

**HOUSING APPLICATION FORM**

Thank you for your interest in applying for a property from Veterans Housing Scotland. We are a charity that provides homes for veterans in Scotland who are disabled. You must answer **ALL** questions in this application form fully with as much background information as possible so that your application can be progressed as efficiently as possible.

Please consider and follow the guidance below when completing your application:

1. Complete the form in type or block capitals and black ink.
2. Sign and date the application form as we cannot accept unsigned applications.
3. Everyone over 16 should complete the Declaration and Data Protection consent provided on page 3.
4. If you have difficulty filling in this form, you can contact your local SSAFA office, V1P, ASAP or Citizen's Advice Bureau for assistance. You will find links to their details on our Process page on our website and their address can be searched by a search engine on a computer or phone or in the telephone directory. Our support team is also happy to help you if requested and can be E-Mailed at applications@vhscot.org.uk
5. Include proof of eligibility and copies of any letter or documents from your Doctor, Social Services, etc., that you consider relevant.
6. Include any additional information that you may think is relevant in the space provided on Page 13.
7. Please keep a copy of your completed application for future reference, as you will also need it if you are selected for an interview.
8. If you are unsuccessful for a property your application will be destroyed as VHS do not maintain a waiting list.

Our primary criteria are listed below. It would help if you considered your eligibility before submitting your application.

1. Referrals from Tri-Service Personnel Recovery Centres.
2. Homelessness with dependants.
3. Homelessness.
4. Early Service Leavers with Operational Service.
5. Retired members of the British Armed Forces with Operational Service.
6. Early Service Leavers with no Operational Service.
7. Retired members of the British Military Reserve Forces who have no Operational Service but have served for a minimum period of five years.

If we need to clarify any aspects of your application or need more information, we will contact you initially by phone to better assess your application.

**The receipt of this completed application does not provide any entitlement for an offer to interview for a property.**

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# Declaration

I confirm that the information provided in this application form is true and accurate, and I authorise Veterans Housing Scotland to share this information with other agencies, organisations, and individuals to carry out credit and reference checks and seeking additional information and support.

I also understand that any false and/or misleading information provided in this application form or any subsequent interview or correspondence may result in the cancellation of my housing application.

I understand Veterans Housing Scotland will handle all the information I provide sensitively and in accordance with legal requirements, including the Data Protection Act 1998 and the General Data Protection Regulation (Regulation (EU) 2016/679).

I understand that completing this application form does not commit Veterans Housing Scotland to provide a property or the applicant to a tenancy.

Please sign below confirming you have read and understood the above declaration and that you agree that the personal information you have provided may be held in computerised form for use as described.

Should I be successful in my application to rent a property, I agree to provide my email address/or contact number as my preferred communication method during my tenancy.

 Signed: ……………………………………………………………………….. Date: ……………………………………

 Print Name: ………………………………………………………………..

Please note that every adult over the age of 16 who intends to occupy the property should also provide a separate Declaration regarding Data Protection Consent.

**The property you are applying for**

1. **Property applying for …………………………………………………………..**

Please return your completed application along with your proof of eligibility and other supporting documentation to:

**applications@vhscot.org.uk**

**or by Post** to Applications, Veterans Housing Scotland, 525 Ferry Road, Edinburgh. EH5 2FF.

# About you

Please type or use BLOCK CAPITALS and complete in black ink.

|  |  |
| --- | --- |
| **Title (Mr, Mrs, etc)** |  |
| **Full Name** |  |
| **Date and place of birth** |  |
| **National Insurance No** |  |
| **Passport No** |  |
| **Telephone – Home** |  |
| **Telephone – Work** |  |
| **T**elephone – **Mobile**  |  |
| **Email Adress** |  |
| **Marital Status****(Married, living with Partner, etc)** |  |

**Other occupants**

Please provide details about any other person who will live **permanently** with you in the property or stay with you **regularly**, i.e. children from a previous relationship.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname** | **Gender** | **Date of Birth** | **Relationship to you** | **A permanent or regular visitor** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# About your Service

|  |  |  |
| --- | --- | --- |
| **Royal Navy** |  |  |
| **Royal Marines** |  |  |
| **Army** |  |  |
| **Royal Air Force** |  |  |
| **Reserve Forces** |  |  |
| **Service number** |  |
| **Date of Enlistment** |  |
| **Regiment/Corps/Ship/Sqn** |  |
| **Service in operational theatres** |  |
| **Medals/Decorations** |  |
| **Date of Discharge** |  |
| **Rank on Discharge** |  |
| **Character on Discharge** |  |
| **Verification of Service**By what means? |  |

# About your disability

|  |
| --- |
| Nature of disability, e.g. PTSD and who (name and address) provided this diagnosis. Please also provide any details where you feel there are implications on your housing needs, e.g., mobility, unable to negotiate stairs, regular wheelchair user, etc.**We will require copies of relevant paperwork to consider your application regarding your service injury, War pension, PIP, Medical discharge letter, Doctors letter or other appropriate documentation. Without these documents to validate your service and disability, your application may not meet our criteria.** |
| **Were you Medically Discharged** | **Yes** | **No** |
| **Discharged Through**  | **PRC** | **Unit Welfare** |
| Is anyone else named in this application either registered disabled or have a medical condition? If yes, please provide details and any implications on housing such as access, etc. |
| Details of any Award under Compensation Scheme:If one or more of the above applies and/or where you have been medically discharged, please provide additional information below. |

# Employment Status

|  |  |
| --- | --- |
| **Employed** | **Yes / No** |
| **Job Title** |  |
| **Employer’s name** |  |
| **Employer’s address** |  |
| **Telephone number** |  |
| **Position held** |  |
| **Length of service** |  |
| **Contract type (full time, part-time, etc)** |  |
| **If this employment is less than 12 months, please provide details of previous employment**  |  |

# Your current housing situation

|  |  |
| --- | --- |
| **Current Housing Situation:****Full address including postcode** |  |
| **Do you receive Housing Benefit/Universal Credits or other rent support payments?** | **Yes / No****If Yes what support?** | **Full Rent**  | **Part Rent** |
| **Type of Home** |  |
| **Number of Bedrooms** |  |
| **Floor Level** |  |
| **Is there a lift?** |  |
| **Do you share with those that you have indicated in this application?** |
| **If so, what is your relationship with the others?** |
| **Do you currently have any rent arrears?****If yes, what is the amount?****Have you ever had any rent arrears?** |  |
| **Have you ever been evicted?** **If yes, what was the reason for the eviction?** |  |
| **Why do you need to leave your current home?** |
| **Pets or assistance animals** (only complete if relevant) |
| **Type/breed and age of pet or assistance animal** |  |
| **Type/breed and age of pet or assistance animal** |  |

|  |  |
| --- | --- |
| **Current Landlord** |  |
| **Landlord’s Name****Landlord’s Address****Telephone Number****Date moved in** |  |
| **Previous address if less than 6 months at current address** |  |
| **Landlord’s Name****Landlord’s Address****Telephone Number****Date moved in** |  |
| **Date you left** |  |
| **Reason for Leaving** |

# Home Ownership

Applicants with a financial or legal interest in a property or enough income and capital to rent or buy a property of a size to meet their needs will not typically be considered for a VHS property.

Where applicants do own a property, they must provide written evidence along with this application that their property is being repossessed by the mortgage or lending company and/or that their property is being actively marketed for sale.

Applicants will also have to demonstrate that such a sale will not provide them with enough income or financial resources that would otherwise make them ineligible if they can rent or buy a property of a size to meet their needs.

Please complete the following statement and provide additional information where appropriate.

|  |  |
| --- | --- |
| **Do you or your partner own your own home?** | Yes/No |
| **Address of Property** |  |
| **Is there a mortgage outstanding?** |  |
| **If Yes, How much?** |  |
| **We may ask for documentation to support outstanding mortgage.** |  |
| **Is the property on the market?** |  |
| **Current Value of Property?** |  |
| **Have you or your partner had a legal or financial interest in any other property in the last 10 Years?** |  |
| **If Yes, please confirm your interest, i.e. 20% joint or sole ownership** |  |

Should I be successful in my application to rent a property, I agree to the charity seeking a reference from my current and previous Landlord as appropriate. Yes No

**Note – If you are under a Notice to Quit, Possession or Court Order, please provide a copy with this application.**

# Your Next of Kin

|  |  |
| --- | --- |
| **Name**  |  |
| **Full Address** |  |
| **Relationship** |  |
| **Contact Number** |  |
| **Email Address** |  |

# Your References

In addition to taking a reference from your previous Landlord and undertaking any credit reference checks that we believe are necessary for assessing your housing application, you are also required to provide two additional references from responsible persons. Your referees could include your GP, Solicitor, or an Official of your Regimental Association. They must **NOT** be a relative or friend.

|  |  |
| --- | --- |
| **Referee 1** |  |
| **Name** |  |
| **Address** |  |
| **Telephone No** |  |
| **Email Address** |  |
| **How do you know this person** |  |

|  |  |
| --- | --- |
| **Referee 2** |  |
| **Name** |  |
| **Address** |  |
| **Telephone No** |  |
| **Email Address** |  |
| **How do you know this person** |  |

Should you wish to do so, you may also provide details of a military or civil agency supporting you, i.e. your transition to civilian life, treatment for your disability, etc. This request is voluntary, and you are not required to provide this additional information in support of your application.

|  |  |
| --- | --- |
| **Referee 3** |  |
| **Name** |  |
| **Address** |  |
| **Telephone No** |  |
| **Email Address** |  |
| **How do you know this person** |  |

# Criminal Record Declaration

Please provide details (including dates, conviction, and any other pertinent information) if you have been convicted of or are awaiting trial for any crime (excluding motoring offences).

Or you or anyone on your application had any action taken against you for anti-social behaviour?

If yes, please give the full name of the person(s) and action taken.

If you do not inform us, you may lose the home that has been allocated to you

|  |
| --- |
|   |

# Additional information

|  |
| --- |
| Please provide any additional information that you feel may be relevant, including why you would like to be considered for a property and be housed by Veterans Housing Scotland and finally, how you became aware of our charity. |

# For Central Office use only

|  |  |
| --- | --- |
| Date of Initial Contact with the applicant |  |
| Date VHS Application form and financial information sent if requested |  |
| Date VHS application and financial info received |  |
| Date Proof of Service received |  |
| Date Proof of eligibility Received |  |
| Date follow-up call |  |
| Date application passed to interview Panel  |  |
| Interview Date |  |
| Outcome |  |
| Date of follow on-call (1 Month after entry) |  |
| Allocation of Support Volunteer (if required) |  |