General Housing Application Form

General Housing Application Number:	
Date Received:	
Acknowledged:	
House Allocated/Rejected:	

Version 1 ï November 2010

GANNOCHY TRUST GENERAL HOUSING APPLICATION FORM

Please complete this form fully in block capitals in type or ink and return, signed by those applying, to the Estates Assistant at the Trust Office. The Trust will provide advice to potential applicants and assistance to complete the form if required.

The form should be completed after you have read the Gannochy Trust General Housing Application Notes, including the Consideration Criteria.

Please use additional sheets of paper if required.

PERSONAL DETAILS

Please provide the personal details of the Main and Additional Applicants.

Main Applicant

Title	
First Name(s)	
Surname	
Date of Birth	
E-Mail Address	
Contact Telephone Number(s)	

Additional Applicant

Title	
First Name(s)	
Surname	
Date of Birth	
E-Mail Address	
Contact Telephone Number(s)	

Details of Children

Name	Date of Birth	Sex	Additional Information

CURRENT ACCOMMODATION
Please give details of your current accommodation.

	Main Applicant	**Additional Applicant**
What is your current address? Is this a tied house?	 Yes/No*	 Yes/No*
Do you own this or any other property? If yes, please provide details	Yes/No*	Yes/No*
How long have you lived at this address? If less than 2 years, please provide former address for the previous 2 years.		

CONSIDERATION CRITERIA

Please complete the questions as thoroughly as possible to indicate if you meet the Consideration Criteria. It is preferable to provide evidence to support your application where appropriate.

Principal Criteria

	Main Applicant	**Additional Applicant**
Are you resident in Perth & Kinross?	Yes/No*	Yes/No*
Why do you need to move from your present home?		

Please give your employment details: Job Title: Employer: How long in this job? If less than 2 years, provide details of jobs in previous 2 years.		

Do you have a disability or existing medical condition?	Yes/No*	Yes/No*
If so, please give details with supporting evidence.		

Additional Criteria

Please expand on any point in the space provided or on an additional sheet.

	Main Applicant	**Additional Applicant**
Are you able to occupy the house without being a risk to yourself or those occupying adjacent properties?	Yes/No*	Yes/No*
Are you able to reliably operate the basic services and appliances within the house in order to be comfortable and secure ï heating controls, hot and cold water, cooker, door locks?	Yes/No*	Yes/No*

Are you able to understand the purpose of and correctly respond to smoke and carbon monoxide alarms?	Yes/No*	Yes/No*
Do you have sufficient mobility to move around the house unassisted or with the use of aids?	Yes/No*	Yes/No*
Are you able to occupy the house without requiring burdensome assistance from the wardens, neighbours or Trust staff?	Yes/No*	Yes/No*

ADDITIONAL INFORMATION

Please nominate two people who may be contacted in the event of an emergency

Emergency Contact

Title		
First Name(s)		
Surname		
Address		
Contact Telephone Number(s)		
E-Mail Address		
Relationship to Applicant		

Please provide two people willing to act as References to support your application.

Reference (1)

Title		
First Name(s)		
Surname		
Address		
Contact Telephone Number(s)		
E-Mail Address		
Connection to Applicant		
How long have you known them?		

Reference (2)

Title		
First Name(s)		
Surname		
Address		
Contact Telephone Number(s)		
E-Mail Address		
Connection to Applicant		
How long have you known them?		

Additional Details

How many bedrooms do you require?		
Names of Gannochy Trust tenants known or related to you?		
Would you require any particular adaption to your house? If yes, please expand	Yes/No*	Yes/No*

DECLARATION

- I/we certify that the information that I/we have provided is true, to the best of my/our knowledge. I/we understand that providing inaccurate information may jeopardise the success of this application or may result in me/us having to vacate the property in the future.
- I/we will provide the Gannochy Trust with additional or updated information to support my/our case when it is available.
- I/we will cancel this application if I/we no longer meet the Consideration Criteria.
- I/we understand that our continued occupancy of the property may require the Consideration Criteria to be maintained.

Signed:

Main Applicant:

Date:

Additional Applicant:

Date: