

# Aberdeen Soroptimist Housing Society Limited

## HOUSING APPLICATION FORM

### CONFIDENTIAL

#### 1. Applicant Details

Title:.....

Full Name: .....

Present Address.....  
.....  
.....

Postcode: .....

Telephone Number:.....

Marital Status:.....

Date of Birth:.....

National Insurance Number (if known):.....

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### FOR OFFICE USE ONLY

Reference No.....

Date Received:.....

Date Acknowledged:.....

Home Visit/Interview:.....

Date of Offer:..... Accepted / Declined

Reviewed:.....

## Your Present Housing Circumstances

2. When did you move to your current address? .....

Are you currently: (Please tick any that apply)

- |                                  |                          |                              |                          |
|----------------------------------|--------------------------|------------------------------|--------------------------|
| 3. Renting from Council          | <input type="checkbox"/> | Sharing Accommodation        | <input type="checkbox"/> |
| Renting from Housing Association | <input type="checkbox"/> | Living in Tied Accommodation | <input type="checkbox"/> |
| Renting from Private Landlord    | <input type="checkbox"/> | Living in Lodging            | <input type="checkbox"/> |
| Owner/Occupier                   | <input type="checkbox"/> | Living in a caravan          | <input type="checkbox"/> |

Describe your current accommodation. Please also indicate floor level if appropriate.

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.....

.....

4. If you pay rent/charges, please give landlords name and address:

.....

.....

5. How much is your rent or mortgage per calendar month? £.....

6. a) How many people share your present accommodation? .....

b) How many of them are relatives? .....

7. a) How many living rooms are there? .....

b) How many bedrooms are there? .....

8. Do you have a separate bedroom? Yes/No

9. Please give details of any overcrowding with regard to sleeping arrangements.

.....

.....

10. Does your present accommodation have the following:-

A separate kitchen	Yes/No
Bathroom	Yes/No
Shower	Yes/No
Inside W.C.	Yes/No
Outside W.C.	Yes/No

11. What type of heating do you have? .....

12. Is your present accommodation self contained? Yes/No

**ABOUT YOURSELF**

13. Please give details of any health problems or any physical disability that you might have:

.....  
.....  
.....  
.....  
.....

14. Can you climb stairs? Yes/No

15. Do you have any pets? Yes/No  
If yes, please give details: .....

16. Why do you want to move to our accommodation?

- |  |        |
|--|--------|
| Present home unsuitable                          | Yes/No |
| Subject to vandalism/break-ins                   | Yes/No |
| Subject to harassment                            | Yes/No |
| Unable to afford to maintain present home        | Yes/No |
| Wishing to move nearer to friends/relatives, etc | Yes/No |
| Lonely   | Yes/No |
| About to made homeless                           | Yes/No |
| Ill health                                       | Yes/No |
| Other  | Yes/No |

If you have answered yes to any of the above, please use this space to give further details:

.....  
.....  
.....  
.....

17. Name and address of your G.P: .....

.....

18. Name and address of your solicitors or bankers: .....

.....

19. Where did you first hear of us? .....

20. Name and address of next of kin .....

.....

Additional information or letters in support of your application should be attached to this form.

Signature of Applicant .....

Date .....

Please return to:

Osprey Housing  
22 Abercrombie Court  
Prospect Road  
Arnhall Business Park  
Westhill  
AB32 6FE