



Developments Ltd

National Housing Trust – Charleston, Cove
Mid Market Rent
Application Form

Please complete and return your application form to AHPD Ltd no later than: **Tuesday 2nd April 2013.**

If you need help or advice on completing this form please contact us at:
22 Abercrombie Court, Arnhall Business Park, Westhill, Aberdeenshire AB32 6FE

I / we wish to be considered for a Mid Market Rented property at:
Charleston, Cove

Part One – The Applicants

Please complete the following information in **BLOCK CAPITALS**

Applicant 1

Surname:	
First Names:	
Current Address:	
Post Code	
Tel. No. (Home)	
Tel. No. (Work)	
Mobile	
Email Address	
Date of Birth	
National Insurance No.	

Applicant 2 (if applicable)

Surname:	
First Names:	
Current Address:	

Post Code	
Tel. No. (Home)	
Tel. (Work)	
Mobile	
Email Address	
Date of Birth	
National Insurance No.	

Part Two – Details of those who will be living with you in your new home

Surname	First Name(s)	Date of birth	Relationship to applicant(s)

Part Three – Current Accommodation

How would you describe your current living arrangements?

Please tick

Home Owner	<input type="checkbox"/>	Private Landlord	<input type="checkbox"/>
Living with parents / relatives	<input type="checkbox"/>	Tied accommodation	<input type="checkbox"/>
Other – please state:	<input type="checkbox"/>	Current Registered Social Landlord (i.e. Council, Housing Association or Co-operative)	<input type="checkbox"/>

Please give the name and address of your landlord:

Landlord Name:
Landlord Address:
Landlord Telephone Number:

Are you currently on a waiting list for re-housing through:

Aberdeen City Council **Yes / No**

Any Registered Social Landlord **Yes / No (If yes, please state which)**

Why do you wish to move to Cove?

-

-

Part Four – Economic Status – Please complete for each main household member

Are you currently in full or part-time employment?

- Yes If yes, please complete all sections
 No If no, please complete sections 2 and 3

SECTION 1 – APPLICANT 1

Occupation:			
Employer Name:			
Employer Address:			
Post Code:			
Telephone No:			
Employed Since:			
Take Home Pay:			
Paid Weekly (please tick)		Paid Monthly (please tick)	

SECTION 2 – APPLICANT 1

Other Income (benefits)	Amount	Please tick		
Housing Benefit:	£	weekly	fortnightly	monthly
Income Support:	£	weekly	fortnightly	monthly
Maintenance:	£	weekly	fortnightly	monthly
Student Grant:	£	weekly	fortnightly	monthly
Private Pension:	£	weekly	fortnightly	monthly
	£	weekly	fortnightly	monthly
	£	weekly	fortnightly	monthly

SECTION 3 – APPLICANT 1

Expenditure	Amount	Please tick			
		weekly	fortnightly	monthly	
Rent:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fines:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Loan:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Loan:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your application may be subject to a financial credit check

SECTION 1 – APPLICANT 2

Occupation:			
Employer Name:			
Employer Address:			
Post Code:			
Telephone No:			
Employed Since:			
Take Home Pay:			
Paid Weekly (please tick)	<input type="checkbox"/>	Paid Monthly (please tick)	<input type="checkbox"/>

SECTION 2 – APPLICANT 2

Other Income (benefits)	Amount	Please tick			
		weekly	fortnightly	monthly	
Housing Benefit:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income Support:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Grant:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Pension:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – APPLICANT 2

Expenditure	Amount	Please tick			
		weekly	fortnightly	monthly	
Rent:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fines:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgage:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Loan:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Loan:	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part Five – Signing the application form

For joint applications both signatures are required.

If you have completed this application online, you are agreeing to the following statement and signatures are not required. Your application may be subject to a financial credit check.

I / We confirm that I / We would like to be considered for housing at Charleston, Cove at Mid Market Rent level and that I / we have fully considered the requirements of the scheme as laid out in the information accompanying this application form and any other information received in relation to the scheme. I / we understand that this form will be used for the purpose of assessing my / our eligibility for allocation. I / we acknowledge and explicitly give my / our consent to AHP for gathering, processing, disclosing and storing personal information about me / us in accordance with the Data Protection Act 1998, as will be required to process my / our application for housing.

I / we confirm that the information provided in this application form is to the best of my / our knowledge and belief correct and accurate in all respects.
I / we understand that giving false or misleading information may result in me / us becoming ineligible for housing with AHP.

Signatory 1:	PRINT NAME (Including title e.g. Mr/Mrs/ Miss/Ms)	
	Signature 1:	
	Date:	

Signatory 2:	PRINT NAME (Including title e.g. Mr/Mrs/ Miss/Ms)	
	Signature 2:	

All applicants must sign this form twice, – once here and once in the next section, **unless you have completed the application on line**. The signature in the next section allows us to request information from your current landlord and also in relation to any waiting lists you are currently listed on.

Part Six – Allowing us to request and share information

I / we hereby authorise (enter the name and address of your current landlord)

Landlord Name:
Landlord Address:

to release any information about my current tenancy which AHP might need in connection with my / our application.

I / we also authorise (enter the names and addresses of any previous housing provider to

release any information about my / our application which AHP might need in connection with my / our application to rent a home under the Mid Market Rent scheme.

(Please state previous landlords below)

Name:	
Address:	
Tenancy Start Date:	Tenancy End Date:

Name:	
Address:	
Tenancy Start Date:	Tenancy End Date:

Name:	
Address:	
Tenancy Start Date:	Tenancy End Date:

Name:	
Address:	
Tenancy Start Date:	Tenancy End Date:

Signatory 1:	PRINT NAME (Including title e.g. Mr/Mrs/Miss/Ms)	
	Signature 1:	
	Date:	

Signatory 2:	PRINT NAME (Including title e.g. Mr/Mrs/Miss/Ms)	
	Signature 2:	
	Date:	

Part Seven - Equal Opportunities Monitoring – Applicant 1

Please indicate your ethnic origin by ticking the relevant box. If you want to provide more details about your ethnicity, or if you feel the ethnic categories are too broad, please give more information in the box provided.

Black, Black Scottish or Black British:

African Caribbean

Any other African or Caribbean background. Please give details.

Asian, Asian Scottish or Asian British:

Bangladeshi Chinese Indian Pakistani

Any other Asian background. Please give details.

White

Scottish Other British Irish

Any other White background. Please give details.

Gypsy Traveller

Mixed

Please give details.

Other

Please give details

prefer not to say

Part Seven - Equal Opportunities Monitoring – Applicant 2

Please indicate your ethnic origin by ticking the relevant box. If you want to provide more details about your ethnicity, or if you feel the ethnic categories are too broad, please give more information in the box provided.

Black, Black Scottish or Black British:

African Caribbean

Any other African or Caribbean background. Please give details.

Asian, Asian Scottish or Asian British:

Bangladeshi Chinese Indian Pakistani

Any other Asian background. Please give details.

White

Scottish Other British Irish

Any other White background. Please give details.

Gypsy Traveller

Mixed

Please give details.

Other

Please give details

prefer not to say

Additional Information

Please include any additional information which you feel may be helpful in the assessment of your housing application.



DATA PROTECTION

The information collected on this form is recorded manually and electronically, stored securely and processed for the purposes of assessing that you qualify for housing at the Charleston scheme, Cove. AHPD Ltd. will process your information fairly and lawfully and in accordance with the principles of the Data Protection Act 1998. The information you provide may be used to contact you again in the future regarding a housing application.