Housing in Shetland and return it to either Shetland Islands Council, Department of Education and Social Care, Housing, Fort Road, Lerwick, Shetland ZE1 0LW, or Hjaltland Housing Association, 2 Harbour Street, Lerwick ZE1 0LR.

Guidance on completing the form is given within the Important Information section on appropriate pages. **IF YOU REQUIRE ANY HELP IN COMPLETING THE FORM, PLEASE CONTACT EITHER SIC HOUSING ON 01595 744360 OR HOUSING@SHETLAND.GOV.UK, OR HJALT-LAND ON 01595 694986 OR MAIL@HJALTLAND.ORG. INFORMATION CAN ON REQUEST BE MADE AVAILABLE IN BRAILLE, ON TAPE, IN LARGE PRINT AND IN DIFFERENT LANGUAGES (русский, 汉语, evsjv, Polski, ภาษาไทย).**

Please note that by ticking question (3) at Section 2 (a) (p7) you are consenting to allow all information contained in this form (and any other documentation in relation to this application unless otherwise stated) to be shared between SIC and Hjaltland.

All information is treated in the strictest confidence and is protected under the Data Protection Act 1998.

SECTION 1 YOUR PRESENT HOUSING ARRANGEMENTS

IMPORTANT INFORMATION

(a) ABOUT YOU Date of Birth

Title (e.g. Mr etc)

Surname

Previous

Forename(s)

Address

Postcode

Address for correspondence if different from above

Postcode

Telephone (Home)

Telephone (Mobile)

Telephone (Work)

E-mail address

Please state preferred contact method

(b) JOINT APPLICANT Date of Birth

Title (e.g. Mr etc)

Surname

Previous

Forename(s)

Address

Postcode

Address for correspondence if different from above

Postcode

Telephone (Home)

Telephone (Mobile)

Telephone (Work)

E-mail address

Please state preferred contact method

If you are applying jointly with another person, please fill in the other Person's details here.

Please note if you are applying jointly with another person/s for SIC Housing, any applicants who are applying from **different addresses** must fill in **separate** application forms.

If you change address you must complete a new form with the details of that address. If any other circumstances alter, please contact us to inform us as this may affect the number of points you are awarded in relation to your housing need.

Please note proof of residency at address will be required, i.e. credit card statement, council tax bill, TV licence or catalogue statement.

Date form received Date previous form received Registration No Previous Application No Application No

Received by SIC Copied to HHA Received by HHA Copied to SIC Homeless App No

Office Use

(c) YOUR CURRENT HOME

IMPORTANT INFORMATION

If you are currently a tenant of any landlord, we will request a report on your tenancy from your landlord.

(1) Please tick appropriate box

Lodging with Family and Friends	<input type="checkbox"/>	You are renting a Council house	<input type="checkbox"/>
You own your own house	<input type="checkbox"/>	You are renting a Housing Association house	<input type="checkbox"/>
Croft House	<input type="checkbox"/>	Do not have anywhere to stay	<input type="checkbox"/>
A Privately Rented House/Holiday let	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Tied let	<input type="checkbox"/>		

(2) What type of accommodation do you live in at present?

House — with stairs	<input type="checkbox"/>	Mobile Home/Caravan	<input type="checkbox"/>
House — without stairs	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Flat — (please specify which floor)	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

(3) Do you have the following in your current home?

	Yes	No		Yes	No
Piped cold water supply	<input type="checkbox"/>	<input type="checkbox"/>	Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>
Piped Hot water	<input type="checkbox"/>	<input type="checkbox"/>	Fixed sink with both hot and cold water	<input type="checkbox"/>	<input type="checkbox"/>
Mains electricity	<input type="checkbox"/>	<input type="checkbox"/>	Separate livingroom	<input type="checkbox"/>	<input type="checkbox"/>
Cooking facilities	<input type="checkbox"/>	<input type="checkbox"/>	Fixed bath or shower and wash hand basin	<input type="checkbox"/>	<input type="checkbox"/>
Separate kitchen	<input type="checkbox"/>	<input type="checkbox"/>			

(4) Do you have heating in your:

	Yes	No		Yes	No
Livingroom	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom/s	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom/s	<input type="checkbox"/>	<input type="checkbox"/>

Please specify below if you have heating in some but not all bedrooms.

(5) How is your home heated?

IMPORTANT INFORMATION

Different types of heating include electric, oil, solid fuel and district heating.

(6) Do you have difficulty coping with the way your home is heated?

YES NO

Financial difficulty

Physical difficulty

Other (please specify below)

(7) Does your home have dampness or condensation?

YES NO

If YES please specify

(8) Are there any other problems with your home, e.g. unstable structure, inadequate ventilation, poor access or old electrics?

YES NO

If YES please specify

We may refer you to Environmental Health for advice on your rights or arrange or a property survey to be carried out to assess the standard of your property.

(9) How many bedrooms are there in your current home?

Single Double

(10) How many bedrooms do you have use of?

Single Double

(11) What are the measurements of your bedroom(s), and any additional rooms that you and your household currently occupy, excluding your kitchen, bathroom and living room?

You can measure in feet (ft) or metres (m) but please state which you have used.

	1	2	3	4	5
Size of Room					
Office Use					

(d) WHO LIVES WITH YOU NOW, AND WHO WILL MOVE IN WITH YOU?

Please give the names of all the people who live with you, including yourself, children who visit under child contact arrangements (any contact you have with children who do not normally stay with you), and those who do not currently live with you but will when you move. Please note this is in relation to the main applicant.

Surname	Forename(s)	Relationship to you	Date of Birth	Male or Female	Child contact if relevant (yes/no)	Do they live with you now (yes/no)	Will they be re-housed with you?

***PLEASE CARRY ON TO QUESTION (f) IF (e) DOES NOT APPLY TO YOU.**

(e) CHILDREN

(1) If your children do not live with you but you have contact with them, how many days a week do you see them?

(2) Please provide the address where your children currently live at.

(2) Do they stay overnight? YES NO

(3) Are you unable to have your children stay with you because your current accommodation is unsuitable? YES NO

(4) Are you, or anyone who will be housed with you pregnant? If so, please provide the details below. YES NO

Surname	Forename(s)	Date baby is due

PLEASE NOTIFY APPROPRIATE LANDLORD(S) WHEN BABY IS BORN

(f) SHARING YOUR HOME

(1) Do you share any of the following with anyone who will not be moving with you? N/A

<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Living room</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bedroom</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Toilet</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	Living room	<input type="checkbox"/>	<input type="checkbox"/>	Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Kitchen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Bathroom</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No																				
Living room	<input type="checkbox"/>	<input type="checkbox"/>																				
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>																				
Toilet	<input type="checkbox"/>	<input type="checkbox"/>																				
	Yes	No																				
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>																				
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>																				

(2) Do you have to share your bedroom with anyone other than your partner? YES NO

(3) Do you have any pets or livestock? YES NO

If yes please specify

IMPORTANT INFORMATION

The number of children who live in your household will affect the size of property you are allocated. If you have contact with your children who do not live with you permanently although may stay over on a regular basis, please request a Child Contact form from SIC or Hjaltland.

Please note that in accordance with the Dog Fouling (Scotland) Act 2003 Hjaltland Housing Association reserves the right not to allocate properties with shared garden areas to applicants with pets. Please see both SIC and Hjaltland Allocation policies for more details on keeping pets.

(g) HOUSING HISTORY

(1) How long have you lived at your current address?

YEARS

MONTHS

(2) If you have never lived at any other address, please tick here

(2) Have you, or the joint applicant rented a home from SIC, Hjalmland Housing Association or any other local authority, housing association or private landlord before?

YES

NO

If yes, please complete details below question (3) for all applicants.

(3) Please provide all your previous address/es over the past 5 years below. There is extra space on the 'Additional Information' page 14 at the back of this form if you require more boxes to complete past addresses. If you complete all your addresses for g (2) then you do not need to complete them again for g (3) unless they differ.

Name of person/s holding tenancy

Name of previous landlord

Address of previous tenancy

Address of previous landlord

Postcode

Postcode

Tenancy start date

Tenancy end date

Name of person/s holding tenancy

Name of previous landlord

Address of previous tenancy

Address of previous landlord

Postcode

Postcode

Tenancy start date

Tenancy end date

Name of person/s holding tenancy

Name of previous landlord

Address of previous tenancy

Address of previous landlord

Postcode

Postcode

Tenancy start date

Tenancy end date

IMPORTANT INFORMATION

Please note as with page 2, if you are currently a tenant of any landlord, we will request a report on your tenancy from your landlord, and for former tenancies from any previous landlords.

(h) HOUSING FINANCE

IMPORTANT INFORMATION

(1) Do you pay rent?

YES NO

If YES how much do you pay?

If you pay to live in a property, a contract exists, even if there is no written agreement. Further checks are needed on rights to remain/how to end the tenancy. If no payment is being made there may be no right to reside.

(2) Are you in arrears with your rent or mortgage?

YES NO

(3) If yes, do you have an agreed payment arrangement?

YES NO N/A

(4) What is your landlord's (if renting), or mortgage lender's (if you own your own home) name and address? Please state both if shared ownership.

Name of landlord

Name of mortgage lender

Address of

Address of mortgage lender

Shared Ownership?

YES/NO

Postcode

Postcode

(i) LEAVING YOUR CURRENT HOME

(1) What is your main reason for wanting to move from your present home?

Please tick all that apply.

- Asked to leave accommodation/Notice to Quit
- Financial reasons
- To move to a larger property
- To look for work
- To be closer to work
- Neighbourhood problems
- Leaving Armed Forces/other tied accommodation
- To provide support to a relative (see page 10)
- To be near a relative
- Other (please specify below)

- Property in poor condition
- No fixed abode
- To move to a smaller property
- To take up work
- To move to another area
- Relationship breakdown
- Social/Medical reasons
- To receive support from a relative (see page 10)
- At risk of domestic abuse
- Independence

(2) If you have been asked to leave your current accommodation or received Notice to Quit, by what date are you expected to leave?

N/A

Day Month Year

Please provide evidence e.g. a copy of Notice to Quit/letter from landlord with your application.

(3) Do you have a written tenancy agreement?

YES NO

Please provide evidence e.g. a copy of a lease with your application if you are in private or temporary accommodation.

Please note this will be checked with your landlord or mortgage lender.

Both SIC and Hjaltland award points for insecurity of tenure. For SIC, points will not be awarded until you have provided a copy of the lease for your tenancy and a copy of the Notice to Quit. For Hjaltland, you will be awarded initial points before providing proof at which point you may then be awarded further points.

If you currently own your own home but it is being sold, points will not be awarded until your solicitor has provided confirmation of a date of entry of the new owners.

SECTION 2 YOUR FUTURE HOUSING NEEDS—AREAS OF CHOICE

IMPORTANT INFORMATION

- (a) THIS JOINT APPLICATION FORM MEANS YOU WILL BE CONSIDERED BY BOTH SHETLAND ISLANDS COUNCIL AND HJALTLAND HOUSING ASSOCIATION FOR HOUSING. IF YOU ONLY WANT TO BE CONSIDERED BY ONE OF THESE LANDLORDS, PLEASE TICK THE APPROPRIATE BOX BELOW AND GIVE YOUR REASON. PLEASE NOTE THAT BY TICKING OPTION 3 YOU ARE CONSENTING TO ALLOW ALL INFORMATION CONTAINED IN THIS FORM (AND ANY OTHER DOCUMENTATION IN RELATION TO THIS APPLICATION UNLESS OTHERWISE STATED) TO BE SHARED BETWEEN BOTH SIC AND HJALTLAND. IF YOU CHOOSE ONLY ONE LANDLORD, NO INFORMATION GIVEN IN THIS APPLICATION WILL BE SHARED.

(1) I only want to be housed by Shetland Islands Council

(2) I only want to be housed by Hjaltdland Housing Association

Reason

(3) I would consider being housed by either Shetland Islands Council or Hjaltdland Housing Association

(b) DO YOU WISH TO BE CONSIDERED FOR MUTUAL EXCHANGE? YES NO N/A

(c) IN WHICH AREAS WOULD YOU LIKE TO BE REHOUSED?

Please pick 6 areas from the Areas of Choice listed on the next page (8). Your areas can be from either the individual areas of choice, or the area groupings, or a mixture of both. You should note that SIC has a limited number of other miscellaneous properties throughout Shetland, for example Schoolhouses, which become available for letting from time to time. As numbers are minimal they have not been included on the housing stock leaflet. For clarification about any of the housing stock, or advice on the level of lettings in a particular area, please contact either SIC or Hjaltdland.

You should only choose an area where you would accept accommodation if an offer is made. You will be considered for each area of choice equally, your preference of area is not taken into account.

Hjaltdland operate a Choice Based Lettings scheme that does not limit areas of choice. You should fill in your preferred areas, although you will be able to apply for any property that is advertised in The Shetland Times.

Please note that if you are applying for SIC Housing you should indicate if you have any connection with the areas you have listed. For example, provide details of an old address or address of a relative, or if you work or already live in the area.

Example:

Individual Area or Area Grouping	Details of Connection with Area
1 Yell—Burravoe (individual area)	Parents/relatives live at 100 Meadowbank Road, Burravoe so give parents/relatives address
2 North Isles (area grouping)	Parents/relatives live at 100 Meadowbank Road, Burravoe so give parents/relatives address
3 Central (area grouping)	I work in Lerwick, at the hospital so give Work address
4 Tingwall (individual area)	I work in Lerwick, at the hospital so give Work address
5 Voe (individual area)	Do not have any connection with the area
6 Lerwick & Bressay (area grouping)	I work in Lerwick, at the hospital so give Work address

(1) Please complete as example above, using page 8 overleaf.

Areas	Details of connection with area
1	
2	
3	
4	
5	
6	

SIC and Hjaltdland have separate Allocation and Letting Policies. This means that there are different rules for how they assess housing applications. For an explanation of the policies, please refer to the Allocation and Letting Policy leaflets. You can see a copy of the full policies on request.

For further information on Mutual Exchange please ask for a leaflet, and register at www.homeswapper.co.uk/

Use the Shetland Map leaflet to decide where you would like to apply for housing. For specific information on Sheltered Housing stock, please contact SIC and Hjaltdland.

Please provide details of your connection, if any, with each of the areas you have included.

Areas of Choice

Key

Area Groupings are bold

Individual areas are below the Area Groupings

Areas of Choice	Bedsit		1 Bed		2 Bed		3 Bed		4&4+Bed		Total		Overall Total
	SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	SIC & HHA
Central													
Burra - Bridge End*	-	-	5	-	2	-	3	-	-	-	10	-	10
Burra - Hamnavoe*	-	-	4	-	1	8	13	5	-	-	18	13	31
Scalloway*	3	-	24	41	19	29	41	10	3	8	90	88	178
Tingwall	-	-	5	-	3	3	1	-	-	-	9	3	12
Weisdale*	4	-	1	-	8	-	22	7	-	-	35	7	42
Whiteness	-	-	-	-	1	-	1	-	-	-	2	-	2
Lerwick & Bressay													
Bressay*	6	4	2	-	14	2	13	-	-	-	35	6	41
Lerwick*	64	3	203	105	391	103	206	37	28	10	892	258	1150
North													
Brae*	-	-	8	-	4	-	79	2	1	-	92	2	94
Firth	-	-	4	-	1	-	76	-	1	-	82	-	82
Hillswick*	-	-	3	7	2	-	1	7	-	-	6	14	20
Mossbank*	-	-	3	-	5	-	40	-	5	-	53	-	53
North Roe*	-	-	4	-	2	-	1	3	-	-	7	3	10
Ollaberry	-	-	4	-	-	-	12	-	-	-	16	-	16
South Nesting*	-	-	4	-	5	-	7	-	1	-	17	-	17
Sullom	-	-	-	-	-	4	-	7	-	-	-	11	11
Urafirth*	-	-	5	-	4	-	6	-	-	-	15	-	15
Vidlin*	-	-	7	-	2	-	4	-	-	-	13	-	13
Voe*	-	-	9	-	3	-	4	-	-	-	16	-	16
North Isles													
Fetlar*	-	-	6	-	2	-	5	-	-	-	13	-	13
Unst - Baltasound*	-	-	5	-	4	-	19	16	1	-	29	16	45
Unst - Haroldswick*	-	-	3	-	2	-	10	-	-	-	15	-	15
Unst - Uyeasound*	-	-	8	-	3	-	6	-	-	-	17	-	17
Yell - Burravoe*	3	-	2	-	1	-	6	-	-	-	12	-	12
Yell - Cullivoe*	-	-	5	-	3	-	9	-	-	-	17	-	17
Yell - Mid Yell*	5	-	1	-	15	-	6	-	-	-	27	-	27
South													
Bigton*	-	-	4	-	2	-	1	-	-	-	7	-	7
Boddam	-	-	2	-	-	3	8	3	1	-	11	6	17
Cunningsburgh*	-	-	11	-	13	5	17	-	1	-	41	5	47
Virkie*	-	-	7	-	2	11	13	19	-	-	22	30	52
Sandwick*	-	-	19	-	15	-	19	6	-	-	53	6	59
West													
Aith*	-	-	6	-	3	-	13	-	-	-	22	-	22
Bixter	-	-	-	4	-	-	15	-	-	-	15	4	19
Sandness*	-	-	4	-	4	2	1	4	-	-	9	6	15
Skeld*	5	-	2	-	3	-	3	-	-	-	13	-	13
Tresta	-	-	-	-	-	-	2	-	-	-	2	-	2
Walls*	-	-	13	-	3	4	10	-	-	-	26	4	30
Whalsay & Skerries													
Out Skerries	-	-	1	-	-	-	1	-	-	-	2	-	2
Whalsay Brough*	-	-	10	-	-	-	12	-	-	-	22	-	22
Whalsay Symbister*	-	-	4	4	4	8	9	2	-	-	17	14	31
Other Isles													
Fair Isle*	-	-	1	-	1	-	-	-	-	-	2	-	2
Foula	-	-	-	-	-	-	1	-	-	-	1	-	1

IMPORTANT INFORMATION

Remember that you can pick all your choices from these individual areas, or all from the area groupings, or pick a mixture of both. For help, see the example on page 7.

For clarification about any of the housing stock, or advice on the level of lettings in a particular area, please contact either SIC or Hjaltland.

Please note those areas with asterixes (*) contain Sheltered Housing.

(2) Are there any areas where you could not accept housing?

YES

NO

IMPORTANT INFORMATION

If **YES** please specify the area/s, and the reason why, for example, an ex partner lives nearby.

(d) PROPERTY TYPE Please note this is applicable for SIC Housing only.

(1) Please tick below which type of property would NOT be suitable. Please note that some property types maybe limited or not available in some areas.

General Needs Housing

House with more than 1 storey	<input type="checkbox"/>
Ground flat (within a block of 4 flats)	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>
Ground floor bedsit	<input type="checkbox"/>

Single storey house	<input type="checkbox"/>
Upstairs flat (within a block of 4 flats)	<input type="checkbox"/>
Upper floor flat	<input type="checkbox"/>
First floor bedsit	<input type="checkbox"/>

Sheltered Accommodation

Single storey house	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>

Bedsit	<input type="checkbox"/>
First floor flat	<input type="checkbox"/>

Particular needs Accommodation

Suitable for wheelchair user

Suitable for people with mobility problems

If you have ticked any of the boxes above, please specify below why you would find them unsuitable.

(2) How many bedrooms will you and your household require?

If you need more bedrooms than you are entitled to under the terms of the Allocation Policy, please say why you need additional bedrooms.

(3) If you are a single applicant, or a couple, would you like to express interest in a 2 bedroomed property?

Please note this does not mean you will be automatically offered a 2 bedroomed property.

YES

NO

You can express a preference for a particular type of house, but given the high demand for housing, exclusion of a specific property type will only be considered if there is a special social or medical reason for the request.

If you do not wish to be considered for a specific property type, please provide the reasons in writing so that we can consider your request.

SECTION 3 YOUR WORK

IMPORTANT INFORMATION

(a) EMPLOYMENT

(1) Please specify below your current state of employment:

Employed	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>
Student	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	Retired	<input type="checkbox"/>

If you are unemployed and are receiving benefits, please tick **Unemployed** and **Other** then write in the box below to tell us about the benefits.

Please complete the details below if you are employed or are a student:

Name of Employer/Uni or College	<input type="text"/>	Your Job/ Course Title	<input type="text"/>
Address of Employer	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	YEARS <input type="text"/>	MONTHS <input type="text"/>

If you are employed, for how long have you worked in your present job?

If you are a student please fill out the name and address of the College/University you attend. Please fill out your course title in the job title box, and what year you are in on your course.

If you have been offered employment in Shetland please enclose a copy of your offer letter.

If the application is in joint names, please fill in the joint applicant's details below:

Name of Employer/Uni or College	<input type="text"/>	Your Job/ Course Title	<input type="text"/>
Address of Employer	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	YEARS <input type="text"/>	MONTHS <input type="text"/>

Please complete the boxes below for years spent in your present job or on at University/College on your course.

(2) Do you need to move to make it easier to get to your place of work/study?

YES NO

If yes, please specify distance travelled to work or College/University in miles or kilometres:

(3) Do you have to travel by ferry to reach your place of employment/study?

YES NO

Please note that the following question is **OPTIONAL** and the information required is used by Hjaltland only. Question 5 is asked in the event that Hjaltland may need your National Insurance number for **RENT RECOVERY PURPOSES**.

PLEASE NOTE THAT ANSWERING THIS QUESTION WILL NOT AFFECT YOUR APPLICATION IN ANY WAY.

(5) What is your National Insurance number?

Main Applicant (Please tick)

Joint Applicant (Please tick)

SECTION 4 HEALTH AND SUPPORT

IMPORTANT INFORMATION

(a) HEALTH

(1) Do you and/or anyone else in your household, have a health problem or a disability which requires you to move to other accommodation?

YES NO

A separate medical form will be sent out for you to complete so that points can be awarded. These will be assessed and awarded by the Director of Public Health in consultation with your GP. The Director of Public Health will make a decision on the level of points awarded in respect of your medical condition and any special requirements or adaptations. This assessment process is confidential to the Director of Public Health and your GP.

(2) Would your new home need any special adaptations?

YES NO

If YES please specify.

(b) SUPPORT

(1) Do you wish to be considered for Sheltered Housing?

YES NO

Sheltered Housing offers an alarm system for emergencies and for each scheme there is a Housing Support Worker available to provide support to tenants in the form of advice and a caretaking service. There is Sheltered Housing throughout Shetland.

(2) Do you wish to be considered for Very Sheltered Housing? SIC Only

YES NO

Very Sheltered Housing offers specialist services plus 24 hour on call provision.

(3) Would you like support in your home, for example to help with completing benefit forms?

YES NO

Please note this is not a Home Care service.

Please ask for a Medical Assessment form from either SIC or Hjaltland.

For further Information on Sheltered Housing, please see the Sheltered Housing leaflets that can be picked up from SIC Housing or Hjaltland offices. A Sheltered Housing assessment will be carried out before you will be considered for this type of accommodation.

An Outreach Service leaflet is available from SIC and Hjaltland Offices.

(4) Do you wish to move to give support to a relative living in an area of your choice?

YES NO

IMPORTANT INFORMATION

If **YES** please specify the relative's name, address and contact details or the contact details of your support provider.

Points may be awarded from SIC and Hjaltland where you are moving to another area to give or receive support. These points will apply in cases where support is given to vulnerable individuals, e.g. disabled and elderly people and people with mental health problems.

(5) Do you wish to move to receive support from a relative living in an area of your choice?

YES NO

If **YES** please specify the relative's name, address and contact details or the contact details of your support provider.

The question below is applicable for SIC Housing only.

(6) Do you feel you would be eligible for Social Needs points?

YES NO

The criteria for Social Needs points is detailed below.

Criteria at which Social Needs points are awarded:

- Where there are severe childcare issues
- Severe personal relationship difficulties
- Situations where alternative accommodation is part of a single shared assessment
- Where an individual is in hospital or residential care and cannot be discharged
- Where it is recognised as part of a Criminal Justice plan that settled housing will reduce the risk of reoffending

A Social Needs form will be sent to you if you are applying for SIC Housing, and will be copied to Social Care to assist them in the assessment process to enable them to award points.

SECTION 5 LEGAL MATTERS AND DECLARATION

IMPORTANT INFORMATION

(a) LEGAL MATTERS

(1) Are you or your joint applicant related to a housing association employee/ committee member or a local elected council member or council employee?

YES NO

If so, please complete the details below:

Your name if related to a council employee/committee member/local elected council member	Joint applicant's name if related to employee/ committee member/local elected council member
Name of housing association committee member/ employee	Name of Housing Association committee member/ employee
Relationship	Relationship

(2) If you were not born in the UK, do you have indefinite or exceptional leave to remain in the UK?

YES NO N/A

Under the *Housing (Scotland) Act 2001* and the *Asylum and Immigration Act 1999*, we have to establish whether you qualify for public assistance including housing.

(3) Have you ever been evicted or had an anti-social behaviour order taken out against you?

YES NO

(4) Are you, or a member of your household experiencing disturbance, harassment or abuse?

YES NO

If yes please provide brief details, or if you prefer, please discuss this in confidence with a member of SIC or Hjaltland staff.

(b) DECLARATION

I/we confirm that to the best of my/our knowledge, the details I/we have entered on this application form are true and accurate. I/we understand that if my/our circumstances change, I/we must immediately notify Shetland Islands Council and/ or Hjaltland Housing Association in writing. I/we understand that if I/we have given false information or withheld any relevant information, my/our application or any offer of accommodation may be suspended from the housing list for a period of up to 6 months (for SIC applications), and for Hjaltland this would affect any offer of housing I/we are made.

I/we understand that if I/we are get a tenancy using false or incomplete information then the relevant landlord can end the tenancy and repossess the property.

I have included all the proofs that are requested in this form.

By signing this Declaration you are providing us with your consent for sharing all the information you have provided in relation to this application between Shetland Islands Council and Hjaltland Housing Association (if you wish to be housed by either landlord) and for contacting third parties regarding your application for housing. No information will be shared if you have chosen only one landlord. You are also accepting the terms and conditions of this application form.

Signature (if more than one applicant, both applicants must sign).

Signature

Date

Signature of joint applicant

Date

Shetland Islands Council
Education and Social Care Department—Housing
Fort Road
Lerwick
Shetland ZE1 0LW
housing@shetland.gov.uk 01595 744360

Hjaltland Housing Association
2 Harbour Street
Lerwick
Shetland ZE1 0LR
mail@hjaltland.org 01595 694986

If no, proof of rights to public assistance must be provided before the application will be accepted onto the waiting list i.e. a passport or ID showing *Right to remain* conditions.

Extra harassment points may be awarded on production of evidence.

Please see Allocation Policy leaflet for further information on those third parties that may be contacted in relation to your application.

Terms and Conditions are everything that is included in the housing application process.

Please use page 11 (overleaf) to provide us with any further information you feel that will help towards your

ADDITIONAL INFORMATION

If you wish, you may use this page to provide us with any additional information regarding your application for housing and your housing need, e.g. previous address/es over the past 5 years (see page 5).

(g) HOUSING HISTORY

Name of person/s holding tenancy	<input type="text"/>	Name of previous landlord	<input type="text"/>
Address of previous tenancy	<input type="text"/> <input type="text"/> <input type="text"/>	Address of previous landlord	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Tenancy start date	<input type="text"/>	Tenancy end date	<input type="text"/>

Name of person/s holding tenancy	<input type="text"/>	Name of previous landlord	<input type="text"/>
Address of previous tenancy	<input type="text"/> <input type="text"/> <input type="text"/>	Address of previous landlord	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Tenancy start date	<input type="text"/>	Tenancy end date	<input type="text"/>

FURTHER INFORMATION

EQUAL OPPORTUNITIES MONITORING

In line with Shetland Island Council's and Hjaltland Housing Association's Equal Opportunities Policies we operate a monitoring procedure to record the sex and ethnic origin of all people applying for housing. This is to ensure that no group is at a disadvantage either directly or indirectly. This is a requirement of the Scottish Government for SIC Housing and the Scottish Regulator for Hjaltland. The definitions used on this form are in line with the 2001 Census classifications, which are approved by the Commission for Racial Equality. All information will be treated as strictly confidential. Please note that this is not part of the Application Form and will be processed separately.

Today's Date

Main Applicant

Joint Applicant

Are you a British citizen or a Commonwealth citizen with the right to live in the UK?

Yes

No

Yes

No

Please tick the box which best describes your and (if applicable) the joint applicant's cultural and ethnic background.

		Main Applicant	Joint Applicant
1	Male	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>
2	Date of Birth e.g. 30 05 74	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3	White		
	Scottish	<input type="checkbox"/>	<input type="checkbox"/>
	Other British	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>
	Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mixed — please give details <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asian, Asian Scottish or Asian British		
	Indian	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
	Other Asian — please give details <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Black		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	
African	<input type="checkbox"/>	<input type="checkbox"/>	
Other Black — please give details <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other ethnic background — please give details <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	
Don't want to answer	<input type="checkbox"/>	<input type="checkbox"/>	
4	Please tick the box/es if you consider yourself/ves disabled	<input type="checkbox"/>	<input type="checkbox"/>
5	Please tick the box/es if you are registered disabled	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR CO-OPERATION