



# APPLICATION FORM FOR HOUSING IN SHETLAND



SIC stamp

HHA stamp

Please complete this joint SIC and HHA application form for Housing in Shetland and return it to either:

- Shetland Islands Council—Housing Service, 6 North Ness Business Park, Lerwick, Shetland ZE1 0LZ, 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](mailto:HOUSING@SHETLAND.GOV.UK), OR HJALTLAND ON 01595 694986 OR [MAIL@HJALTLAND.ORG](mailto: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, Español, Magyar).

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

## SECTION 1 YOUR PRESENT HOUSING ARRANGEMENTS

(a) MAIN APPLICANT Date of Birth

(b) JOINT APPLICANT Date of Birth

Title (e.g. Mr etc)

Relationship to main applicant

Forename(s)

Title (e.g. Mr etc)

Surname

Forename(s)

Previous Surname

Surname

Address

Previous Surname

Address

Postcode

Postcode

Address for correspondence if different from above

Address for correspondence if different from above

Postcode

Postcode

Telephone (Home)

Telephone (Home)

Telephone (Mobile)

Telephone (Mobile)

Telephone (Work)

Telephone (Work)

E-mail

E-mail

Please state preferred contact method

Please state preferred contact method

### IMPORTANT INFORMATION

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.

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

Office Use

SIC Application No

HHA Application No

**(1) Why are you applying for Social Rented Housing?**

**(2) Are you, or a member of your household experiencing harassment or abuse?**

YES  NO

If you tick **NO**, please go on to (c) YOUR CURRENT ACCOMMODATION

**(3) Is this internal harassment or abuse i.e. from a partner or ex partner?**

YES  NO

**(4) Is this internal harassment or abuse from another household member?**

YES  NO

**(5) Is this external harassment or abuse i.e. from a neighbour or ex-partner?**

YES  NO

**(c) YOUR CURRENT ACCOMMODATION**

**(1) Please tick appropriate box**

Institution i.e. in prison or hospital	<input type="checkbox"/>	SIC temporary accommodation	<input type="checkbox"/>
Staying with Family or 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"/>	Tied let	<input type="checkbox"/>
A Privately Rented House/Holiday let	<input type="checkbox"/>	Foster or residential care	<input type="checkbox"/>
Lodger/Sublet	<input type="checkbox"/>	*Do not have anywhere to stay	<input type="checkbox"/>
Other (please specify below)	<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 accommodation?**

	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"/>			

**IMPORTANT INFORMATION**

Harassment points may be awarded in consultation with support services on production of evidence.

[www.safershetland.com/](http://www.safershetland.com/)

Please give further details on page 14.

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

**IMPORTANT INFORMATION**

**(4) Please enter the total number of bedrooms in your current accommodation.**

Single	Double	Bedsit
<input type="text"/>	<input type="text"/>	<input type="text"/>

**(5) What are the measurements of your bedroom(s), and any additional rooms that your household currently occupy? Do not measure 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					

**(6) How is your accommodation heated?**

**(7) Do you have difficulty coping with the way your accommodation is heated?**

YES  NO

Financial difficulty

Physical difficulty

Other (please specify below)

**(8) Does your accommodation have dampness?**

YES  NO

**(9) Does your accommodation have condensation?**

YES  NO

If YES please specify

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

YES  NO

If YES please specify

Please put in approximate measurements if you do not have a tape measure. It is important that this information is included as it will indicate whether you are entitled to overcrowding points. Your house is overcrowded if you do not have all the rooms that you need.

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

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

**(11) Do you pay rent?**

YES  NO

If YES how much do you pay?

Weekly  Monthly

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.

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

YES  NO

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

YES  NO  N/A

**IMPORTANT INFORMATION**

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

**(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, 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.

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

If you have contact with your children who do not live with you permanently although may stay over on a regular basis, please tick the box to request a Child Contact form from SIC or Hjaltland.

**(e) PREGNANCY**

Are you, or anyone who will be housed with you pregnant? If so, please provide the details below.

YES  NO

Forename(s)	Surname	Date baby is due

**PLEASE NOTIFY APPROPRIATE LANDLORD(S) WHEN BABY IS BORN**

**(f) SHARING YOUR ACCOMMODATION**

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

N/A

	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 that will be moving with you?**

If yes please specify

YES  NO

**IMPORTANT INFORMATION**

Please provide a copy of a MAT B1, scan photo or letter from your doctor.

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

IMPORTANT INFORMATION

(1) When did you move into your current address?

Date of Entry  /  /

(2) 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	<input type="text"/>	Name of mortgage lender	<input type="text"/>
Address of landlord	<input type="text"/>	Address of mortgage lender	<input type="text"/>
Shared Ownership?	<input type="text"/>		<input type="text"/>
YES/NO	Postcode <input type="text"/>		Postcode <input type="text"/>

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.

There is extra space on page 14 if you require.

(3) Please provide all previous address/es over the past 5 years below for all applicants.

Name of person/s holding tenancy

Previous Address	<input type="text"/>	Name of previous landlord	<input type="text"/>
	<input type="text"/>	Address of previous landlord	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
		Postcode	<input type="text"/>

Name of person/s holding tenancy

Previous Address	<input type="text"/>	Name of previous landlord	<input type="text"/>
	<input type="text"/>	Address of previous landlord	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
		Postcode	<input type="text"/>

Name of person/s holding tenancy

Previous Address	<input type="text"/>	Name of previous landlord	<input type="text"/>
	<input type="text"/>	Address of previous landlord	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
		Postcode	<input type="text"/>

**(h) LEAVING YOUR CURRENT ACCOMMODATION**

**IMPORTANT INFORMATION**

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

Please tick all that apply.

Asked to leave accommodation/Notice to Quit	<input type="checkbox"/>	Property in poor condition	<input type="checkbox"/>
Financial reasons	<input type="checkbox"/>	No fixed abode	<input type="checkbox"/>
To move to a larger property	<input type="checkbox"/>	To move to a smaller property	<input type="checkbox"/>
To look for work	<input type="checkbox"/>	To take up work	<input type="checkbox"/>
To be closer to work	<input type="checkbox"/>	To move to another area	<input type="checkbox"/>
Neighbourhood problems	<input type="checkbox"/>	Relationship breakdown	<input type="checkbox"/>
Leaving Armed Forces/other tied accommodation	<input type="checkbox"/>	Social/Medical reasons	<input type="checkbox"/>
To provide support to a relative (see page 7)	<input type="checkbox"/>	To receive support from a relative (see page 7)	<input type="checkbox"/>
To be near a relative	<input type="checkbox"/>	At risk of domestic abuse	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	Independence	<input type="checkbox"/>

Both SIC and Hjalmland 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 Hjalmland, 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.

**(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.

## SECTION 2 HEALTH, SUPPORT AND SOCIAL NEEDS

IMPORTANT  
INFORMATION

### (a) MEDICAL NEED

(1) Do you and/or anyone else in your household have a medical or mental health condition 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. If you have already completed a medical form, please let us know when this was done.

DATE

### (b) SUPPORT

(1) Do you need Sheltered Housing?

YES  NO

Sheltered Housing provides a Community Housing Support Worker service to provide housing support to tenants. There is Sheltered Housing in many areas throughout Shetland, please see details on page 8.

(2) Do you need Very Sheltered Housing/Extra Care Housing?

SIC Only YES  NO

Very Sheltered Housing and Extra Care Housing offers on site care and support plus 24 hour on call provision.

(3) Would you like to be considered for Supported Housing?

YES  NO

Supported Living and Outreach Service provides specialist support for adults with complex physical disabilities, learning disabilities and/or autistic spectrum conditions.

(4) Do you have a current Understanding You?

YES  NO

An Understanding You is part of the assessment used through the With You For You process.

(5) Are you moving to another area to give or receive support?

YES  NO

Give Support

Receive Support

If YES please tick one of the options above and 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.

### (c) THE CRITERIA FOR SOCIAL NEEDS POINTS IS DETAILED BELOW

Criteria at which Social Needs points can be awarded:

- Child or Adult Protection concerns – for example, where children have been victims of abuse; where children are vulnerable and at risk because of their housing situation and/or location.
- Severe personal relationship difficulties—this would include domestic abuse, applicants who have been referred to MARAC.
- Where it is recognised settled accommodation will reduce risk of offending as part of a Criminal Justice support plan.
- Where an individual is in an inappropriate care setting – this will include delayed discharge from hospital or an inappropriate placement in residential care, Supported Living and Outreach, or Annsbrae.

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

YES  NO

Sheltered Housing leaflets are available from [www.shetland.gov.uk/housing](http://www.shetland.gov.uk/housing) at the SIC Housing or Hjaltland offices.

A Sheltered Housing assessment will be carried out before you will be considered for this type of housing.

An up to date Understanding You will be required to determine eligibility for this type of supported accommodation.

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. Please note an assessment will be required.

If yes, a Social Needs form will be sent to you if you are applying for SIC Housing which will assist us in making an assessment.

## SECTION 3 YOUR FUTURE HOUSING NEEDS—AREAS OF CHOICE

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

You should only choose areas where you would accept accommodation if an offer is made.

Where would you like to be rehoused? Please tick	Areas of Choice—Where our properties are (as at March 2017)	Bedsit/ 1 Bed		2 Bed		3 Bed		4&4+Bed		Total		Overall Total
		SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	
<b>Central</b>												
<input type="checkbox"/>	Weisdale*	5	-	8	-	15	7	-	-	28	7	35
<input type="checkbox"/>	Whiteness	-	-	1	-	2	-	-	-	3	-	3
<input type="checkbox"/>	Tingwall	5	15	3	17	-	12	-	-	8	44	52
<input type="checkbox"/>	Scalloway*	26	41	17	26	34	8	3	6	80	81	161
<input type="checkbox"/>	Burra - Hamnavoe*	4	-	1	8	3	5	-	-	8	13	21
<input type="checkbox"/>	Burra - Bridge End*	5	-	2	-	2	-	-	-	9	-	9
<b>Lerwick &amp; Bressay</b>												
<input type="checkbox"/>	Lerwick*	312	189	370	92	185	52	24	21	891	354	1245
<input type="checkbox"/>	Gulberwick	-	-	-	1	-	8	-	-	-	9	9
<input type="checkbox"/>	Bressay*	8	3	13	2	10	-	-	-	31	5	36
<b>North</b>												
<input type="checkbox"/>	North Roe*	4	-	2	-	2	3	-	-	8	3	11
<input type="checkbox"/>	Eshanness	0	0	0	0	0	2	0	0	0	2	2
<input type="checkbox"/>	Hillswick*	3	7	2	-	1	7	-	-	6	14	20
<input type="checkbox"/>	Urafirth*	4	-	4	-	7	-	-	-	15	-	15
<input type="checkbox"/>	Ollaberry	4	-	-	-	10	-	-	-	14	-	14
<input type="checkbox"/>	Sullom	-	-	-	6	-	4	-	-	-	10	10
<input type="checkbox"/>	Mossbank*	3	-	5	-	35	-	3	-	46	-	46
<input type="checkbox"/>	Firth	8	-	2	-	81	-	1	-	92	-	92
<input type="checkbox"/>	Brae	8	4	14	1	68	8	2	0	92	13	105
<input type="checkbox"/>	Vidlin*	7	-	2	-	4	-	-	-	13	-	13
<input type="checkbox"/>	Voe*	7	-	3	-	4	-	1	-	15	-	15
<input type="checkbox"/>	South Nesting*	4	-	5	-	6	-	1	-	16	-	16
<b>North Isles</b>												
<input type="checkbox"/>	Fetlar*	6	-	2	-	5	-	-	-	13	-	13
<input type="checkbox"/>	Unst - Haroldswick*	3	-	2	-	8	-	-	-	13	-	14
<input type="checkbox"/>	Unst - Baltasound*	5	-	5	-	16	16	1	-	27	16	43
<input type="checkbox"/>	Unst - Uyeasound*	8	-	3	-	6	-	-	-	17	-	17
<input type="checkbox"/>	Yell - Cullivoe*	5	-	3	2	7	4	-	-	15	6	21
<input type="checkbox"/>	Yell - Mid Yell*	6	-	15	-	5	-	-	-	26	-	26
<input type="checkbox"/>	Yell - Burrae*	7	-	5	-	5	-	-	-	17	-	17
<b>South</b>												
<input type="checkbox"/>	Cunningsburgh*	11	-	13	5	11	-	1	-	36	5	41
<input type="checkbox"/>	Sandwick*	19	-	16	10	17	16	1	1	53	27	80
<input type="checkbox"/>	Bigton*	4	-	2	-	1	-	-	-	7	-	7
<input type="checkbox"/>	Boddam	2	-	-	3	10	3	1	-	13	6	21
<input type="checkbox"/>	Virkie*	10	-	1	11	12	19	-	-	23	30	53
<input type="checkbox"/>	Fair Isle*	1	-	1	-	1	-	-	-	3	-	3
<b>West</b>												
<input type="checkbox"/>	Tresta	-	-	-	-	2	-	-	-	2	-	2
<input type="checkbox"/>	Bixter	-	4	2	-	13	-	-	-	15	4	19
<input type="checkbox"/>	Aith*	6	-	3	6	11	4	-	-	20	10	30
<input type="checkbox"/>	Skeld*	7	-	3	-	3	-	-	-	13	-	13
<input type="checkbox"/>	Walls*	13	-	3	4	8	-	1	-	24	4	28
<input type="checkbox"/>	Sandness*	5	-	4	2	1	4	-	-	10	6	16
<b>Whalsay &amp; Skerries</b>												
<input type="checkbox"/>	Whalsay Symbister*	4	6	4	5	10	2	-	-	18	13	31
<input type="checkbox"/>	Whalsay Brough*	10	-	-	-	12	-	-	-	22	-	22
<input type="checkbox"/>	Out Skerries	1	-	-	-	1	-	-	-	2	-	2

#### IMPORTANT INFORMATION

SIC and HHA have separate Allocation policies. This means that there are different rules for how they assess housing applications. For an explanation of the policies, please refer to the individual Allocation policy leaflets. You can see the full documents at [www.shetland.gov.uk/housing](http://www.shetland.gov.uk/housing) and [www.hjaltland.org.uk](http://www.hjaltland.org.uk).

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, or check the websites.

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

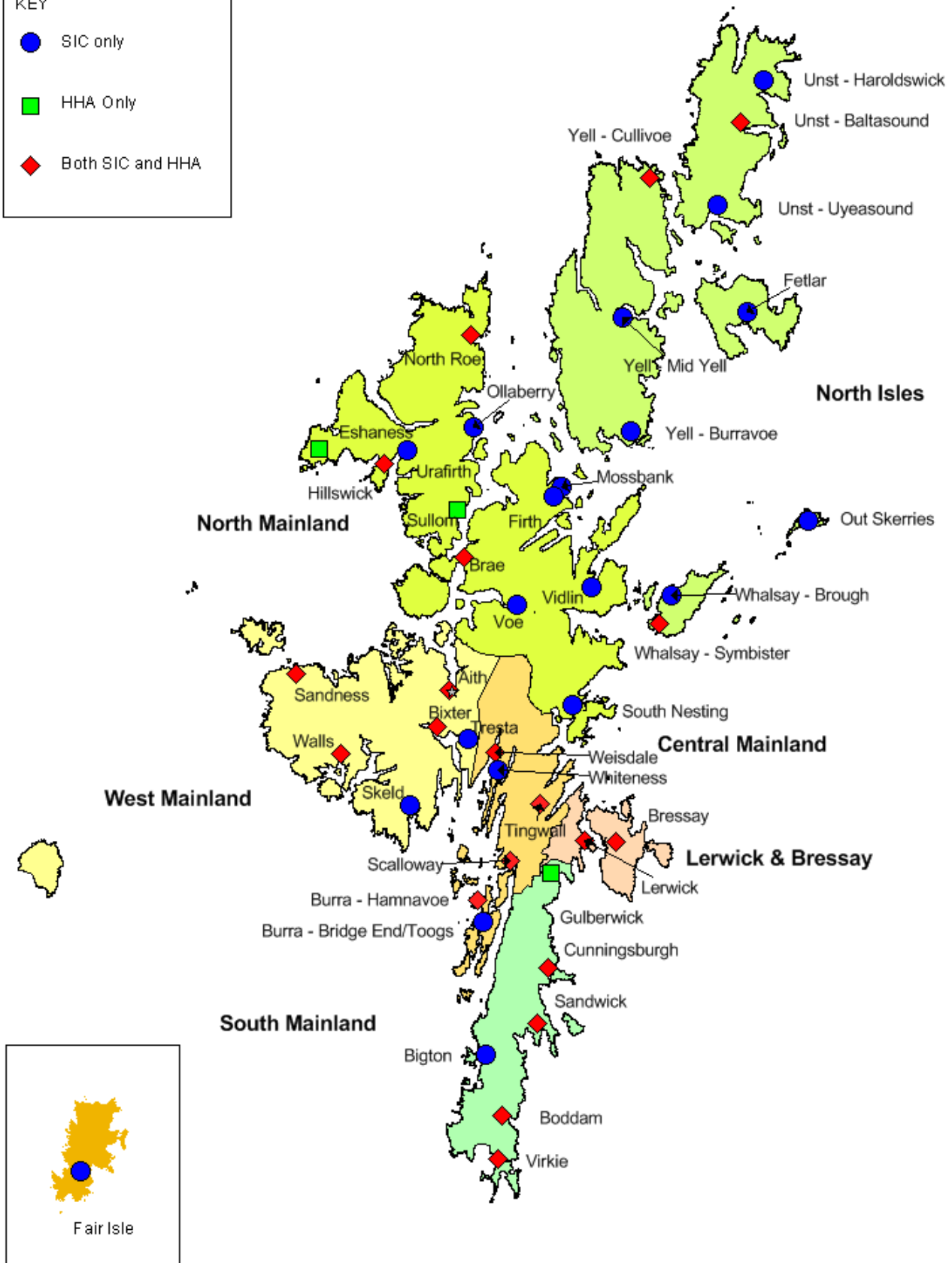
### (b) WHICH IS YOUR PREFERRED AREA OF CHOICE?



# AREAS OF CHOICE MAP

**KEY**

- SIC only
- HHA Only
- ◆ Both SIC and HHA



For information on travelling to and around Shetland please visit <http://travel.shetland.org>



**(c) LOCALCONNECTION**

**IMPORTANT INFORMATION**

Please note that if you are applying for SIC Housing you should indicate if you have any connection with the areas you have picked.

For example, please provide details of an old address or address of a relative, or if you work or already live in the area. This needs to be a relative such as mother, father, step-parents, grandparents, children, step-children and grandchildren.

Please see example below and complete local connection details for all areas where you think you may be eligible for these points.

Depending on the association with the area, you may receive SIC points for a connection. Please note this is SIC policy only.

Areas	Details of connection with area
e.g. Tingwall	I work in Tingwall, so write in box: supervisor name, work address, contact details

**(d) IF YOU ARE A CURRENT TENANT, DO YOU WISH TO BE CONSIDERED FOR MUTUAL EXCHANGE?**

For further information on Mutual Exchange including a downloadable leaflet please see [www.shetland.gov.uk/housing](http://www.shetland.gov.uk/housing) and [www.hjaltland.org.uk](http://www.hjaltland.org.uk) and register at [www.homeswapper.co.uk](http://www.homeswapper.co.uk).

Mutual Exchange is swapping your home with someone.

YES

NO

## SECTION 4 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"/>

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

Name/ University or College

Place of Work

Address of Employer

Your Job/ Course Title

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

Postcode

YEARS  MONTHS

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

Name/ University or College

Place of Work

Address of Employer

Your Job/ Course Title

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

Postcode

YEARS  MONTHS

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

YES  NO

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

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

YES  NO

(4) What is your National Insurance number?

Main Applicant

Joint Applicant

The National Insurance number is required by HHA in the event that you become a tenant.

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.

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.

Please enclose a copy of a letter indicating an expression of interest or offer of employment (see checklist on page 13).

Please note that answering this question is **OPTIONAL** and will not affect your application in any way.

## SECTION 5 LEGAL MATTERS AND DECLARATION

IMPORTANT  
INFORMATION

### (a) LEGAL MATTERS

Main Applicant

Joint Applicant

Are you related to an SIC or HHA employee?

YES  NO  YES  NO

Are you related to a local Councillor or HHA committee member?

YES  NO  YES  NO

If you have answered YES to any of the questions above, please provide details below:

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

### (2) Are you or your joint applicant:

Main Applicant

Joint Applicant

• A British citizen or a national from one of the EEA countries before the expansion in 2004, from Switzerland or a national from an A8 country.

YES  NO  YES  NO

• A national from one of the A2 countries (joined EU since 2004) or other countries that joined the EU since 2004.

YES  NO  YES  NO

• Lawfully present in the UK e.g. granted refugee status; exceptional leave to remain, humanitarian protection or discretionary leave to remain.

YES  NO  YES  NO

Council housing is regarded as a form of public assistance. Therefore, if you are not eligible for public assistance, the council will be limited in terms of the assistance it can offer. These restrictions do not apply in the same way to housing associations therefore your application will be registered and assessed on your individual circumstances by Hjalmland Housing Association. All information in your application is held securely and only made available to those with a need to know.

Proof of rights to public assistance must be provided before the application will be accepted onto the waiting list or at the point of allocation, eg Passport, Official documentation, worker registration scheme care, and worker registration scheme certificate, proof of self employment status, EEA registration certificate, worker authorisation document/card. The passport may also contain information on eligibility for benefits. If the passport is stamped to indicate that access to public funds are not available, then that person is not eligible for housing assistance.

(3) Do you, or anybody you are applying with, have to register with the police under the Sex Offenders Act 1997 or Sexual Offences Act 2003?

YES  NO

(4) Has anyone ever taken court action against you, or a person you are applying with, for antisocial behaviour?

YES  NO

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

Proof of rights to public assistance must be provided before the application will be accepted onto the waiting list, i.e. a passport or documentation showing *Right to remain* conditions.

**(b) CHECKLIST**

Please use the checklist below if applicable to ensure you have provided copies of information required for your application. This will help prevent any delay in your form being processed.

**IMPORTANT INFORMATION**

If you are not able to provide a copy, please bring the original document/s to the SIC or HHA office and copies will be made which will be used for your application.

Page	Confirmation of:	Examples
1	Proof of residency at address	Credit card statement, council tax bill, TV licence or catalogue statement
4	Pregnancy	Mat B1, scan photo or letter from doctor
6	Confirmation of date of entry if selling property	Letter from Solicitor
7	Medical Condition or Disability	Completed Medical Assessment Form
7	Social Needs points	Completed Social Needs form
11	Actively seeking Employment in Shetland	Expression of interest or offer of employment letter
12	Rights to public assistance	Passport or documentation showing Right to remain conditions

**(c) DECLARATION**

\*Please tick this box to agree to terms and conditions.

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 Hjalldand 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 Hjalldand this would affect any offer of housing I am/we are made.

I/we understand that if I/we gain 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 Hjalldand Housing Association (if you wish to be housed by both landlords) and for contacting third parties regarding your application for housing. Information you have supplied in this application form will also be shared with SIC Finance, other Council departments or services for the purposes of prevention or detection of fraud. No information will be shared between SIC and Hjalldand if you have chosen only one landlord. You are also accepting the terms and conditions of this application form.

I/we have read and understood and the statement above and signed below.

**If you would like to be considered by both landlords, then please leave the boxes below blank. If you wish to be housed by one landlord only please tick the appropriate box:**

I/we only want to be housed by SIC

I/we only want to be housed by HHA

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

Signature

Date

Signature of joint applicant

Date

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

Please use page 14 (overleaf) to provide us with any further information you feel that will help towards your application.

**Please note that if this application form is not ticked at Declaration and signed on receipt at SIC or HHA, it will be returned to the Applicant/s for completion. This may delay your application being processed.**

## ADDITIONAL INFORMATION

If you wish, you may use this section 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

Previous Address	<input type="text"/> <input type="text"/> <input type="text"/>	Name of previous landlord	<input type="text"/>
Postcode	<input type="text"/>	Address of previous landlord	<input type="text"/> <input type="text"/> <input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Name of person/s holding tenancy	<input type="text"/>	Postcode	<input type="text"/>

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Previous Address	<input type="text"/> <input type="text"/> <input type="text"/>	Name of previous landlord	<input type="text"/>
Postcode	<input type="text"/>	Address of previous landlord	<input type="text"/> <input type="text"/> <input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
Name of person/s holding tenancy	<input type="text"/>	Postcode	<input type="text"/>

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## FURTHER INFORMATION

Please use this page and the back page overleaf to provide any further information you think may be of relevance to your application.

# EQUAL OPPORTUNITIES MONITORING

In line with Shetland Island Council's and Hjalldand 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 Housing Regulator for SIC Housing and Hjalldand. The definitions used on this form are in line with the 2011 Census classifications, which are approved by the Equalities and Human Rights Commission. All information will be treated as strictly confidential and used anonymously for statistical purposes.

Today's Date    Is there a joint applicant? Yes  No  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 you and (if applicable) the joint applicant.

	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"/>
3 White Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Other British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
White other- please give details	<input type="text"/>	<input type="text"/>
Mixed - please give details	<input type="checkbox"/>	<input type="checkbox"/>
Arab, Arab Scottish or Arab British	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>	<input type="checkbox"/>
Indian, Indian Scottish or Indian British	<input type="checkbox"/>	<input type="checkbox"/>
Chinese, Chinese Scot or Chinese British	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/>	<input type="checkbox"/>
African, African Scottish or African British	<input type="checkbox"/>	<input type="checkbox"/>
Other African	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>	<input type="checkbox"/>
Black, Black Scottish or Black British	<input type="checkbox"/>	<input type="checkbox"/>
Other Caribbean or Black	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic group - please give details	<input type="text"/>	<input type="text"/>
Not known	<input type="checkbox"/>	<input type="checkbox"/>
Don't want to answer	<input type="checkbox"/>	<input type="checkbox"/>

**You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.**

	Main Applicant	Joint Applicant
4 Please tick the box if you consider yourself disabled.	<input type="checkbox"/>	<input type="checkbox"/>

5 Please tick the box below which best describes you and (if applicable) the joint applicant.

	Main Applicant	Joint Applicant
None	<input type="checkbox"/>	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>	<input type="checkbox"/>
Other Christian	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Pagan	<input type="checkbox"/>	<input type="checkbox"/>
Other—please give details	<input type="text"/>	<input type="text"/>

6 **Don't want to answer**

Please tick which options best describes how you think of yourself.

	Main Applicant	Joint Applicant
Heterosexual/Straight	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Don't want to answer	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR CO-OPERATION

Application no



**Shetland  
Islands  
Council**

# APPLICATION FEEDBACK FORM



REGISTERED AS A SCOTTISH CHARITY

The only way we can improve our Housing Application Form and our Service is by taking into account comments made by you. We would very much like you to complete this feedback form and return it to us with your completed application form.

**1 Did you find the form easy to complete?** YES  NO

If NO, please indicate in the space below which questions could be improved:

**2 Did you find the Areas of Choice questions easy to complete?** YES  NO

If NO, please indicate in the space below which questions or pages on the form could be improved:

**3 Do you think we ask the right questions for your circumstances?** YES  NO

If NO, please indicate in the space below which questions could be improved:

**4 Did you get your application form from SIC or Hjaltland?** SIC  HJALTLAND

**5 When you requested your application form from SIC or Hjaltland, how did you rate the service you received from staff?**

VERY GOOD  GOOD  FAIR  POOR  NOT APPLICABLE-INTERNET DOWNLOAD

**6 If requested, how do you rate the advice, information and assistance you received from SIC Housing and/or Hjaltland Housing Association in relation to your application?**

VERY GOOD  GOOD  FAIR  POOR  NOT APPLICABLE-DID NOT REQUEST

If you have any comments about the service you received or suggestions about how we can improve our service, please use the space below:

**7 Are you applying to SIC only, HHA only or both?** SIC  HJALTLAND  BOTH

OFFICE USE ONLY

Application Number (office use)