

# Housing Application

Please make sure you fill this form in with ink and in **BLOCK CAPITALS**

## Personal details

Applicant 1

Applicant 2

Mr / Mrs / Miss / Ms / Other

Surname

First name(s)

Date of birth

National Insurance Number

Marital status

Address you are currently living at

Postcode

Correspondence address (if different from above)

Work phone number

Mobile phone number

Home phone number

Email address

Nationality

Are you a British Citizen, Commonwealth Citizen or European Union Citizen with the right to live in the United Kingdom?

Yes

No

Yes

No

## Information about people included on your application

1. Please list everyone who will live in any property we offer you. Start with your details first.

Surname	First name	Date of birth	Relationship to you	Male or Female
		/ /	<b>Myself</b>	
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

2. Is anybody on your application expecting a baby? Yes  No

If 'yes', who? Relationship to you

--	--

When is the baby due? / /

**Please provide a copy of the Certificate of Pregnancy including the estimated date of delivery with this application**

3. Do you have regular overnight access for dependent children **under the age of 16?** Yes  No

**If yes please provide either court papers or a letter from a solicitor or social work confirming overnight access arrangements**

Please provide details of access to children below:

Name	Sex	Date of birth	Permanent home address
		/ /	
		/ /	
		/ /	
		/ /	

## Details of your present home

4. Please tick the box that best describes the current circumstances for both you and applicant 2, *if appropriate*

	<b>Applicant 1</b>	<b>Applicant 2</b>
Lodger	<input type="checkbox"/>	<input type="checkbox"/>
Staying with parents	<input type="checkbox"/>	<input type="checkbox"/>
Staying with friends or relatives	<input type="checkbox"/>	<input type="checkbox"/>
A Council tenant (name of authority)	<input type="checkbox"/>	<input type="checkbox"/>
A private tenant	<input type="checkbox"/>	<input type="checkbox"/>
A housing association or co-operative tenant	<input type="checkbox"/>	<input type="checkbox"/>
Living in a property I own	<input type="checkbox"/>	<input type="checkbox"/>
A member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>
In a tied or service tenancy	<input type="checkbox"/>	<input type="checkbox"/>
Caravan	<input type="checkbox"/>	<input type="checkbox"/>
No fixed abode	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

In hospital, prison or other institution or in the care of the Local Authority, please give details

5. If you are the tenant of a private landlord, local authority, housing association or co-operative, please tell us the name and address of your landlord

Landlord's name	
Landlord's address	
Landlord's phone number	

6. How long have you lived in your present home?

<b>Applicant 1</b>	<b>Applicant 2</b>
Date from:	Date from:

	<b>Applicant 1</b>		<b>Applicant 2</b>	
7a. Are you applying for rehousing because you have separated from your partner? <b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
7b. Have you been asked to leave your present accommodation? <b>Yes</b>	<input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
7c. By what date do you have to leave your accommodation? <i>(if known)</i>				

7d. If you have answered 'yes', to questions 7a or 7b please give reasons. If you have any documentation, which can confirm you are being threatened with homelessness, please enclose a copy.

8. What type of property do you live in now?

	Applicant 1	Applicant 2
House	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	<input type="checkbox"/>
Is your maisonette located:		
on the ground floor	<input type="checkbox"/>	<input type="checkbox"/>
on the first floor	<input type="checkbox"/>	<input type="checkbox"/>
on or above the second floor	<input type="checkbox"/>	<input type="checkbox"/>
Flat	<input type="checkbox"/>	<input type="checkbox"/>
Is your flat located:		
on the ground floor	<input type="checkbox"/>	<input type="checkbox"/>
on the first floor	<input type="checkbox"/>	<input type="checkbox"/>
on or above the second floor	<input type="checkbox"/>	<input type="checkbox"/>
Does the front door of your Flat/Maisonette open onto a shared hallway or stairwell?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hostel	<input type="checkbox"/>	<input type="checkbox"/>
Bedsit	<input type="checkbox"/>	<input type="checkbox"/>
Sheltered Accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details)		

9. Please tell us if you have the following facilities in your current accommodation and whether you have them for your sole use or share them with anyone who is not moving with you.

Facility	You			Joint applicant		
	None	Share	Sole use	None	Share	Sole use
Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash hand basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot and cold water supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How many bedrooms are there in your current accommodation? Applicant 1  Applicant 2

How many of these does your household have use of? Applicant 1  Applicant 2

11. Use of bedrooms - **Please include all the people living at your present address**

	Applicant 1		Applicant 2	
	Names of people using this room	Age	Names of people using this room	Age
Bedroom 1				
Bedroom 2				

**Applicant 1**

**Applicant 2**

Bedroom 3				
Bedroom 4				
Bedroom 5				
Other room				

12. Are there any people in your property who will **not** be moving with you?

**Applicant 1**

**Yes**

**No**

**Applicant 2**

**Yes**

**No**

If 'yes', please give details

<b>Name</b>	<b>Age</b>	<b>Male or Female</b>	<b>Applicant 1</b>	<b>Applicant 2</b>

13. Do you own any other property?

**Applicant 1**

**Yes**

**No**

**Applicant 2**

**Yes**

**No**

If 'yes', please give details

**Applicant 1**

**Applicant 2**

## Information about the property you want

14. Please tick the type of property you will accept

House

Bungalow

Flat

Maisonette

Bedsit

Sheltered  
Accommodation

Please tell us why you want this type?

15. Does anyone on this application need rehousing because:

a) They have a medical condition which is made worse by their present housing situation

Yes

No

b) They are disabled

Yes

No

16. If there are facilities that you must have in any property offered, please tick the relevant box below.

Property suitable for wheelchair user

Ground floor accommodation only

No external steps or stairs

Downstairs toilet

Garage or parking space

Sheltered housing

Other

If you have ticked any of the boxes at Question 16, please tell us why

17. Which heating types would you accept?

Gas

Solid Fuel

Electric

18. Please state how many bedrooms you would:

Prefer

Accept

19. Please tick the appropriate boxes below, to identify **all** the areas you would like to be considered for housing.

WEST AREA		EAST AREA	
Alves	<input type="checkbox"/>	Hopeman	<input type="checkbox"/>
Birnie	<input type="checkbox"/>	Kinloss	<input type="checkbox"/>
Brodie	<input type="checkbox"/>	Lossiemouth	<input type="checkbox"/>
Burghead	<input type="checkbox"/>	Miltoduff	<input type="checkbox"/>
Clackmarras	<input type="checkbox"/>	Rafford	<input type="checkbox"/>
Dallas	<input type="checkbox"/>	Rothies	<input type="checkbox"/>
Duffus	<input type="checkbox"/>		
Dunphail	<input type="checkbox"/>		
Dyke	<input type="checkbox"/>		
Elgin - Bilbohall	<input type="checkbox"/>		
Elgin - Bishopmill	<input type="checkbox"/>		
Elgin - Central	<input type="checkbox"/>		
Elgin - Kingsmills	<input type="checkbox"/>		
Elgin - Linkwood	<input type="checkbox"/>		
Elgin - New Elgin	<input type="checkbox"/>		
Elgin - South Lesmurdie	<input type="checkbox"/>		
Findhorn	<input type="checkbox"/>		
Forres	<input type="checkbox"/>		
Half Davoch	<input type="checkbox"/>		
		Aberlour	<input type="checkbox"/>
		Archiestown	<input type="checkbox"/>
		Arradoul	<input type="checkbox"/>
		Buckie - Buckpool	<input type="checkbox"/>
		Buckie - Central	<input type="checkbox"/>
		Buckie - Portessie	<input type="checkbox"/>
		Connage	<input type="checkbox"/>
		Craigellachie	<input type="checkbox"/>
		Cullen	<input type="checkbox"/>
		Deskford	<input type="checkbox"/>
		Drummuir	<input type="checkbox"/>
		Drybridge	<input type="checkbox"/>
		Dufftown	<input type="checkbox"/>
		Enzie	<input type="checkbox"/>
		Findochty	<input type="checkbox"/>
		Fochabers	<input type="checkbox"/>
		Garmouth	<input type="checkbox"/>
		Glenallachie	<input type="checkbox"/>
		Glenlivet	<input type="checkbox"/>
		Grange	<input type="checkbox"/>
		Keith - Central	<input type="checkbox"/>
		Keith - Fife Keith	<input type="checkbox"/>
		Knock	<input type="checkbox"/>
		Knockando	<input type="checkbox"/>
		Lhanbryde	<input type="checkbox"/>
		Lintmill	<input type="checkbox"/>
		Marypark	<input type="checkbox"/>
		Mosstodloch	<input type="checkbox"/>
		Mulben	<input type="checkbox"/>
		Newmill	<input type="checkbox"/>
		Portgordon	<input type="checkbox"/>
		Portknockie	<input type="checkbox"/>
		Rathven	<input type="checkbox"/>
		Rothiemay	<input type="checkbox"/>
		Tomintoul	<input type="checkbox"/>
		Tomnavoulin	<input type="checkbox"/>
		Urquhart	<input type="checkbox"/>

20. Allocations will normally be made to applicants with the highest number of points for particular vacancies, where the applicant has stated preferences for housing in a particular lettings area. Please tell us which are your top three preferred letting areas from your above choices.

1st Preference

2nd Preference

3rd Preference

21. If you want to live in a particular village or town because you have a wider connection with it, please give details. For example, this could be a town where you grew up, currently live in or have employment, or children currently attend school.

## Alternative housing choices

22. As well as housing from the Moray Council would you consider any of the following if they were available in your preferred area.

(You may tick as many boxes as you like.)

- |  |            |                          |           |                          |
|--|------------|--------------------------|-----------|--------------------------|
| a) Do you want to be considered for nomination to a housing association?                     | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| b) If you are a Council or Housing Association tenant, would you consider a mutual exchange? | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| c) Buying a new low-cost house or flat   | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| d) Shared ownership (part buy/rent from Housing Association)                                 | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| e) Building your own home  | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |
| f) Renting from a private landlord   | <b>Yes</b> | <input type="checkbox"/> | <b>No</b> | <input type="checkbox"/> |

## Accommodation history

23. Please list **all** your previous addresses in the **last five years**.

**Applicant 1**

Address	Previous Landlord Name and Correspondence Address	Dates from	Dates to	Reason for leaving	Were you the tenant	
		/ /	/ /		Yes	No
		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>
		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>
		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>
		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>
		/ /	/ /		<input type="checkbox"/>	<input type="checkbox"/>

**Applicant 2**

Address	Previous Landlord Name and Correspondence Address	Dates from	Dates to	Reason for leaving	Were you the tenant	
		/ /	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		/ /	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		/ /	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		/ /	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		/ /	/ /		Yes <input type="checkbox"/>	No <input type="checkbox"/>

24. Have you applied for, or been offered a tenancy before with any Local Authority area or Housing Association?

**Applicant 1**

**Yes**

**No**

**Applicant 2**

**Yes**

**No**

If 'yes', which Authority or Housing Association and when?

**Applicant 1**

**date offered**

**Applicant 2**

**date offered**

If you were offered a property what was the address of the property you were offered?

**Applicant 1**

**Applicant 2**

25. Have you ever been a Moray Council tenant?

**Applicant 1**

**Yes**

**No**

**Applicant 2**

**Yes**

**No**

If 'yes', please give details of the tenancy below.

**Applicant 1**

**Applicant 2**

Applicant 1		Applicant 2	
Name	Date From	Name	Date From
Address		Address	
	Date To		Date To

26. Have you ever been evicted?

**Applicant 1**

**Yes**

**No**

**Applicant 2**

**Yes**

**No**

If 'yes', please provide the following details

**Applicant 1**

**Applicant 2**

Address you were evicted from

Landlord's name

Reason for eviction

Date of eviction

## General information

27. Are you, or anybody else included on this application:

a) a Councillor; or

Yes

No

b) a Council employee; or

Yes

No

c) related to a Councillor or a Council employee?

Yes

No

If yes, please give details of their name, position, and their relationship to you.

28. Why do you want rehousing? (please continue on a separate sheet if necessary)  
Please also add below any other information to support your application

If you are applying from outwith Moray area, please confirm if you have connections with Moray e.g. former resident, employment, relatives, etc. Please give details.

29. Do you feel you need support to help you manage a home of your own?

None at all

Some support

Long-term support

If so, please give details below.

## Housing application declaration

- I can confirm that all my answers on this form are true. I understand that if I am offered a tenancy because of false or misleading information that I have given, the landlord has the right to take legal action to get the property back, **and also I may face prosecution.** I understand that if I deliberately give false or misleading information my application will be cancelled and **I also may face prosecution.**
- I give you my permission to check the information I have given on this form or obtain further relevant details in relation to my housing circumstances. The Moray Council may seek references from present or previous landlords (if any) when processing applications.
- I understand that the information provided in this form will be covered by the Data Protection Act 1998 and you will not pass it on to others without my permission.
- I agree that the Moray Council may process, use and disclose any information given on this form for statistical information on housing needs.
- I understand that I must inform the Housing Service immediately if my circumstances or address change, as this may affect my application for housing. **(Failure to inform the Housing Service of any changes may result in you missing out on an offer of accommodation or your application being removed from our housing list.)**

Your signature  
(applicant 1)

Date

Joint applicant's signature  
(if any) (applicant 2)

Date

Please return this form to:

<p><b>Housing and Property</b> The Moray Council PO Box 6760 Elgin IV30 9BX</p>
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If returning by post please make sure a **large letter** stamp is used



## Housing application summary record sheet

Applicant reference number

	<b>Admin. Process</b>		<b>Medical Form</b>	
	Date/by	Date/by	Date/by	Date/by
Form received			Form issued	
Checked by			Form received	
Acknowledged			Letter of support	
Accepted			Acknowledged	
Not Accepted			Sent to MA	
Input Basic Details			Received from MA	
EHD visit memo			Points awarded	
Home visit memo			Applicant advised	
Homeless Referral				
Rent check memo				
Tenancy check				
Proof of Pregnancy				
Proof of Access				
Keyworker letter				

<b>Points Breakdown</b>						
Sharing/Amenities						
Homelessness						
Overcrowding						
Underoccupation						
Flatted Accommodation						
Poor Housing Conditions						
Medical						
Keyworker						
Rural Connection						
Care and Support						
Exceptional Circumstances						
<b>TOTAL POINTS</b>						
Assessed by/date						

<b>Offer History</b>		
Property Address		
Offered		
Offer Withdrawn		
Accepted		
Tenancy Start Date		
Refused		
Reason for refusal		
Suspended until		
Appeal received		
Appeal Outcome		

<b>Cancellation</b>
Date Cancelled/by      Reason      Letter sent/by
<span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></span>



## Equal opportunities monitoring form

We are committed to fighting discrimination and inequality in the service we provide to the public. To help us monitor the success of our equal opportunities policy, it would be helpful if you could fill in this form. We will not pass on the information you give us to anyone else, and will only use it to monitor, develop and improve the Housing Service.

Please tick the category which best describes your, and your joint applicant's, ethnic origin.

	You	Joint Applicant	Other people on your application (please give their relationship to you)
White Scottish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black British (African)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black British (Caribbean)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black British (Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian British (Indian)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian British (Pakistani)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian British (Bangladeshi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian British (Chinese)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian British (other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy or Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refused to answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you think that the categories above do not describe your ethnic group you can use this space to tell us your ethnic group.

Please tell us which of the following best describes you or anybody else on your application.

	You	Joint Applicant	Other people on your application (please give their relationship to you)
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

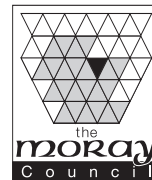
How would you describe your household's religion?

How would you describe your household's sexual orientation?

Heterosexual	<input type="checkbox"/>	Transgender	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Refused to answer	<input type="checkbox"/>
Gay	<input type="checkbox"/>		

***Thank you for your help.  
This information will help us to make sure  
we run our services fairly.***

**To be returned to applicant:**



## Acknowledgement of application For Council Accommodation

Applicant Name

Applicant Address




Signature of Officer  
receiving completed  
form

Office date stamp

If your circumstances change, please let us know immediately.

If you want to check the information you have given on your application, please contact us. You have a right to see this information.

Due to the shortage of supply of houses for let and the numbers on the waiting list, we are unable to predict how long it may be before an offer can be made. You can be assured, however, that you will be contacted when a property becomes available for you.

### Data Protection Act 1998

The personal details you give us on this form will be stored on our computer. This information will be covered by the Data Protection Act 1998, so we will not pass it on to others without your permission.

We will only use your details to help us find suitable housing for you.

### Access to personal files (Housing) (Scotland) Regulations 1992

You can ask to see any information we hold about you on computer or in our files.

If we are unable to show your information, the reason will be given at the time.



**Buckie Access Point**  
 13 Cluny Square  
 Buckie  
 AB56 1AJ

**Elgin Access Point**  
 Council Office  
 High Street  
 Elgin, IV30 1BX

**Forres Access Point**  
 Auchernack  
 High Street  
 Forres, IV36 1DX

**Keith Access Point**  
 The Institute  
 Mid Street  
 Keith, AB55 5BJ

**Phone: 0300 1234566**

**If you need information from the Moray Council in a different format, such as Braille, audio tape or large print, please contact:**

如果閣下需要摩里議會用你認識的語言向你提供議會資訊的話，請要求一位會說英語的朋友或親人與議會聯繫

Jeżeli chcieliby Państwo otrzymać informacje od samorządu rejonu Moray w swoim języku ojczystym, Państwa przyciel lub znajomy, który mówi dobrze po angielsku, może do nas

Se necessita de informação, do Concelho de Moray, traduzida para a sua língua, peça o favor a um amigo ou parente que fale Inglês para contactar através do:

Jeigu Jums reikalinga informacija iš Moray regiono Savivaldybės /Moray Council/, kurią norėtumėte gauti savo gimtąja kalba, paprašykite angliškai kalbančių draugų arba giminaičių susisiekti su mumis

Чтобы получить информацию из Совета Морэй на Вашем языке, попросите, пожалуйста, Вашего друга или родственника, говорящих по английски, запросить ее

Si necesitas recibir información del Ayuntamiento de Moray en tu idioma. Por favor pide a un amigo o familiar que hable inglés que:



Project Officer  
 Chief Executive's Office  
 High Street  
 Elgin, IV30 1BX



Phone: 01343 563319



Email: [equalopportunities@moray.gov.uk](mailto:equalopportunities@moray.gov.uk)



Textphone (Wednesday or Thursday only):  
 18002 01343 563319