Your Homespot Application Form



Homespot Application About the application

You can apply for housing with Falkirk Council by filling in this application form. Please read our Information Booklet before you start to fill in this form.

Please answer every question and give as much information as you can. This will help us to assess your application correctly. Where a question does not apply to you, write 'N/A' (not applicable) in the space.

If you are filling in this form by hand, please use block capital letters. Please return the form to the Access to Housing Team or any of the Neighbourhood Offices / One Stop Shops listed in Section 10.

This sign means that you need to confirm information. Section 9 of the form lists the types of confirmation that we need from you.



Where you see this sign go to Section 8 for useful information to help you to fill in the form.

Who can apply for housing?

You can apply for housing if you are 16 or over. You can apply on your own or you can apply with other people and have a joint application.

We will not discriminate against you in any way based on your race, colour, ethnic origin, nationality, gender, sexuality, disability, age, religion or other beliefs.

Help to complete the form

If you need help to fill in this form, staff in any of our Neighbourhood Offices / One Stop Shops or the Access to Housing Team will be happy to help. You will find our contact details in Section 10 of the form.

If you have lost your home or are at risk of losing your home

If you have lost your home or are at risk of losing your home within two months, you should contact the Access to Housing Team where a member of staff will give you advice and assistance. See Section 10 for contact details.

Data protection

To help you find a home we need to ask you for a lot of information. The information you give on your application may be shared with other housing providers who have houses for rent in the Council area. We will protect the information you give us and make sure that it is only shared with those who need it for housing related purposes.

The information you give us will be kept in line with the requirements of the law, including the Data Protection Act 1998. You can ask at any time to see the information that we hold about your application.



Homespot Application Representation

2.

1. Do you want someone else to act on your behalf (a representative) about your application for housing?

Yes No
If 'Yes', please provide their details:
Representative's Name:
Relationship to You (if any) (See Section 8)
Address:
Postcode:
Telephone Number:
Email Address:
If you decide later on that you would like someone else to deal with your application, you will need to tell us in writing, giving this person permission to act on your behalf.
If we contact you, do you need an interpreter or someone to help with communication? Yes No If 'Yes', what help do you need?

1. Do you want to be nominated to a Housing Association or Registered Social Landlord? (See Section 8 for information.)

Yes No

2. If you want us to write to you at a different address than the one you are living at, please provide the contact address below:

		Postcode:
What type of accommodation do you live in See Section 8 for information. Please tick relevant box:	now?	
House / Bungalow		
Bedsit		
Flat Multi-storey		
Flat		
Tenement Flat		
Mobile Home, Caravan or Boat		
Room in a Shared House, Hostel or Residen	itial Home	
Other (please state)		
If you have ticked house / bungalow, please	e tell us what type	e it is:
Detached Semi-detached	End Terrace	d 🗌 Mid Terraced
Do you live in Housing with Care?	Yes	No
Are you applying for Housing with Care?	Yes	No
Housing with Care is housing for older people v support services at home. For more informatio	who are physically f In see our Housing v	rail and need some care and vith Care leaflet.
How many bedrooms are there where you I Double Bedrooms (over 110 square feet or 10 s		
Single Bedrooms (under 110 square feet or 10	square metres)	
. How many bedrooms do you and anyone w	ho is moving with	you use?
How many beurooms uo you and anyone w		
Double Bedrooms (over 110 square feet or 10 s	-	

Which ethnic group or background best describes your family? See Section 8 for list of ethnic groups.		
See Section 8 for list of ethnic groups. Do you work for Falkirk Council's Corporate & Housing Services?	Yes	
See Section 8 for list of ethnic groups.	☐ Yes ☐ Yes ☐ Yes	
See Section 8 for list of ethnic groups. Do you work for Falkirk Council's Corporate & Housing Services? Are you an Elected Member of Falkirk Council? Are you related to any of Falkirk Council's Elected Members or any member of staff working for the Council's Corporate	Yes	
See Section 8 for list of ethnic groups. Do you work for Falkirk Council's Corporate & Housing Services? Are you an Elected Member of Falkirk Council? Are you related to any of Falkirk Council's Elected Members or any member of staff working for the Council's Corporate & Housing Services?	Yes	

11. Mutual Exchange

Another way of finding a new home is to exchange with another tenant. If you are a Council or Housing Association tenant, would you consider a mutual exchange?

Yes No

Falkirk Council is registered with HomeSwapper which is a web based service to help tenants of social landlords swap houses. Visit their website at www.HomeSwapper.co.uk

A	About You			
i	If you are applying for a house with someone else, you and the other applicant must fill in Applicant 1 (pages 4 & 5) and Applicant 2 (pages 6 & 7) boxes. If you are applying on your own, leave the 'Applicant 2' boxes blank.			
A	PPLICANT 1			
1.	Mr/Mrs/Miss/Ms/Other (please state)			
2.	First Name			
3.	Last Name			
4.	National Insurance Number			
5.	Date of Birth			
6.	Marital Status (See Section 8)			
7.	What is your Gender?	Male Female		
8.	Are you Pregnant?	Yes No		
9.	Due Date C			
10.	Ethnic Group (See Section 8)			

Under the Housing (Scotland) Act 2001, the Asylum and Immigration Act 1999, and the Immigration (EEA) Regulations 2006, we need to find out if you qualify for public assistance including housing.

 Do you have current or indefinite leave to remain in the UK? (This also includes exceptional leave to remain). 	Yes No
12. Do you have humanitarian or discretionary leave to remain in the L	JK? Yes No
13. Do you have any restriction on your access to public funds?	Yes No
14. Are you a National of an European Economic Area (EEA) country that was a member of the EU before 01/05/2004 or of Malta and Cyprus, and working, registered self employed or a job seeker?	Yes No
15. Are you a National of an European Economic Area (EEA) country th of the EU on or after 01/05/2004 and have a EEA Residence Permit or working under the Worker Registration Scheme, or registered self employed?	
Country of Origin. (See Section 8)	
You are not subject to immigration control if you are a:	
British citizen	In the UK
L Citizen of a member country with in the European Economic area	

About You

APPLICANT 1

Equality and Diversity We are collecting equality and diversity information for monitoring purposes and to help us plan our services. The information you give will not affect how your application is assessed. You do not need to answer these questions if you do not want to.

1.	l. Do you or consider yourself to have a disability?				
	Yes No				
	If 'Yes', please tick:	_		_	
	Sensory Impairment	Mobility/P	Physical	Mental Health	
	Learning Disability	Other Disa	ability	Not know or N/A	
2.	How would you describe your	religion?			
	Religion None	Church of	Scotland	🗌 Roman Catholic	
	Other Christian	Muslim		Buddhist	
	Sikh	Jewish		Hindu	
	Pagan	Other Reli	gion	Religion N/A	
3.	How would you described you	ır sexual oriei	ntation?		
	Heterosexual	Gay		Lesbian	
	Bisexual	Transgend	der	Not Answered	
,	11				
4.	How would you describe your				
	Full-time Employment	Retired	Employment	Unemployed	
	Student	Disabled/I	Long Term Sick	Self Employed	
5.	What is your annual income b	efore tax?			
	Under £10,000	£10,001-£	215,000	£15,001-£20,000	
	£20,001-£25,000	£25,001-£	230,000	£30,001-£40,000	
	Over £40,000				
~	Osmunisstisses				
6.	Communications Home Telephone Number (includ	de area code)			
	Mahila Talanhana Numbar				
	Mobile Telephone Number				-
	Work Telephone Number (includ	e area code)			-
	Email Address				_
7.		act you?			
	Please tick all boxes that apply:			_	
	Letter Telepho	one	Email	Text	

About You

i	If you are applying for a house with someone else, you and the other applicant must fill in Applicant 1 (pages 4 & 5) and Applicant 2 (pages 6 & 7) boxes. If you are applying on your own, leave the 'Applicant 2' boxes blank.				
AF	APPLICANT 2				
1.	Mr/Mrs/Miss/Ms/Other (please state)				
2.	First Name				
3.	Last Name				
4.	National Insurance Number				
5.	Date of Birth				
6.	Marital Status (See Section 8)				
7.	What is your Gender?	Male Female			
8.	Are you Pregnant?	Yes No			
9.	Due Date C	d d m m y y y y			
10.	Ethnic Group (See Section 8)				
Under the Housing (Scotland) Act 2001, the Asylum and Immigration Act 1999, and the Immigration (EEA) Regulations 2006, we need to find out if you qualify for public assistance including housing.					

11.	Do you have current or indefinite leave to remain in the UK? (This also includes exceptional leave to remain).	Yes No
12.	Do you have humanitarian or discretionary leave to remain in the UK?	Yes No
13.	Do you have any restriction on your access to public funds?	Yes No
14.	Are you a National of an European Economic Area (EEA) country that was a member of the EU before 01/05/2004 or of Malta and Cyprus, and working, registered self employed or a job seeker?	Yes No
15.	Are you a National of an European Economic Area (EEA) country that of the EU on or after 01/05/2004 and have a EEA Residence Permit or working under the Worker Registration Scheme, or registered self employed?	Yes No
	Country of Origin. (See Section 8)	
	You are not subject to immigration control if you are a:	
	British citizen	e UK

LI Citizen of a member country with in the European Economic area

About You

APPLICANT 2

Equality and Diversity We are collecting equality and diversity information for monitoring purposes and to help us plan our services. The information you give will not affect how your application is assessed. You do not need to answer these questions if you do not want to.

1.	. Do you or consider yourself to have a disability?				
	Yes No				
	If 'Yes', please tick:			_	
	Sensory Impairment	Mobility/P	Physical	Mental Health	
	Learning Disability	Other Disa	ability	Not know or N/A	
2.	How would you describe your	religion?			
	Religion None	Church of	Scotland	🗌 Roman Catholic	
	Other Christian	🗌 Muslim		Buddhist	
	Sikh	Jewish		Hindu	
	🗌 Pagan	🗌 Other Reli	igion	Religion N/A	
3.	How would you described you	ır sexual oriei	ntation?		
	Heterosexual	Gay		Lesbian	
	Bisexual	Transgend	der	Not Answered	
	11				
4.	How would you describe your				
	Full-time Employment Training	Retired	Employment	Unemployed	
	Student			Self Employed	
			Long Term Sick		
5.	What is your annual income b	efore tax?		_	
	Under £10,000	£10,001-£	215,000	£15,001-£20,000	
	£20,001-£25,000	£25,001-£	230,000	£30,001-£40,000	
	Over £40,000				
6.	Communications				
0.	Home Telephone Number (inclue	de area code)			
	Mobile Telephone Number				
	-				
	Work Telephone Number (includ	e area code)			
	Email Address				
7.	How would you like us to cont Please tick all boxes that apply:	tact you?			
			<u> </u>	— _	
	Letter Teleph	one	🗆 Email	L Text	

Your Family

Please list all the people who will live with you (excluding yourself and Applicant 2). This should include people who do not live with you just now but will when you move, and/or the people with whom you have regular access e.g. children:

First Name	Last Name	NI Number (if applicable)	Date of Birth dd/mm/yyyy

Gender M/F	Relationship to you (See Section 8)	Do they live with You? (Yes or No)	Do you have Regular Access? (Yes or No)	How often do you have Regular Access? (See Section 8)

About where you live and have lived

Please tell us where you have lived over the last five years (you should start with your current address):

cur	rent address):		Address C
A	PPLICANT 1		
1.	Current Address From d d m m y y y y To d d m m y y y y		Postcode Reason for Leaving (See Section 8)
	Type of Tenure (See Section 8)		
	Address		Name and Address of Landlord
	Postcode		Postcode
	Reason for Leaving (See Section 8)		If you have had more than three addresses in the last five years, please provide details on a separate sheet.
	Name and Address of Landlord	4.	Are you in danger of losing your home? Yes No If Yes, please give details:
	Postcode		
2.	Previous Address From d d m m y y y y To d d m m y y y y		
	Type of Tenure (See Section 8)		PORTANT - You should contact the Access
	Address	da	Housing Team without delay if you are in nger of losing your home e Section 10 for contact details).
	Postcode	5.	Have you been asked to leave your current property?
	Reason for Leaving (See Section 8)	5a.	Yes No If 'Yes', what is the date you have to leave by:
	Name and Address of Landlord	C	Please provide written evidence i.e. Notice to Quit/Court Order.
	Postcode		

3. Previous Address 2

То

From ddmmyyyy ddmmyyyy

Type of Tenure (See Section 8)

C

i

About where you live and have lived

Please tell us where you have lived over the last five years (you should start with your current address):

	rrent address):		Address
A	PPLICANT 2		
1.	From d d m m y y y y		Postcode
	To dd mm y y y y		Reason for Leaving (See Section 8)
	Address		Name and Address of Landlord
	Postcode		Postcode
	Reason for Leaving (See Section 8)		If you have had more than three addresses in the last five years, please provide details on a separate sheet.
	Name and Address of Landlord	4.	Are you in danger of losing your home? Yes No If Yes, please give details:
	Postcode		
2.	Previous Address From d d m m y y y y To d d m m y y y y		
	Type of Tenure (See Section 8)	IM	PORTANT - You should contact the Access
	Address	to da	Housing Team without delay if you are in nger of losing your home e Section 10 for contact details).
	Postcode	5.	Have you been asked to leave your current property?
	Reason for Leaving (See Section 8)	5a.	Yes No If 'Yes', what is the date you have to leave by:
	Name and Address of Landlord	C	Please provide written evidence i.e. Notice to Quit/Court Order.
	Postcode		

3. Previous Address 2

То

From ddmmyyyy ddmmyyyy

Type of Tenure (See Section 8)

i

Ho	ousing Choices		_			
1.		What type of house would you like to live in? (See Section 8). Please tick all house types you would consider:				
	Bedsit	🗌 Flat	Tenement Flat			
	Multi-storey Flat	🗌 Four in a Block	Maisonette			
	House	Bungalow				
2.	What is the highest	floor level you would con	sider for a flat, maisonette or multi	-storey?		
	Ground	First Second	d 🗌 Third			
	Four and Above (p	olease state)				
	Other (please stat	te)				
3.	Which type of heati Please tick all types	ng would you accept? you would consider:				
	Gas	Solid Fuel Electri	c 🗌 Any			
4.	Where do you want	to live?				
Please say which areas you would like to live <i>in order of preference from</i> 1-10 <i>with</i> 1 <i>as choice and</i> 10 <i>as your last choice.</i> For example, if Grangemouth is your first choice put a beside it. If Falkirk West is your second choice put a number 2 beside it and so on. You do r choose all the areas. See the map enclosed for allocation areas.						
	Bo'ness	Ealkirk Central	Bonnybridge/Banknock	alkirk East		
	Braes	🗌 Falkirk West	Dawson G	rangemouth		
	Denny	Larbert/Stenhousemui				
5.	When you move wil Please tick all that ap	l you need any of the facil i oply:	ties listed below?			
	Ground floor prop	erty 🗌 Shower low lev	el			
	Adapted kitchen Wet Room/level access shower					
	Ramped/level acc	ess				
	If you tick any of the attached request forr		t Functional Needs Assessment and fi	ill in the		
6.	Yes No	n your application use a w	heelchair?			
	If there is a wheelch	air user do they use it:				
	Indoors	and/or Outdoors				

1.	Your reason for applying for a house	2.	Support Are you applying for housing because you need to move to give or receive support?
	Please tick the box which describes your main reason for applying for a house.		Yes No
	Tick only one box:	2a.	If 'Yes', is this to (please tick box):
	Homeless		Give Support Receive Support
	House lacks standard amenities	2 b.	. Name of person you need to live/move closer to:
	Living in hostel, supported or temporary accommodation provided by Falkirk Council		
	House unsuitable due to health problems or disability**	2c.	Address (if different from your application):
	Threatened with loss of home		
	To give/receive support to/from relatives/friends**		Postcode
	Leaving Care		
	Experiencing severe harassment and abuse**	2d.	. Telephone Number (include area code):
	Marital or relationship breakdown (domestic abuse involved)*	2e.	What type of support is needed?
	Marital or relationship breakdown (domestic abuse not involved)*		Please tick:
	House in a redevelopment or		Emotional
	regeneration area		Housework
	☐ To be near family and/or current or new job**		Childcare
	Leaving H.M. Forces		Making a Cooked Meal
	House too small		General Support
	House too big		Personal Care e.g. helping you wash, dress
	Leaving hospital, prison or residential care		Uther Support (please state)
	Tied tenancy coming to an end		
	To get own tenancy		
	Have no security of tenure		
	To change type of house	2f.	How often is this support needed? Please tick relevant box:
			Daily
	If you home is unsuitable for you due to a medical condition and/or disability you should		2-3 Times Per Week
	read the leaflet Functional Needs Assessment		Weekly
	and fill in the attached request form.		Monthly
	* Domestic abuse is abuse from a partner or ex- partner including psychological as well as physical and sexual forms of abuse.		Uther (please state)
	** More information will be collected to support your application.		

3. Local Connection

You should only answer this question if you do not live in the Falkirk Council area. If you wish to move to the Falkirk Council area because you have a local connection with it, please give details e.g. former resident, employment, relatives:

3a. Former Resident - Have you or any joint applicant lived in the Falkirk Council area before?

Name

Address

Date From ddmmyyyyy

Date To d d m m y y y y

3b. Employment - If you work in the Falkirk Council area, please give details:

Name of Employer

Address of Employer

Date Started Job

3c. Relatives - If you have relatives living in the Falkirk Council area, please give details:

Name of Relative

Address of Relative

Relationship to You (See Section 8)

3d. Please state any other local connection you have with the Falkirk Council area.

4. If you are applying for housing because you are leaving H.M. Forces please provide the information requested below:

Date of Joining H.M.

Forces Date of Discharge d m m y y y y

Reason for Leaving

5. Do you or anyone else to be housed with you have health problems which make your current home unsuitable?

__Yes __No

You should read the leaflet Functional Needs Assessment and fill in the attached requested form.

6. Are you applying for a house along with another tenant of Falkirk Council and/or a local housing association?

__Yes L_No

If 'Yes', the other people that you would like to live with you should be included in Section 3 "Your Family".

6a. If 'Yes', how many bedrooms are there in the other property?

Double Bedrooms (over 110 square feet or 10 square metres)

Single Bedrooms (under 110 square feet or 10 square metres)

7. Does your property lack any of the following facilities?

Please tick:

- Inside Toilet
- Bathroom/Shower-room
- Mains Water Supply
- Kitchen Area
- 🗌 Full Central Heating
- Hot Water Supply

8. Do you share a kitchen, living room and bathroom with people other than those you want to be rehoused with?

Please tick:



9. Is your property the subject of any statutory notices in respect of structural or other repairs?

Yes No

10. If you live in a flat do you have access to a garden (shared or individual)?

⊇Yes □No

11. If you have said that you will need adaptations when you move (Section 5 Question 5) we may assess your current home to see if it could be adapted as an alternative to moving. If it was feasible to adapt your current home to meet your needs, would you still want to move?

Yes No

If you answer "NO" an Occupational Therapist will visit you at home to carry out an assessment of your needs. Adaptations will only be carried out if the Occupational Therapist considers that it is feasible to adapt your home to meet your needs.

Homespot Application Section 7

Other Information

	You must answer the following questions if anyone has ever taken action against you, or anyone on your application, for antisocial behaviour. If you do not tell us you may lose any home that is allocated to you.
1.	Has anyone ever taken action against you, or anyone on your application, for antisocial behaviour?
	If 'Yes', what type of action was this?
	Formal action e.g. a written warning
	Court action e.g. interdict, recovery proceedings or eviction
	Has an Antisocial Behaviour Order been granted against you? Yes No
2.	You must answer the following question if you, or anyone on your application, need to register under the Sex Offences Act 2003.
	Do you or anyone on your application need to register with the police under the Sex Offences Act 2003?
	If 'Yes', someone will contact you for more information.
3.	Animals and Pets There are restrictions on keeping pets and animals in some house types and areas e.g. no dogs in the multi-storey flats.
	Do you intend to keep pets and animals at home?
	If 'Yes', what type of pets/animals do you intend to keep?
	Please tick box: \Box Dog(s) \Box Cat(s) \Box Other (please state)

4. Other Housing Options

As well as housing from Falkirk Council, would you consider any of the following if they were available?:
Buying a new low-cost house or flat
Yes No
Shared ownership (part buy/part rent from a Housing Association)
Yes No
Renting from a private landlord
Yes No
If you are a tenant of Falkirk Council and you are overcrowded would you still want to move if it was feasible to extend your home?
Yes No

Are you registered with HomeSwapper?

Yes	No

HomeSwapper is a mutual exchange matching website. Falkirk Council tenants can now HomeSwapper free of charge and get information about tenants in the Council area who want to exchange houses as well as details of people wanting to move here from outside the area.

Declaration

After filling in this form please read through the following statements and sign at the bottom to show you understand and agree with them.

I confirm to the best of my knowledge, the information I have given on this application is true and accurate.

If my circumstances change I must tell you at once.

Any false or misleading information given on this form may result in my application being suspended.

If I am granted a tenancy on the basis of false or misleading information Falkirk Council may take steps to end the tenancy.

If I buy a house (including a house I previously rented) or I am housed by another council or a housing association, or if I carry out a mutual exchange, my application will be cancelled. However, I have the right to reapply for housing at any time.

I authorise Falkirk Council's Neighbourhood Services to make relevant enquiries with other Falkirk Council Services, other council's and other housing associations and external agencies to confirm the details I have given on this form or to request information to support my application for housing.

I agree that, in accordance with the terms of registration under the Data protection Act 1998, the Council may use the information I have given for all housing administration purposes. This information may also be shared with statutory bodies and other housing providers such as housing associations for the purposes of housing administration.

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Thank you for filling in this application form.

Please return it to the Access to Housing Team or one of our Neighbourhood Offices / One Stop Shops. See Section 10 for contact details.

Information to help you fill in the form Housing Associations (Section 1)

You can choose from a wide range of Housing Associations who have houses for rent throughout the Falkirk Council area.

Housing Associations are non-profit making landlords (often with charitable status) which provide a range of different types of housing from mainstream to specialist housing for people with care and support needs.

The Council has nomination arrangements with these Housing Associations which mean that some of the Associations' properties which become available (normally 50%), will be allocated to applicants from the Council's housing list. You can also apply to them directly.

House Definitions (Section 1 & 5)

- A flat is a dwelling on one floor, forming part of a building from some other part of which it is divided horizontally.
- A maisonette is a dwelling on more than one floor, forming part of a building from some other part of which it is divided horizontally.
- A multi-storey flat is a flat in a building of five storeys or more with a lift.
- A tenement flat is a flat in a building of two or more floors containing two or more flats with a shared access.
- A four in a block dwelling (i.e. cottage flat) is a building that contains four flats, each with their own access.

Household (Section 1)

Couple

Couple with access to children

Couple with children who live with them

Couple with children who live with them and access to other children

Joint applicant who need separate rooms and have access to children

Joint applicant who need separate rooms Single

Single with access to children

Single parent

Single parent with children who live with them and access to other children

Ethnic Group (Sections 1, 2 & 3) White Scottish White Other British White Irish White Other Black Scottish or British African Black Scottish or British Caribbean Black Scottish or British Other Asian Scottish or Asian British Indian Asian Scottish or Asian British Pakistani Asian Scottish or Asian British Bangladeshi Asian Scottish or Asian British Chinese Asian Scottish or Asian British Other Gypsy/Traveller Mixed Other Not Known Refused to Give

Country Of Origin (Section 2)

Iceland
Ireland
Italy
Liechtenstein
Luxembourg
Malta
Netherlands
Norway
Spain
Switzerland
Czech Republic
Hungary
Lithuania
Slovakia
Non EU Eligible

Marital Status (Sections 2 & 3)

Cohabiting Civil Partnership Divorced Married Separated Single Widowed

Relationship (Sections 1, 3 & 6)

Applicant 1 Applicant 2 Aunt Carer Daughter Friend Grandchild Grandparent Nephew Niece None Parent Partner Step Child Sibling Son Spouse Tenant 1 Tenant 2

Access To Children (Section 3)

Never 1-2 Nights Week 3-4 Nights Week Every Weekend Every Second Weekend One Weekend Per Month Holidays Only Other Access (Please specify)

Tenure Type (Section 4)

Council Tenancy Housing Association **Tenancy Private Rented Tied Property Owner Occupier** Parents / Relatives Friends / Partners H.M. Forces Accommodation Prison Hospital In Care / Looked After by Council Supported Accommodation Hostel Unsupported Bed and Breakfast Caravan / Mobile Home Long Term Roofless Long Term Sofa Surfing Other (Please specify) Not Known

Reason For Leaving (Section 4)

Homeless Living in Hostel Supported or Temporary Accommodation provided by Falkirk Council Loss of Home Leaving Care Marital & Relationship Breakdown -No Domestic Abuse Marital & Relationship Breakdown -**Domestic Abuse** Leaving H.M. Forces No Security of Tenure Lack of Amenities House Unsuitable for Medical Reasons To Give / Receive Support Severe Harassment Redevelopment Falkirk Council Redevelopment Not Falkirk Council To be near Family or Job House Too Small House Too Big To get Own Tenancy Change of House Leave Institution **Tied Tenancy**

Checklist

Where there is a **C** sign, you need to confirm information.

The checklist below tells you what we need. If you are providing the confirmation along with the application form please tick the relevant boxes.

We may not be able to assess your application without the confirmation we have asked for.

If you are handing your application form into the Access to Housing Team or any of the Neighbourhood Offices / One Stop Shops, you can bring your confirmation with you and we will take copies and return the original documents to you.

Confirmation	Type of Confirmation Needed	Included
Confirmation of where	Bank statement or	
you are living We need proof of your current	Driving licence or	\Box
address (except if you are a tenant of Falkirk Council	Utility bill (such as gas, electricity or water) or	
because we can check this from our own records)	Letter or paperwork from the Department of Works and Pensions	
About the people who will be moving with you	Birth certificates for everyone	
Anyone not currently	Letter confirming access arrangements from former partner or	
living with you that will be rehoused with you	Solicitor or	
	Court	
Anyone who is pregnant	Copy of maternity plan or	
	Letter from doctor	
If you must leave your	Private sector tenants: Tenancy agreement and Notice to quit	
current accommodation	Owner Occupier: Letter from mortgage lender confirming date you have to leave	
	Tied Tenant: Letter from your employer confirming when your employment began, when it is due to end, when you need to leave and the reason for leaving	
	H.M. Forces: Certificate of Cessation of Entitlement to Occupy Living Accommodation or Letter from Commanding Officer including length of service and discharge date	
Qualify for Public Assistance	Letter from The Home Office	
including Housing	Passport	
House subject to a statutory notice	Copy of repairs notice	

Access to Housing Team / Neighbourhood Offices / One Stop Shops

Access to Housing Team

Callendar Square Falkirk FK1 1ZF Freephone: 0800 587 4440 Tel: 01324 503600 Fax: 01324 503601 E-mail: ath@falkirk.gov.uk

Bo'ness One Stop Shop

24 East Pier Street Bo'ness EH51 9AB Tel: 01506 778899 Fax: 01506 778900 E-mail: housing.boness@falkirk.gov.uk

Falkirk One Stop Shop

Callendar Square Falkirk FK1 1ZF Tel: 01324 506868 Fax: 01324 506881 E-mail: housing.falkirk@falkirk.gov.uk

Camelon One Stop Shop

256 Main Street Camelon, Falkirk FK1 4DY Tel: 01324 503640 Fax: 01324 503641 E-mail: housing.camelon@falkirk.gov.uk

Denny One Stop Shop

Carronbank House Carronbank Crescent Denny FK6 6GA Tel: 01324 504050 Fax: 01324 504051 E-mail: housing.denny@falkirk.gov.uk

Grangemouth One Stop Shop

5 York Lane Grangemouth FK3 8BD Tel: 01324 504550 Fax: 01324 504551 E-mail: housing.grangemouth@falkirk.gov.uk

Stenhousemuir One Stop Shop

398 Main Street Stenhousemuir FK5 3JR Tel: 01324 503340 Fax: 01324 503341 E-mail: housing.stenhousemuir@falkirk.gov.uk

Dawson Centre

David's Loan Falkirk FK2 7RG Tel: 01324 501450 Fax: 01324 501451 E-mail: housing.dawson@falkirk.gov.uk

If you would like this information in another language, Braille, large print or audio please contact Access to Housing or one of our Neighbourhood Offices or One Stop Shops.

Ha szeretné megkapni ezeket az információkat más nyelven, Braille írással, nagy betűméretben vagy hanganyag formájában, kérjük, keresse fel az Access to Housing irodáját, valamelyik közösségi irodánkat (Neighbourhood Offices) vagy az egyik One Stop központot.

Jei pageidaujate šią informaciją gauti kita kalba, Brailio šriftu, padidintu šriftu ar įgarsintą, prašome kreiptis į prieglaudos administraciją (Access to Housing), kurio nors mūsų kaimyninių biurų (Neighbourhood Offices) arba greitojo aptarnavimo biurų (One Stop Shop) darbuotojus.

Jeśli chciałbyś uzyskać niniejszą informację w innym języku, w języku Braille'a, pisaną dużą czcionką lub w formacie dźwiękowym, skontaktuj się z instytucją Access to Housing lub jednym z naszych biur urzędu mieszkalnictwa (Neighbourhood Office), lub z punktem kompleksowej obsługi One Stop Shop.

اگر آپ یہ معلومات کسی اور زبان ، بریل (اُبُھرے ہوئے حروف کی لکھائی)، بڑے حروف کی چھپائی یا آڈیو کی شکل میں چاہتے ہیں تو برائے مہربانی Access to Housing یا ہمارے کسی مقامی دفتر (Neighbourhood Office) یا One Stop Shop سے رابطہ کریں۔

> Have your say on how your Housing Service is run, or how it could be improved. To find out more, contact Inspector Tenant on 01324 590796, email inspector.tenant@falkirk.gov.uk or visit us at www.falkirk.gov.uk/inspectortenant for more information.



Falkirk Council www.falkirk.gov.uk/homespot

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