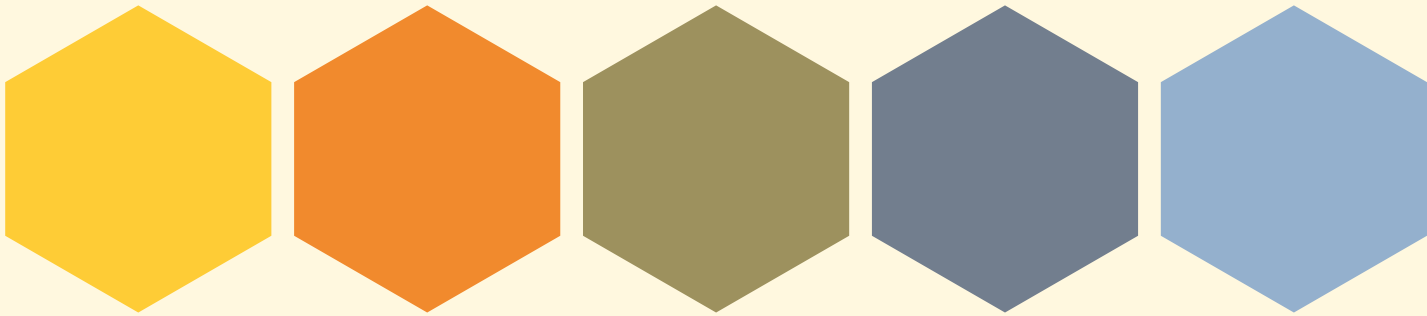
BIELD
FREE TO BE

Housing Application Form



Completed forms, supporting documents and proof of ID can be sent to:
applicants@bield.co.uk

For guidance on this application form, please refer to 'Guide to Bield Application Form'

About you – main applicant

Title | First name

Family name/surname

Date of birth

National insurance number

Please provide proof (e.g. passport, photo-card driving licence, etc.)

Sex | Male | Female | Prefer not to say

Are you pregnant? | Yes | No

If yes, expected due date

Please provide proof (e.g. Form Mat B1)

Please tick this box if this person is related to a member of Bield's Board or an employee:

If you ticked this box, please state relationship

Person 1

Joint applicant? | Yes | No

Title | First name

Family name/surname

Date of birth

National insurance number

Sex | Male | Female | Prefer not to say

Is this person pregnant? | Yes | No

If yes, expected due date

Please provide proof (e.g. Form Mat B1)

Please tick this box if you are related to a member of Bield's Board or an employee:

If you ticked this box, please state relationship

Relationship with main applicant

Person 2

Title | First name

Family name/surname

Date of birth

National insurance number

Sex | Male | Female | Prefer not to say

Is this person pregnant? | Yes | No

If yes, expected due date

Please provide proof (e.g. Form Mat B1)

Please tick this box if this person is related to a member of Bield's Board or an employee:

If you ticked this box,
please state relationship

Relationship with main applicant

Person 3

Title | First name

Family name/surname

Date of birth

National insurance number

Sex | Male | Female | Prefer not to say

Is this person pregnant? | Yes | No

If yes, expected due date

Please provide proof (e.g. Form Mat B1)

Please tick this box if this person is related to a member of Bield's Board or an employee:

If you ticked this box,
please state relationship

Relationship with main applicant

Person 4

Title | First name

Family name/surname

Date of birth

National insurance number

Sex | Male | Female | Prefer not to say

Is this person pregnant? | Yes | No

If yes, expected due date

Please provide proof (e.g. Form Mat B1)

Please tick this box if this person is related to a member of Bield's Board or an employee:

If you ticked this box,
please state relationship

Relationship with main applicant

Main Applicant's Address Details

Current address

Flat number | Building number

Building name

Street

Town | Postcode

Put a tick in the box if this is your main address

Please provide proof (e.g. recent utility bill, recent credit card or bank statement, council tax bill for the current year, etc.)

Address type

Main residence | Temporary Address | Correspondence Address

Put a tick in this box if this is your postal address

If you want your mail to go to
a different address, please add
it here:

Postcode

Joint Applicant Address Details

Is any joint applicant currently living at a different address to the main applicant? Yes ☐ No ☐

If yes, please provide their current address including postcode:

Postcode

How long have they lived at this address? Years Months

Do they have outstanding housing debt at this address? Yes ☐ No ☐

If yes, how much is the outstanding housing debt?

Your contact details

Home phone

Work phone

Mobile phone

Email

Preferred Home ☐ Work ☐ Mobile ☐ Email ☐

Language and format preferences

What is your preferred language?

Preferred language type? Written ☐ Spoken ☐

Would you like us to send future correspondence in this language? Yes ☐ No ☐

If we have to contact or visit you, do you need an interpreter? Yes ☐ No ☐

If yes, please provide details:

Do you need future correspondence in a different format, for example, large font, audio or braille? Yes ☐ No ☐

If yes, please provide details: Large print ☐ Community language ☐
Other ☐ Audio ☐ Braille ☐

If you have selected 'Community language' or 'Other' please provide details:

Representative

Do you want us to deal with someone else on your behalf (a representative) in relation to your application? Yes ☐ No ☐

If yes, please provide their details below.

Name

Address

Telephone No

Email

Relationship to you

Power of Attorney

Is this person your Power of Attorney (POA)? Yes ☐ No ☐

If yes, please tell us the Power of Attorney type Financial ☐ Welfare ☐ Financial and Welfare ☐

If there is an active Power of Attorney, please provide a copy of this document and, if required, evidence that the granter has been deemed to have lost capacity.

Anti-Social Behaviour

Have you, or anyone applying with you, ever had a warning or court action taken against you for anti-social behaviour? Yes ☐ No ☐

Managed Offenders

Does anyone included in this application have a requirement to register under the Sex Offenders Act 1997 or Sexual Offences Act 2003 or any other license?

Yes ☐ No ☐

If yes, please state the full name of the person who has this requirement:

Immigration Control

Are you, or anyone included on this application, subject to immigration control? Yes ☐ No ☐

If yes, are there any conditions or limits to your residence, or any restrictions on your access to public funds? Yes ☐ No ☐

If yes, please provide details:

Armed Forces

Have you served in the armed forces or any military service? Yes ☐ No ☐

Accommodation History

How long have you lived at your current address? Years Months

If renting, please give landlord's name and contact details:

Do you have outstanding housing debt at this address? Yes ☐ No ☐

How much is the outstanding housing debt?

If you have lived at your current address for three years or longer, please proceed to the Current Circumstances section. If you have lived at your current address for less than three years, please provide your previous residences. Failing to provide a complete history will result in a delay to your application being processed.

Previous address 1

Flat number Building number

Building name Street

Town Postcode

Duration at address: Years Months

If rented, please give landlord's name and contact details:

Do you have outstanding housing debt at this address? Yes ☐ No ☐

Reason for leaving:

Previous address 2

Flat number Building number

Building name Street

Town Postcode

Duration at address: Years Months

If rented, please give landlord's name and contact details:

Do you have outstanding housing debt at this address? Yes ☐ No ☐

Reason for leaving:

Previous address 3

Flat number Building number

Building name Street

Town Postcode

Duration at address: Years Months

If rented, please give landlord's name and contact details:

Do you have outstanding housing debt at this address? Yes ☐ No ☐

Reason for leaving:

Current Circumstances

Please tell us your current living arrangements

- [ ] Owner occupier
- [ ] Council or housing association tenant
- [ ] Living with family and it is not your own home
- [ ] Sleeping rough
- [ ] Temporary accommodation
- [ ] Living in a caravan, motorhome, chalet or houseboat
- [ ] In residential care
- [ ] In long stay hospital
- [ ] Sharing owner / shared equity
- [ ] Private landlord tenant
- [ ] Living with friends and it is not your own home
- [ ] Lodgings
- [ ] Living in a hostel
- [ ] In prison
- [ ] In HM Forces
- [ ] Tied accommodation

Homelessness

Have you, or anyone to be housed with you, been assessed as statutorily homeless by the Council, or are you likely to be made homeless within the next 2 months?

Statutorily Homeless ☐ Homeless within the next 2 months ☐

You will need to provide evidence, e.g. a copy of the decision letter, Notice to Quit, Notice of Proceedings, Court Order, etc.

What date are you expected to leave your current accommodation if you are going to be homeless within the next 2 months?

Delayed discharge from hospital

Are you currently in hospital and fit for discharge except your home is no longer suitable? Yes ☐ No ☐

Please share a letter from the hospital or your social worker.

Current Circumstances (continued)

Worsening circumstances

Do you feel your current living arrangements are being made worse because of a breakdown in relations with the other occupants?

Yes ☐ No ☐

If 'yes', please provide details:

Impact of illness or disability

Do you or anyone in your household have an illness or disability made worse by the type of property you live in?

Yes ☐ No ☐

If yes, what is the nature of the illness or disability?

Briefly, how does your current home affect this?
(Please note - we will visit you to verify this.)

Current property details

Has your property been declared as 'Below Tolerable Standard' by your local Council? Yes ☐ No ☐

If yes, you will need to provide evidence of this.

Does your home have serious maintenance or repair problems, e.g. structural problems, subsidence, rot, etc. Yes ☐ No ☐

If 'yes', please provide details:

Do you have the following in your current home?

	Yes	No
Hot water	☐	☐
Cold water	☐	☐
Mains electricity	☐	☐
Kitchen	☐	☐
Bathroom / shower room	☐	☐
Indoor toilet	☐	☐

Does your home have damp and/or mould? Yes ☐ No ☐

If yes, you will be visited to confirm the presence of this or asked to provide evidence.

Does your home have (please tick one box only)

☐ Full central heating ☐ Partial central heating ☐ No central heating

Bedroom spaces

If you are a Council or Housing Association tenant, are you currently lacking any bedrooms? Yes ☐ No ☐

If yes, how many bedrooms are you lacking?

If you are a Council or Housing Association tenant, are there any bedrooms which are currently unoccupied? Yes ☐ No ☐

If yes, how many bedrooms are underoccupied?

Shared facilities

Do you share any of the following facilities with anyone not included on your application form?

	Yes	No
Bathroom/toilet		
Kitchen		
Living room		

If 'yes', please provide details:

Accessibility

External stairs

Does your current home have external stairs (i.e. stairs on the outside of your home)? Yes No

If yes, what impact does the external stairs have on you or anyone in your household in relation to going out?

No impact Makes it difficult Makes it impossible

Internal stairs

Does your current home have internal stairs? Yes No

If yes, what impact does the internal stairs have on you or your household in accessing essential rooms in your home, such as the bathroom or bedroom/s?

No impact Makes it difficult Makes it impossible

Accessing bath / shower

What impact does your mobility have on your ability to access a bath or shower?

No impact Makes it difficult Makes it impossible

Personal safety

Anti-social behaviour

Are you experiencing anti-social behaviour or do you have fears about safety at your current address or in the surrounding neighbourhood?

Yes ☐ No ☐

If 'yes', please provide details:

Please note - we will visit you to verify this.

Domestic abuse

Are you experiencing **domestic abuse**, including **coercive / controlling behaviour?** Yes ☐ No ☐

Violence and harassment

Are you experiencing personal harassment, which is life-threatening harassment which necessitates urgent rehousing? This could involve situations where there is immediate physical danger or threat to life due to severe abuse or harassment.

Yes ☐ No ☐

If yes, please indicate the type of harassment this relates to:

- ☐ Age (because you are old)
- ☐ Disability (either a physical or learning disability)
- ☐ Gender (because you are male or female)
- ☐ Gender reassignment (because you identify as a different gender from what you were born as)
- ☐ Marriage or civil partnership
- ☐ Race (because of your race or ethnicity)
- ☐ Religion or belief (because of your religion or belief)
- ☐ Sexual orientation (because of your sexual orientation)
- ☐ Pregnancy (because you are pregnant)
- ☐ Other

If other, please provide details:

Personal safety (continued)

Are the harassment incidents threats of abuse or physical abuse? Yes ☐ No ☐

Are the incidents verbal harassment? Yes ☐ No ☐

Are the incidents hate incidents? Yes ☐ No ☐

If you suffer from violence or harassment linked to where you live then please use this section to tell us about your situation. This may be violence or harassment from a near neighbour or from anyone else who is targeting you and knows where you live.

Please provide details if someone can confirm your claim e.g. Police, social work, support service, etc.

Name

Address

Phone no

Email

Needs and Preferences

Social Circumstances

Do you need to move nearer to family or friends to give or receive support? Yes ☐ No ☐

Do you need to move to make it easier to access amenities, e.g. shops, doctors, places of worship, etc? Yes ☐ No ☐

Do you need to move because of a marriage or partnership break-up? Yes ☐ No ☐

Do you need to move to be closer to family / friends? Yes ☐ No ☐

Do you need to move as you are vulnerable due to diminished cognitive capacity? Yes ☐ No ☐

If yes, how do you think living in a Bield home will help?

Do you need to move as you are vulnerable due to diminished physical capacity? Yes ☐ No ☐

If yes, how do you think living in a Bield home will help?

Applicants may be visited by a Bield member of staff to confirm their current circumstances and to assess if a Bield home is the best place for you.

Housing choice

Please tell us which developments you want to be considered for, in order of preference:

	Town	Development	Service Type
1			
2			
3			
4			
5			

How many bedrooms do you need?

If this includes an extra bedroom because of a health problem or disability, please provide details.

Some people make small changes in their homes to help make them safe and independent, e.g. level access shower, ramps, wider doorways to accommodate wheelchairs and mobility aids.

Would you need an adaptation or modification to make your home more accessible? Yes ☐ No ☐

If yes, please select the adaptation(s) or modification(s) required

- ☐ Adapted kitchen
- ☐ Automatic door
- ☐ Wheelchair accessible
- ☐ Wheelchair adapted
- ☐ Widened doors

What bathing facilities do you require?

- ☐ Bath only
- ☐ Bath and overhead shower
- ☐ Level access or wet floor shower
- ☐ Shower cubicle

What floor level(s) would be suitable for you?

Please tick all those you would accept

- ☐ Lower ground
- ☐ Ground
- ☐ First
- ☐ Second
- ☐ Third
- ☐ Fourth+

Please indicate what types of property you would consider

Please tick all those you would accept.

Please note, not all property types are available at each development.

- ☐ Bungalow
- ☐ Cottage
- ☐ Cottage flat
- ☐ Flat
- ☐ Flatlet
- ☐ House
- ☐ Maisonette
- ☐ Studio

Would you be interested in our meals service? Yes ☐ No ☐

Equality

How would you describe your ethnicity?

White

- [ ] Scottish
- [ ] British
- [ ] Irish
- [ ] Polish
- [ ] Lithuanian
- [ ] Ukrainian
- [ ] Other white background

Asian / Asian British

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Other Asian background

Black / African / Caribbean

- [ ] African
- [ ] Caribbean
- [ ] Other Black / African / Caribbean background

Mixed / multiple ethnic

- [ ] White and black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Other mixed / multiple ethnic background

Middle Eastern

- [ ] Arab
- [ ] Iranian
- [ ] Other Middle Eastern Background

- [ ] Kurdish
- [ ] Turkish

- [ ] Other ethnic group
- [ ] Prefer not to say

Please select your gender

- [ ] Male
- [ ] Female
- [ ] Transgender Male
- [ ] Transgender Female
- [ ] Gender neutral
- [ ] Prefer not to say
- [ ] Other

Please select your sexual orientation

- [ ] Heterosexual / straight
- [ ] Homosexual / gay
- [ ] Asexual
- [ ] Bisexual
- [ ] Pansexual
- [ ] Questioning
- [ ] Other
- [ ] Prefer not to say

How did you hear about Bield Housing & Care?

- [ ] Friend or relative
- [ ] Social worker or carer
- [ ] GP
- [ ] Press advert or flyer
- [ ] Council
- [ ] Internet
- [ ] Advice centre
- [ ] Local development / complex
- [ ] I am already a tenant
- [ ] Other

Declaration

I agree to the following statements to enable you to process my application for housing:

- I understand that the information contained within my application will be used to enable my application for housing to be assessed. I am aware that Bield has a Privacy Notice that gives details of how my information will be used.
- I am aware that it may be necessary to seek more information about my application either from myself or from other such as current / previous landlords.
- The details on this form are true.
- I have provided or will provide the proof needed.
- I understand that if I have given false information, or withheld any relevant information, my application may be withdrawn, or my tenancy put at risk.
- I understand that I should tell you immediately about any changes in my circumstances that may affect my application for housing.
- I understand that, if I get a tenancy using false or incomplete information, Bield can end the tenancy and repossess the property.
- I understand that I can withdraw my application for housing at any time and as a result it will be destroyed.

Applicant

Signed:

Print:

Date:

Joint Applicant

Signed:

Print:

Date:

Privacy statement

The information you provide on this form is held by Bield Housing and Care [Bield]. Bield have a Privacy Notice which is available on Bield's website. We will process your information fairly and lawfully and you are entitled to know how we intend to use the information you provide. It will be made available to authorised support agencies for the following purposes:

- To decide if you are eligible for housing
- To enable authorised support agencies to provide advice and guidance regarding your housing options
- To award you priority for housing in accordance with our points system
- To enable us to match your needs and preferences with available properties
- To enable us to decide if a property will be offered to you
- To enable our Allocation Team to contact your landlord or former landlords for information about you
- To enable our Allocation Team to use the information for administrative purposes, reporting statistical analysis or for strategic planning
- The sensitive personal data collected on this form in relation to protected characteristics will be monitored in relation to our Equality Policy
- To access physical or mental health data required to assess your need for housing.

Read our full Privacy Notice at **https://www.bield.co.uk/privacy-notice/**

Completed forms should be sent to:

Bield Housing Applications
Bield Housing and Care
Craighall Business Park
7 Eagle Street
Glasgow
G4 9XA

Completed PDF forms can be emailed to: **applicants@bield.co.uk**

Alternatively, hand this application form into any Bield development.

Supporting documents, ID, proof of address, etc can be emailed to applicants@bield.co.uk

Please contact **communications@bield.co.uk** if you require this document in a different format or language.

bieldhousingandcare
bield-housing-&-care
BieldScotland

Bield Housing & Care

Registered Office
79 Hopetoun Street
Edinburgh EH7 4QF
Tel: 0131 273 4000

Craighall Business Park
7 Eagle Street
Glasgow G4 9XA
Tel: 0141 270 7200

1 Bonnethill Gardens
1 Caldrum Terrace
Dundee DD3 7HB
Tel: 01382 228911

Email: info@bield.co.uk
Website: www.bield.co.uk
Scottish Charity SC006878
Property Factor Registration
PF000146

BIELD RESPONSE 24

HAPPY TO TRANSLATE