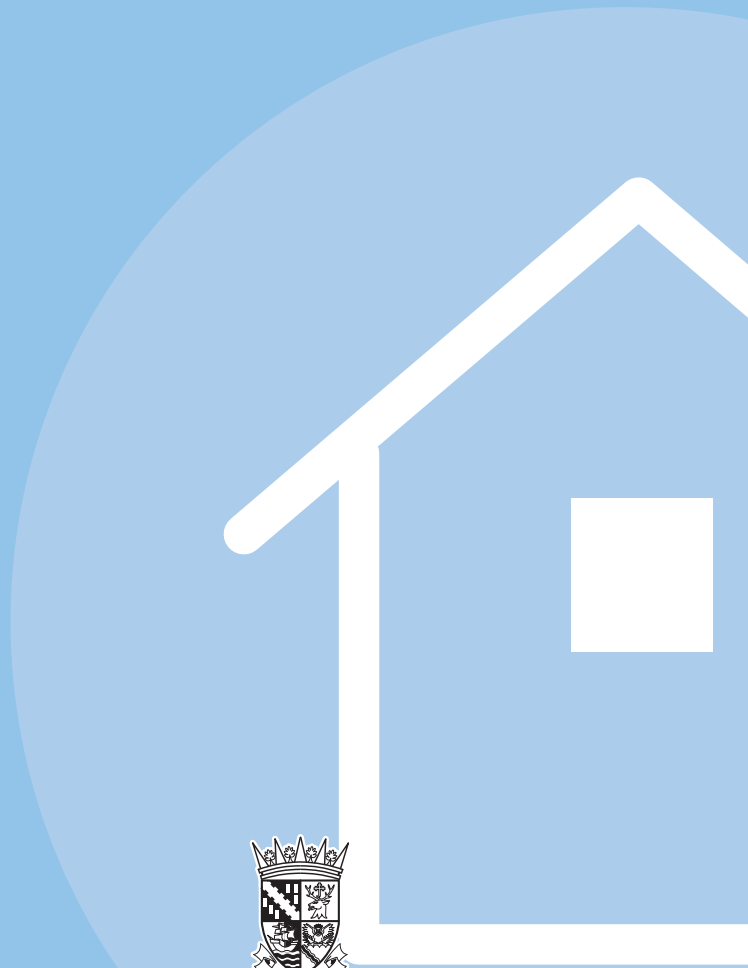


# HOMESPOT

APPLICATION FORM



**Falkirk Council**  
*Corporate & Neighbourhood Services*

## About the application form

You can apply for housing with Falkirk Council by filling in this application form. Please read our Information Booklet before you start to fill in this form.

Please answer every question and give as much information as you can. This will help us to assess your application correctly. Where a question does not apply to you, write 'N/A' (not applicable) in the space.

If you are filling in this form by hand, please use block capital letters. Please return the form to the Accommodation Resource Centre or any of the Neighbourhood Offices / One Stop Shops listed in Section 10.



**This sign means that you need to confirm information.**  
Section 9 of the form lists the types of confirmation that we need from you.



**Where you see this sign go to Section 8 for useful information to help you to fill in the form.**

### Who can apply for housing?

You can apply for housing if you are 16 or over. You can apply on your own or you can apply with other people and have a joint application.

We will not discriminate against you in any way based on your race, colour, ethnic origin, nationality, gender, sexuality, disability, age, religion or other beliefs.

### Help to complete the form

If you need help to fill in this form, staff in any of our Neighbourhood Offices / One Stop Shops or the Accommodation Resource Centre (ARC) will be happy to help. You will find our contact details in Section 10 of the form.

### If you have lost your home or are at risk of losing your home

If you have lost your home or are at risk of losing your home within two months, you should contact the Accommodation Resource Centre where a member of staff will give you advice and assistance. See Section 10 for contact details.

### Data protection

To help you find a home we need to ask you for a lot of information. The information you give on your application may be shared with other housing providers who have houses for rent in the Council area. We will protect the information you give us and make sure that it is only shared with those who need it for housing related purposes.

The information you give us will be kept in line with the requirements of the law, including the Data Protection Act 1998. You can ask at any time to see the information that we hold about your application.





1. Do you want someone else to act on your behalf (a representative) about your application for housing?

Yes  No

If 'Yes', please provide their details:

Representative's Name

Relationship to You (if any)

Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode

Telephone Number

Email Address

**If you decide later on that you would like someone else to deal with your application, you will need to tell us in writing, giving this person permission to act on your behalf.**


2. If we contact you, do you need an interpreter or someone to help with communication?

Yes  No

If 'Yes', what help do you need?


# SECTION 1



1. Do you want to be nominated to a Housing Association or Registered Social Landlord? See Section 8 for information.  Yes  No

2. If you want us to write to you at a different address than the one you are living at, please provide the contact address below:

	Postcode

3. What type of accommodation do you live in now? See Section 8 for information.   
Please tick relevant box:

House / Bungalow	<input type="checkbox"/>	Bedsit	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Multi-storey Flat	<input type="checkbox"/>
Tenement Flat	<input type="checkbox"/>	Mobile Home, Caravan or Boat	<input type="checkbox"/>
Room in a Shared House, Hostel or Residential Home	<input type="checkbox"/>	Four in a Block	<input type="checkbox"/>

Other (please state) \_\_\_\_\_

4. If you have ticked house / bungalow, please tell us what type it is:

Detached  Semi-detached  End Terraced  Mid Terraced

5. Do you live in Housing with Care? Yes  No

6. Are you applying for Housing with Care? Yes  No

Housing with Care is housing for older people who are physically frail and need some care and support services at home. For more information see our Housing with Care leaflet.

7. How many bedrooms are there where you live?

Double Bedrooms (over 110 square feet or 10 square metres)


Single Bedrooms (under 110 square feet or 10 square metres)

7a. How many bedrooms do you and anyone who is moving with you use?

Double Bedrooms (over 110 square feet or 10 square metres)

Single Bedrooms (under 110 square feet or 10 square metres)

8. How would you describe your household? See Section 8 for information. 

9. Which ethnic group or background best describes your family? See Section 8 for list of ethnic groups. 



10. Do you work for Falkirk Council's Corporate & Neighbourhood Services?

Yes  No

Are you an Elected Member of Falkirk Council?

Yes  No

Are you related to any of Falkirk Council's Elected Members or any member of staff working for the Council's Corporate & Neighbourhood Services?

Yes  No

If 'Yes', please give their name and relationship to you:

Name

Relationship to You

## 11. MUTUAL EXCHANGE

Another way of finding a new home is to exchange with another tenant. If you are a Council or Housing Association tenant, would you consider a mutual exchange?

Yes  No

Falkirk Council is registered with HomeSwapper which is a web based service to help tenants of social landlords swap houses. Visit their website at [www.HomeSwapper.co.uk](http://www.HomeSwapper.co.uk)



# SECTION 2



**ABOUT YOU** - Please tell us about yourself:



**If you are applying for a house with someone else, this form calls that person 'Applicant 2' and you must fill in the 'Applicant 2' boxes. If you are applying on your own, leave the 'Applicant 2' boxes blank.**

## APPLICANT 1

1. Mr/Mrs/Miss/Ms/Other (please state)

2. First Name

3. Last Name

4. National Insurance Number

5. Date of Birth

6. Marital Status (See Section 8)

7. What is your Gender?

Male  Female

8. Are you Pregnant?

Yes  No

9. Due Date

10. Ethnic Group (See Section 8)

## APPLICANT 2

1. Mr/Mrs/Miss/Ms/Other (please state)

2. First Name

3. Last Name

4. National Insurance Number

5. Date of Birth

6. Marital Status (See Section 8)

7. What is your Gender?

Male  Female

8. Are you Pregnant?

Yes  No

9. Due Date

10. Ethnic Group (See Section 8)



## APPLICANT 1

Under the Housing (Scotland) Act 2001, the Asylum and Immigration Act 1999, and the Immigration (EEA) Regulations 2006, we need to find out if you qualify for public assistance including housing.

11. Do you have current or indefinite leave to remain in the UK? (This also includes exceptional leave to remain).

Yes  No

12. Do you have humanitarian or discretionary leave to remain in the UK?

Yes  No

13. Do you have any restriction on your access to public funds?

Yes  No

14. Are you a National of an European Economic Area (EEA) country that was a member of the EU before 01/05/2004 or of Malta and Cyprus, and working, registered self employed or a job seeker?

Yes  No

15. Are you a National of an European Economic Area (EEA) country that became a member of the EU on or after 01/05/2004 and have a EEA Residence Permit or working under the Worker Registration Scheme, or registered self employed?

Yes  No

Country of Origin. See Section 8



## APPLICANT 2

Under the Housing (Scotland) Act 2001, the Asylum and Immigration Act 1999, and the Immigration (EEA) Regulations 2006, we need to find out if you qualify for public assistance including housing.

11. Do you have current or indefinite leave to remain in the UK? (This also includes exceptional leave to remain).

Yes  No

12. Do you have humanitarian or discretionary leave to remain in the UK?

Yes  No

13. Do you have any restriction on your access to public funds?

Yes  No

14. Are you a National of an European Economic Area (EEA) country that was a member of the EU before 01/05/2004 or of Malta and Cyprus, and working, registered self employed or a job seeker?

Yes  No

15. Are you a National of an European Economic Area (EEA) country that became a member of the EU on or after 01/05/2004 and have a EEA Residence Permit or working under the Worker Registration Scheme, or registered self employed?

Yes  No

Country of Origin. See Section 8



**You are not subject to immigration control if you are a:**

- British citizen
- Commonwealth citizen with right of abode in the UK
- Citizen of a member country within the European Economic area



**EQUALITY AND DIVERSITY** - We are collecting equality and diversity information for monitoring purposes and to help us plan our services. The information you give will not affect how your application is assessed. You do not need to answer these questions if you do not want to.

**APPLICANT 1**

1. Do you or consider yourself to have a disability?

Yes  No

If 'Yes', please tick:

Sensory Impairment

Mobility/Physical

Mental Health

Learning Disability

Other Disability

Not know or N/A

2. How would you describe your religion?

Religion None

Church of Scotland

Roman Catholic

Other Christian

Muslim

Buddhist

Sikh

Jewish

Hindu

Pagan

Other Religion

Religion N/A

3. How would you described your sexual orientation?

Heterosexual

Gay

Lesbian

Bisexual

Transgender

Not Answered

**APPLICANT 2**

1. Do you or consider yourself to have a disability?

Yes  No

If 'Yes', please tick:

Sensory Impairment

Mobility/Physical

Mental Health

Learning Disability

Other Disability

Not know or N/A

2. How would you describe your religion?

Religion None

Church of Scotland

Roman Catholic

Other Christian

Muslim

Buddhist

Sikh

Jewish

Hindu

Pagan

Other Religion

Religion N/A

3. How would you described your sexual orientation?

Heterosexual

Gay

Lesbian

Bisexual

Transgender

Not Answered





## APPLICANT 1

4. How would you describe your economic status?

Full-time Employment

Part-time Employment

Training

Unemployed

Retired

At Home

Student

Disabled/Long Term Sick

Self Employed

5. What is your annual income before tax?

Under £10,000

£10,001-£15,000

£15,001-£20,000

£20,001-£25,000

£25,001-£30,000

£30,001-£40,000

Over £40,000

## 6. COMMUNICATIONS

Home Telephone Number (include area code)

Mobile Telephone Number

Work Telephone Number (include area code)

Email Address

7. How would you like us to contact you?

Please tick all boxes that apply:

Letter

Telephone

Email

Text

## APPLICANT 2

4. How would you describe your economic status?

Full-time Employment

Part-time Employment

Training

Unemployed

Retired

At Home

Student

Disabled/Long Term Sick

Self Employed

5. What is your annual income before tax?

Under £10,000

£10,001-£15,000

£15,001-£20,000

£20,001-£25,000

£25,001-£30,000

£30,001-£40,000

Over £40,000

## 6. COMMUNICATIONS

Home Telephone Number (include area code)

Mobile Telephone Number

Work Telephone Number (include area code)

Email Address

7. How would you like us to contact you?

Please tick all boxes that apply:

Letter

Telephone

Email


Text



## SECTION 3



**YOUR FAMILY** - Please list all the people who will live with you (excluding yourself and Applicant 2). This should include people who do not live with you just now but will when you move, and/or the people with whom you have regular access e.g. children:

First Name	Last Name	NI Number (if applicable)	Date of Birth dd/mm/yyyy 	Gender M/F



Relationship to You (See Section 8)	Do they Live with You? (Y or N)	Do you have Regular Access? (Y or N) Ⓢ	How often do you have Regular Access? (See Section 8)	Are they Pregnant? (Y or N)	Due Date dd/mm/yyyy Ⓢ



# SECTION 4



**ABOUT WHERE YOU LIVE AND HAVE LIVED** - Please tell us where you have lived over the last five years (you should start with your current address):

## APPLICANT 1

### 1. CURRENT ADDRESS

From

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

To

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Type of Tenure (See Section 8)

--	--

Address

Postcode

Reason for Leaving (See Section 8)

--	--

Name and Address of Landlord

Postcode

### 2. PREVIOUS ADDRESS 1

From

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

To

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Type of Tenure (See Section 8)

--	--

Address

Postcode

Reason for Leaving (See Section 8)

--	--

Name and Address of Landlord

Postcode

## APPLICANT 2

### 1. CURRENT ADDRESS

From

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

To

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Type of Tenure (See Section 8)

--	--

Address

Postcode

Reason for Leaving (See Section 8)

--	--

Name and Address of Landlord

Postcode

### 2. PREVIOUS ADDRESS 1

From

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

To

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Type of Tenure (See Section 8)

--	--

Address

Postcode

Reason for Leaving (See Section 8)

--	--

Name and Address of Landlord

Postcode



**APPLICANT 1**

**1. PREVIOUS ADDRESS 2**

From

d d m m y y y y

To

d d m m y y y y

Type of Tenure (See Section 8)

ⓘ

Address

Postcode

Reason for Leaving (See Section 8)

ⓘ

Name and Address of Landlord

Postcode

**APPLICANT 2**

**1. PREVIOUS ADDRESS 2**

From

d d m m y y y y

To

d d m m y y y y

Type of Tenure (See Section 8)

ⓘ

Address

Postcode

Reason for Leaving (See Section 8)

ⓘ

Name and Address of Landlord

Postcode

If you have had more than three addresses in the last five years, please provide details on a separate sheet.

4. Are you in danger of losing your home?

Yes  No

If Yes, please give details:

**IMPORTANT - You should contact the Accommodation Resource Centre (ARC) without delay if you are in danger of losing your home (see Section 10 for contact details).**

5. Have you been asked to leave your current property?

Yes  No

5a. If 'Yes', what is the date you have to leave by:

Ⓢ Please provide written evidence i.e. Notice to Quit/Court Order.





## HOUSING CHOICES

1. What type of house would you like to live in? (See Section 8). Please tick all house types you would consider:

Bedsit	<input type="checkbox"/>	Four in a Block	<input type="checkbox"/>
Flat	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>
Tenement Flat	<input type="checkbox"/>	House	<input type="checkbox"/>
Multi-storey Flat	<input type="checkbox"/>	Bungalow	<input type="checkbox"/>

2. What is the highest floor level you would consider for a flat, maisonette or multi-storey?

Ground  First  Second  Third  Four and Above (please state)

Other (please state) \_\_\_\_\_

3. Which type of heating would you accept? Please tick all types you would consider:

Gas	<input type="checkbox"/>	Solid Fuel	<input type="checkbox"/>
Electric	<input type="checkbox"/>	Any	<input type="checkbox"/>

4. Where do you want to live? Please say which areas you would like to live **in order of preference from 1-10 with 1 as your first choice and 10 as your last choice**. For example, if Grangemouth is your first choice put a number 1 beside it. If Falkirk West is your second choice put a number 2 beside it and so on. You do not need to choose all the areas. See the map enclosed for allocation areas.

Bo'ness	<input type="checkbox"/>	Falkirk Central	<input type="checkbox"/>
Bonnybridge/Banknock	<input type="checkbox"/>	Falkirk East	<input type="checkbox"/>
Braes	<input type="checkbox"/>	Falkirk West	<input type="checkbox"/>
Dawson	<input type="checkbox"/>	Grangemouth	<input type="checkbox"/>
Denny	<input type="checkbox"/>	Larbert/Stenhousemuir	<input type="checkbox"/>

5. When you move will you need any of the facilities listed below? Please tick all that apply:

Ground floor property	<input type="checkbox"/>	Shower low level	<input type="checkbox"/>
Adapted kitchen	<input type="checkbox"/>	Wet Room/level access shower	<input type="checkbox"/>
Ramped/level access	<input type="checkbox"/>		

If you tick any of these we will contact you to gather more information to support your application.

6. Do you or anyone on your application use a wheelchair? Yes  No

If there is a wheelchair user do they use it: Indoors  and/or Outdoors





**1. YOUR REASON FOR APPLYING FOR A HOUSE** - Please tick the box which describes your **main** reason for applying for a house. **Tick only one box:**

Homeless	<input type="checkbox"/>	House lacks standard amenities	<input type="checkbox"/>
Living in hostel, supported or temporary accommodation provided by Falkirk Council	<input type="checkbox"/>	House unsuitable due to health problems or disability**	<input type="checkbox"/>
Threatened with loss of home	<input type="checkbox"/>	To give/receive support to/from relatives/friends**	<input type="checkbox"/>
Leaving Care	<input type="checkbox"/>	Experiencing severe harassment and abuse**	<input type="checkbox"/>
Marital or relationship breakdown (domestic abuse involved)*	<input type="checkbox"/>	House in a redevelopment or regeneration area	<input type="checkbox"/>
Marital or relationship breakdown (domestic abuse not involved)*	<input type="checkbox"/>	To be near family and/or current or new job**	<input type="checkbox"/>
Leaving H.M. Forces	<input type="checkbox"/>	House too small	<input type="checkbox"/>
Leaving hospital, prison or residential care	<input type="checkbox"/>	House too big	<input type="checkbox"/>
Tied tenancy coming to an end	<input type="checkbox"/>	To get own tenancy	<input type="checkbox"/>
Have no security of tenure	<input type="checkbox"/>	To change type of house	<input type="checkbox"/>

If you are applying because of health problems or a disability you should read the leaflet Housing Priority Functional Assessment - Information for Applicants and fill in the Referral Form at the back of the booklet.

\* Domestic abuse is abuse from a partner or ex-partner including psychological as well as physical and sexual forms of abuse.

\*\* More information will be collected to support your application.

2. **SUPPORT** - Are you applying for housing because you need to move to give or receive support?

Yes  No

2a.If 'Yes', is this to (please tick box):

Give Support

Receive Support

2b.Name of person you need to live/move closer to:

2c.Address (if different from your application):

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode

2d.Telephone Number (include area code):

Relationship:

2e.What type of support is needed? Please tick:

Shopping

Emotional

Housework

Childcare

Making a Cooked Meal

General Support

Personal Care

Other Support  
(please state)

e.g. helping you wash, dress

2f.How often is this support needed? Please tick relevant box:

Daily

2-3 Times Per Week

Weekly

Monthly

Other (please state)





3. **LOCAL CONNECTION** - You should only answer this question if you do not live in the Falkirk Council area. If you wish to move to the Falkirk Council area because you have a local connection with it, please give details e.g. former resident, employment, relatives:

3a. **Former Resident** - Have you or any joint applicant lived in the Falkirk Council area before?

Name	Address	Date From	Date To

3b. **Employment** - If you work in the Falkirk Council area, please give details:

Name of Employer	Address of Employer	Date Started Job

3c. **Relatives** - If you have relatives living in the Falkirk Council area, please give details:

Name of Relative	Address of Relative	Relationship to You (See Section 7)

3d. Please state any other local connection you have with the Falkirk Council area.

4. If you are applying for housing because you are leaving H.M. Forces please provide the information requested below:

Date of Joining H.M. Forces

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---



Date of Discharge

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Reason for Leaving

5. Do you or anyone else to be housed with you have health problems which make your current home unsuitable?

Yes  No

You should read the leaflet **Housing Priority Functional Assessment - Information for Applicants** and fill in the Referral Form at the back of the booklet.



6. Are you applying for a house along with another tenant of Falkirk Council and/or a local housing association?

Yes  No

If 'Yes', the other people that you would like to live with you should be included in Section 3 "Your Family".

6a. If 'Yes', how many bedrooms are there in the other property?

Double Bedrooms (over 110 square feet or 10 square metres)

Single Bedrooms (under 110 square feet or 10 square metres)


7. Does your property lack any of the following facilities? Please tick:

Inside Toilet	<input type="checkbox"/>	Kitchen Area	<input type="checkbox"/>
Bathroom/Shower-room	<input type="checkbox"/>	Full Central Heating	<input type="checkbox"/>
Mains Water Supply	<input type="checkbox"/>	Hot Water Supply	<input type="checkbox"/>

8. Do you share a kitchen, living room and bathroom with people other than those you want to be rehoused with? Please tick:

Yes  No

9. Is your property the subject of any statutory notices in respect of structural or other repairs?

Yes  No  

10. If you live in a flat do you have access to a garden (shared or individual)?

Yes  No

11. If you have said that you will need adaptations when you move (Section 5 Question 5) we may assess your current home to see if it could be adapted as an alternative to moving. If it was feasible to adapt your current home to meet your needs, would you still want to move?

Yes  No

**If you answer "NO" an Occupational Therapist will visit you at home to carry out an assessment of your needs. Adaptations will only be carried out if the Occupational Therapist considers that it is feasible to adapt your home to meet your needs.**





## OTHER INFORMATION

**You must answer the following questions if anyone has ever taken action against you, or anyone on your application, for antisocial behaviour. If you do not tell us you may lose any home that is allocated to you.**

1. Has anyone ever taken action against you, or anyone on your application, for antisocial behaviour? Yes  No
- If 'Yes', what type of action was this?
- Formal action e.g. a written warning Yes  No
- Court action e.g. interdict, recovery proceedings or eviction Yes  No
- Has an Antisocial Behaviour Order been granted against you? Yes  No
2. You must answer the following question if you, or anyone on your application, need to register under the Sex Offences Act 2003.
- Do you or anyone on your application need to register with the police under the Sex Offences Act 2003? Yes  No

**If 'Yes', someone will contact you for more information.**

3. **ANIMALS AND PETS** - There are restrictions on keeping pets and animals in some house types and areas e.g. no dogs in the multi-storey flats.
- Do you intend to keep pets and animals at home? Yes  No
- If 'Yes', what type of pets/animals do you intend to keep? Please tick box:
- Dog(s)  Cat(s)  Other (please state) \_\_\_\_\_
4. **OTHER HOUSING OPTIONS** - As well as housing from Falkirk Council, would you consider any of the following if they were available?:
- Buying a new low-cost house or flat Yes  No
- Shared ownership (part buy/part rent from a Housing Association) Yes  No
- Renting from a private landlord Yes  No
- If you are a tenant of Falkirk Council and you are overcrowded would you still want to move if it was feasible to extend your home? Yes  No
- Are you registered with HomeSwapper? Yes  No

HomeSwapper is a mutual exchange matching website. Falkirk Council tenants can now register with HomeSwapper free of charge and get information about tenants in the Council area who want to exchange houses as well as details of people wanting to move here from outside the area.



# DECLARATION



After filling in this form please read through the following statements and sign at the bottom to show you understand and agree with them.

- I confirm to the best of my knowledge, the information I have given on this application is true and accurate.
- If my circumstances change I must tell you at once.
- Any false or misleading information given on this form may result in my application being suspended.
- If I am granted a tenancy on the basis of false or misleading information Falkirk Council may take steps to end the tenancy.
- If I buy a house (including a house I previously rented) or I am housed by another council or a housing association, or if I carry out a mutual exchange, my application will be cancelled. However, I have the right to reapply for housing at any time.
- I authorise Falkirk Council's Neighbourhood Services to make relevant enquiries with other Falkirk Council Services, other council's and other housing associations and external agencies to confirm the details I have given on this form or to request information to support my application for housing.
- I agree that, in accordance with the terms of registration under the Data protection Act 1998, the Council may use the information I have given for all housing administration purposes. This information may also be shared with statutory bodies and other housing providers such as housing associations for the purposes of housing administration.

Applicant 1 Signature

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Applicant 2 Signature

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

**Thank you for filling in this application form.  
Please return it to the Accommodation Resource Centre or one of our  
Neighbourhood Offices / One Stop Shops. See Section 10 for contact details.**





## INFORMATION TO HELP YOU FILL IN THE FORM

### HOUSING ASSOCIATIONS (SECTION 1)

You can choose from a wide range of Housing Associations who have houses for rent throughout the Falkirk Council area.

Housing Associations are non-profit making landlords (often with charitable status) which provide a range of different types of housing from mainstream to specialist housing for people with care and support needs.

The Council has nomination arrangements with these Housing Associations which mean that some of the Associations' properties which become available (normally 50%), will be allocated to applicants from the Council's housing list. You can also apply to them directly.

### HOUSE DEFINITIONS (SECTION 1 & 5)

- A flat is a dwelling on one floor, forming part of a building from some other part of which it is divided horizontally.
- A maisonette is a dwelling on more than one floor, forming part of a building from some other part of which it is divided horizontally.
- A multi-storey flat is a flat in a building of five storeys or more with a lift.
- A tenement flat is a flat in a building of two or more floors containing two or more flats with a shared access.
- A four in a block dwelling (i.e. cottage flat) is a building that contains four flats, each with their own access.

### HOUSEHOLD (SECTION 1)

Couple	Joint applicant who need separate rooms
Couple with access to children	Single
Couple with children who live with them	Single with access to children
Couple with children who live with them and access to other children	Single parent
Joint applicant who need separate rooms and have access to children	Single parent with children who live with them and access to other children

### ETHNIC GROUP (SECTIONS 1, 2 & 3) - Please select which best describes your ethnic origin.

White Scottish	Asian Scottish or Asian British Bangladeshi
White Other British	Asian Scottish or Asian British Chinese
White Irish	Asian Scottish or Asian British Other
White Other	Gypsy/Traveller
Black Scottish or British African	Mixed
Black Scottish or British Caribbean	Other
Black Scottish or British Other	Not Known
Asian Scottish or Asian British Indian	Refused to Give
Asian Scottish or Asian British Pakistani	

### COUNTRY OF ORIGIN (SECTION 2)

Austria	Iceland	Portugal	Latvia
Belgium	Ireland	Spain	Lithuania
Cyprus	Italy	Sweden	Poland
Denmark	Liechtenstein	Switzerland	Slovakia
Finland	Luxembourg	United Kingdom	Slovenia
France	Malta	Czech Republic	Non EU Eligible
Germany	Netherlands	Estonia	
Greece	Norway	Hungary	



## **MARITAL STATUS (SECTIONS 2 & 3)**

Cohabiting  
Civil Partnership  
Divorced  
Married

Separated  
Single  
Widowed

## **RELATIONSHIP (SECTIONS 3 & 6)**

Applicant 1  
Applicant 2  
Aunt  
Carer  
Daughter  
Friend  
Grandchild  
Grandparent  
Nephew  
Niece

None  
Parent  
Partner  
Step Child  
Sibling  
Son  
Spouse  
Tenant 1  
Tenant 2

## **ACCESS TO CHILDREN (SECTION 3)**

Never  
1-2 Nights Week  
3-4 Nights Week  
Every Weekend

Every Second Weekend  
One Weekend Per Month  
Holidays Only  
Other Access (Please specify)

## **TENURE TYPE (SECTION 4)**

Council Tenancy  
Housing Association Tenancy  
Private Rented  
Tied Property  
Owner Occupier  
Parents / Relatives  
Friends / Partners  
H.M. Forces Accommodation  
Prison  
Hospital

In Care / Looked After by Council  
Supported Accommodation  
Hostel Unsupported  
Bed and Breakfast  
Caravan / Mobile Home  
Long Term Roofless  
Long Term Sofa Surfing  
Other (Please specify)  
Not Known

## **REASON FOR LEAVING (SECTION 4)**


Homeless  
Living in Hostel  
Supported or Temporary Accommodation provided by Falkirk Council  
Loss of Home  
Leaving Care  
Marital & Relationship Breakdown - No Domestic Abuse  
Marital & Relationship Breakdown - Domestic Abuse  
Leaving H.M. Forces  
No Security of Tenure  
Lack of Amenities

House Unsuitable for Medical Reasons  
To Give / Receive Support  
Severe Harassment  
Redevelopment Falkirk Council  
Redevelopment Not Falkirk Council  
To be near Family or Job  
House Too Small  
House Too Big  
To get Own Tenancy  
Change of House  
Leave Institution  
Tied Tenancy





## CHECKLIST

Where there is a  sign, you need to confirm information.

The checklist below tells you what we need. If you are providing the confirmation along with the application form please tick the relevant boxes. We may not be able to assess your application without the confirmation we have asked for.

If you are handing your application form into the Accommodation Resource Centre or any of the Neighbourhood Offices / One Stop Shops, you can bring your confirmation with you and we will take copies and return the original documents to you.

Confirmation	Type of Confirmation Needed	Included ✓
<b>Confirmation of where you are living</b> We need proof of your current address (except if you are a tenant of Falkirk Council because we can check this from our own records)	Bank statement or	<input type="checkbox"/>
	Driving licence or	<input type="checkbox"/>
	Utility bill (such as gas, electricity or water) or	<input type="checkbox"/>
	Letter or paperwork from the Department of Works and Pensions	<input type="checkbox"/>
<b>About the people who will be moving with you</b>	Birth certificates for everyone	<input type="checkbox"/>
<b>Anyone not currently living with you that will be rehoused with you</b>	Letter confirming access arrangements from former partner or	<input type="checkbox"/>
	Solicitor or	<input type="checkbox"/>
	Court	<input type="checkbox"/>
<b>Anyone who is pregnant</b>	Copy of maternity plan or	<input type="checkbox"/>
	Letter from doctor	<input type="checkbox"/>
<b>If you must leave your current accommodation</b>	<b>Private sector tenants:</b> Tenancy agreement and	<input type="checkbox"/>
	Notice to quit	<input type="checkbox"/>
	<b>Owner Occupier:</b> Letter from mortgage lender confirming date you have to leave	<input type="checkbox"/>
	<b>Tied Tenant:</b> Letter from your employer confirming when your employment began, when it is due to end, when you need to leave and the reason for leaving	<input type="checkbox"/>
	<b>H.M. Forces:</b> Certificate of Cessation of Entitlement to Occupy Living Accommodation or Letter from Commanding Officer including length of service and discharge date	<input type="checkbox"/>
	<b>Qualify for Public Assistance including Housing</b>	Letter from The Home Office
	Passport	<input type="checkbox"/>
<b>House subject to a statutory notice</b>	Copy of repairs notice	<input type="checkbox"/>





## Accommodation Resource Centre / Neighbourhood Offices / One Stop Shops

### Accommodation Resource Centre

21-25 High Street  
Falkirk FK1 1ES  
Freephone: 0800 587 4440  
Tel: 01324 503600  
E-mail: arc@falkirk.gov.uk

### Denny One Stop Shop

Carronbank House  
Carronbank Crescent  
Denny FK6 6GA  
Tel: 01324 504050  
Fax: 01324 504051  
E-mail: housing.denny@falkirk.gov.uk

### Bo'ness One Stop Shop

24 East Pier Street  
Bo'ness EH51 9AB  
Tel: 01506 778899  
Fax: 01506 778900  
E-mail: housing.boness@falkirk.gov.uk

### Grangemouth One Stop Shop

5 York Lane  
Grangemouth FK3 8BD  
Tel: 01324 504550  
Fax: 01324 504551  
E-mail: housing.grangemouth@falkirk.gov.uk

### Falkirk One Stop Shop

Callendar Square  
Falkirk FK1 1ZF  
Tel: 01324 506868  
Fax: 01324 506881  
E-mail: housing.falkirk@falkirk.gov.uk

### Stenhousemuir One Stop Shop

398 Main Street  
Stenhousemuir FK5 3JR  
Tel: 01324 503340  
Fax: 01324 503341  
E-mail: housing.stenhousemuir@falkirk.gov.uk

### Camelon One Stop Shop

256 Main Street  
Camelon, Falkirk FK1 4DY  
Tel: 01324 503640  
Fax: 01324 503641  
E-mail: housing.camelon@falkirk.gov.uk

### Dawson Centre

David's Loan  
Falkirk FK2 7RG  
Tel: 01324 501450  
Fax: 01324 501451  
E-mail: housing.dawson@falkirk.gov.uk

If you would like this information in another language, Braille, large print or audio tape please contact one of our Neighbourhood Offices or One Stop Shops.

#### Arabic

إذا كنت تحتاج لهذه المعلومات بلغة أخرى، بريل، احرف مكبرة أو اشريطة كاسيت، نرجوا منك الاتصال بمركز الاسكان أو واحد من نيبرهود اوفيسيز/ ون ستوب شوبس. هناك قائمة بارقام الهواتف والعناوين متوفرة في نهاية هذا الكتيب.

#### Urdu

اگر آپ کو یہ معلومات کسی دوسری زبان، بریل، یا کسی دیگر صورت یا موٹے حروف کی چھپائی یا آڈیو ٹیب میں درکار ہیں تو براہ کرم ہمارے مہربانی اکوڈیشن ریسورس سینٹر یا ہمارے کسی بھی نمبر ہوڈ آفسز اور ان اسٹاپ شاؤز سے رابطہ کریں۔ رابطہ کرنے کے لیے ایڈریس لسٹ اور ٹیلی فون نمبر اس کتابچے کے اختتام پر درج ہیں۔

#### Punjabi

ਜੇਕਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਪੰਜਾਬੀ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਖ਼ਿਪਾ ਕਰਕੇ ਐਕਮੋਡੇਸ਼ਨ ਰੀਸੋਰਸ ਸੈਂਟਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

#### Chinese

如果你希望獲得此份表格的其他語言譯本，凸字印刷，大號字體或錄音帶，請與 Accommodation Resource Centre 或 Neighbourhood Offices/ One Stop Shops 聯絡。在這本小冊子的末頁有一份聯絡地址和電話號碼。

#### Lithuanian

Jeigu jūs norėtumėte gauti šią informaciją kita kalba, Brailio šriftu, stambiu šriftu ar įgarsintą, prašome susisiekti su vienu iš mūsų Apylinkių ofisų/Filialų.

#### Polish

Jeżeli chciałbyś/chciałabyś uzyskać owe informacje w języku innym aniżeli język angielski, w języku Braille'a, w DUŻYM FORMACIE lub zapisane na kasetach audio skontaktuj się z jedną z Naszych placówek.