

**The Scottish Veterans' Garden City Association (Inc)**  
**HOUSING APPLICATION FORM**

We are aware that this is a long form. However, answering all the questions relevant to your application will help The Scottish Veterans' Garden City Association (SVGCA) process your application subject to eligibility. **Please remember that acceptance of this housing application form does not mean you are entitled to an offer of accommodation.**

The main eligibility criteria are that you: - **must have served in the Armed Forces, Merchant Marine, Fire Brigade or Police and you must have a permanent disability or War Pension, Armed Forces Compensation Scheme and be in housing need. Priority is given to those who are leaving the services due to injuries and facing homelessness.**

- Please complete the form in type or BLOCK CAPITALS in BLUE or BLACK ink
- Tick the appropriate boxes to answer the questions or ring the appropriate choice of YES/NO.
- Please make sure you have filled in your application form correctly and have answered all the questions which apply to you.
- You should add any further information that you may think is relevant in the space provided on Page 8. You should include copies of any letter or documents you consider relevant from your Doctor, Social Services, etc.
- When you have fully completed the form sign it at the bottom of page 7 and carefully read the declaration on page 2, and, if agreeing to it, sign the declaration to show that you have read and understood it. We do not accept unsigned applications.
- If you have difficulty in filling in this form contact your local SSAFA office, ASAP or Citizen's Advice Bureau for assistance. You will find their address in the telephone directory.
- You are advised to keep a copy of your completed form for future reference.

When you have completed the form, and have the supporting documentation, please send it to:

**Housing Manager**  
**The Scottish Veterans' Garden City Association (Inc)**  
**New Haig House**  
**Logie Green Road**  
**Edinburgh**  
**EH7 4HQ**  
**Telephone No: 0131 285 3292**

Please sign this section

**MANDATE**

**The Scottish Veterans' Garden City Association(Inc) (SVGCA)**

**(Print your name)** I,..... give permission to SVGCA to make any enquires they consider necessary with other agencies or persons for the assessment of my application for housing. I further agree to the release by such agencies or persons of the information sought.

I hereby declare that the foregoing answers I have given are a true statement of my whole circumstances and I also note that any false information or misleading information provided on my application form or in personal interview or correspondence may result in the cancellation of my application for housing.

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

**Data Processing Policy (Sensitive Material)**

The information provided on your application form is placed on a computer database. This enables us to access your details more efficiently and ensures that they are brought to our notice when a suitable vacancy occurs.

Under the Data Protection Act 1998, details of your health are defined as being “sensitive data” and we are required to obtain your ‘informed consent’ before we can enter them in any database. As our database is an essential management tool, and your degree of disability may be a critical factor in assessing your suitability for a house, such consent is essential if your application is to be fully processed.

In accordance with the Data Protection Act, your computer record is only made available to those having a need to know. No sensitive material will be released to anyone outside this organisation without your permission.

We would be most grateful if you would sign below as having read and understood the above and that you agree that the personal information you have provided may be held in computerised form for use as described.

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

## SVGCA Housing Application Form

### Applicant's Details

|  |            |
|--|------------|
| Title: (Mr, Mrs, Ms, Miss, other)  |            |
| Surname  |            |
| First Name or Names:   |            |
| Date of Birth  |            |
| National Insurance Number  |            |
| Marital status: (Married, Divorced, Separated, Single, Partnership, Other) |            |
| Address:   |            |
|  | Postcode:  |
| Telephone No:  | Mobile No: |
| Email address:   |            |

**Details about each person who will live permanently with you in the property or, who will stay with you regularly? (i.e. Children from a previous relationship)**

| Surname | First Name | Sex | Date of Birth | Relationship to you |
|---------|------------|-----|---------------|---------------------|
|         |            |     |               |                     |
|         |            |     |               |                     |
|         |            |     |               |                     |
|         |            |     |               |                     |
|         |            |     |               |                     |

**Service Particulars (Please indicate Service with a Tick)**

|                            |  |    |  |      |  |     |  |                             |  |    |  |        |  |                 |  |
|----------------------------|--|----|--|------|--|-----|--|-----------------------------|--|----|--|--------|--|-----------------|--|
| RN                         |  | RM |  | ARMY |  | RAF |  | Regular/Reserve<br>(TA etc) |  | MN |  | Police |  | Fire<br>Service |  |
| Service Number:            |  |    |  |      |  |     |  | Service Rank on discharge:  |  |    |  |        |  |                 |  |
| Date of Enlistment:        |  |    |  |      |  |     |  | Date of Discharge:          |  |    |  |        |  |                 |  |
| Army only: Regiment/Corps: |  |    |  |      |  |     |  |                             |  |    |  |        |  |                 |  |

**Disability/Long term health condition**

Nature of Disability/Long term Health condition, e.g. PTSD and who has provided diagnosis - are there implications for housing needs, i.e. unable to negotiate stairs, etc.:

We **MAY** send you a separate medical questionnaire to complete.

|   |  |
|---|--|
| War Disability %<br>Were you medically discharged YES/NO  | Details of any award under compensation scheme |
| Is anyone else within the application registered disabled or has a medical condition which has implications for housing please give details below): |  |
|   |  |
| YES/NO  |  |

## Income

|  | Applicant<br>Per week | Spouse/Partner<br>Per Week |
|--|-----------------------|----------------------------|
| Take home pay: (after deduction of tax and National Insurance)                   | £                     | £                          |
| Contribution by another member of Household:                                     | £                     | £                          |
| Means/Non-means tested (circle which is appropriate) Job Seekers Allowance (JSA) | £                     | £                          |
| Universal Credit:  | £                     | £                          |
| Child Benefit:   | £                     | £                          |
| Family Tax Credit:   | £                     | £                          |
| Child maintenance payments received:   | £                     | £                          |
| Working Tax Credit:  | £                     | £                          |
| Housing Benefit/ Local Housing Allowance:  | £                     | £                          |
| Carers Allowance:  | £                     | £                          |
| PIP/DLA High/Low (Circle what is appropriate)                                    | £                     | £                          |
| Do you have a Motobility Car   | YES/NO                | YES/NO                     |
| Military Service Pension:  | £                     | £                          |
| State Retirement Pension:  | £                     | £                          |
| War Pension:   | £                     | £                          |
| War Disability Pension:<br>(War Disability Percentage %)                         | £                     | £                          |
| Armed Forces Disability Scheme:  | £                     | £                          |
| Retirement pension from employer/pension scheme:                                 | £                     | £                          |
| Other income: (DLA, PIP, etc)  | £                     | £                          |
| Interest on savings:   | £                     | £                          |
| Child maintenance payments received:   | £                     | £                          |
| <b>TOTAL INCOME</b>  | £                     | £                          |

## Present Employment

|                                       |                   |
|---------------------------------------|-------------------|
| Present Employment:                   |                   |
| Name and Address of Present Employer: |                   |
|                                       |                   |
|                                       |                   |
| Postcode:                             | Telephone Number: |
| Position and Name of Contact:         |                   |

## Your Current Home:

Please tick your present housing situation

|                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| Service accommodation    |  | Living with family       |  |
| Local authority (LA)     |  | Living with friends      |  |
| Housing Association (HA) |  | Women's refuge           |  |
| Private Rental           |  | Hostel/Bed and Breakfast |  |
| Owner occupier           |  | Mobile home/caravan      |  |
| Tied to employment       |  | Homeless                 |  |

Other – give details: \_\_\_\_\_

|  |                              |                               |
|--|------------------------------|-------------------------------|
| Do you receive Housing Benefit?            | YES / NO                     |                               |
| If YES, is it for all or part of the rent: | ALL <input type="checkbox"/> | PART <input type="checkbox"/> |

### Please tell us about your current home:

|   |        |       |            |       |
|---|--------|-------|------------|-------|
| Type of Home (Please tick appropriate box): | House  | Flat  | Maisonette | Other |
| Number of bedrooms:                         |        |       |            |       |
| Floor level (Please tick appropriate box):  | Ground | First | Second     | Other |
| Is there a lift? (if applicable)            |        |       |            |       |

Do you share part of your current home with people other than those you have indicated in this application?  
 YES/NO If yes, what is your relationship to those other people? \_\_\_\_\_

### Accommodation Charges:

How much is your current rent (before deduction of Housing benefit)

£

### Why do you need to leave your current home?

Details:

\*If you are under Notice to Quit, Notice of seeking Possession or Court Order please provide us with a copy

**Do you have any pets which will reside in the house? YES/NO If yes, please give details:**

| Animal | Type (dog/cat etc) | Breed of dog (Rottweiler, yorky etc) |
|--------|--------------------|--------------------------------------|
|        |                    |                                      |
|        |                    |                                      |
|        |                    |                                      |

## Name and address of Current Landlord:

Landlord's Name:

Landlord's Address:

Landlord's telephone No:

Date Moved in:

### Previous Address

If you have lived at your address for less than three years, please give details of your previous landlord, address and reason for leaving.

Landlord's name and address:

Date Moved in:

Date you left:

Reason for leaving:

### Home Ownership

Do you, or your partner, own any property or currently have a legal or financial interest in any property?  
YES/NO If Yes, Please give details:

Address of property:

Is there a mortgage outstanding? YES/NO

If YES, how much?

£

Name and address of lender:

Is the property on the market? YES/NO

Valuation of property:

£

Have you, or your partner, had a legal or financial interest in any property in the last 10 years?  
YES/NO If YES, please confirm your interest i.e. 20%, joint or sole ownership) \_\_\_\_\_

**Where would you like to live?**

|                  |  |
|------------------|--|
| <b>Location:</b> |  |
| <b>Location:</b> |  |
| <b>Location:</b> |  |
| <b>Location:</b> |  |

**Referees**

On all applications, we require a referee from two responsible persons. These should ideally be your current (or most recent) employer and your current (or most recent) landlord, a Minister, Doctor, Lawyer, or Official of your Regimental Association etc. They must **NOT** be from a relative or friend.

| <b>Referee 1</b>             | <b>Referee 2</b>             |
|------------------------------|------------------------------|
| Name:                        | Name:                        |
| Address:                     | Address:                     |
|                              |                              |
| Telephone No:                | Telephone No:                |
| Email address:               | Email address:               |
| How do you Know this person: | How do you Know this person: |

I hereby authorise The Scottish Veterans' Garden City Association (Inc) (SVGCA) to make enquiries to the above named in relation to my application for housing.

Signature: ..... Date: .....

Please print name .....

**ALL INFORMATION GIVEN IS TREATED AS CONFIDENTIAL AND COVERED UNDER THE DATA PROTECTION ACT 1998**

EST. 1915

Please add any other information you think may assist us in processing your application.

