

Ref No:

Family Name:



# Applying for Housing

## application form

## FOR OFFICE USE

Confirmed? YES/NO

Family Composition

Confirmed? YES/NO

All Confirmed  
Date \_\_\_\_\_

## Applicant

1. Family Name

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First Name

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Title (eg. Mr, Mrs, Ms)

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Date of Birth

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Address

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Postcode

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Flat Position

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Telephone (home)

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Telephone (work)

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Telephone (mobile)

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E-mail

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National Insurance Number

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## Joint Applicant

2. Family Name

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First Name

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Title (eg. Mr, Mrs, Ms)

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Date of Birth

			/			/													
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Address

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Postcode

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Flat Position

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Telephone (home)

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Telephone (work)

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Telephone (mobile)

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E-mail

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National Insurance Number

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If you wish correspondence to be sent to a different address than the one you reside at, provide details here. Please also complete this box if you have No Fixed Abode so that we can write to you at an address where you can receive mail.

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# People living/moving with you

3. Please list everyone currently living in your present accommodation:

Name	Sex (M/F)	Date of Birth	Relationship to you (eg. daughter, lodger, etc)	Moving with you (yes/no)
			SELF	YES

4. Do you wish to include anyone in your application who is not currently living with you?  
YES ☐ NO ☐

Name	Current Address	Sex (M/F)	Date of Birth	Relationship to you (eg. daughter, lodger, etc.)

5. Do you have access arrangements for a child/children not living with you permanently and whom you wish to include as part of your household?  
YES ☐ NO ☐

If yes, please provide details below:

Name	Current Address	Sex (M/F)	Date of Birth	Relationship to you (eg. daughter, lodger, etc.)

How many overnight stays do they have with you each week  
1 ☐ 2 ☐ 3 ☐ MORE THAN 3 ☐

## FOR OFFICE USE

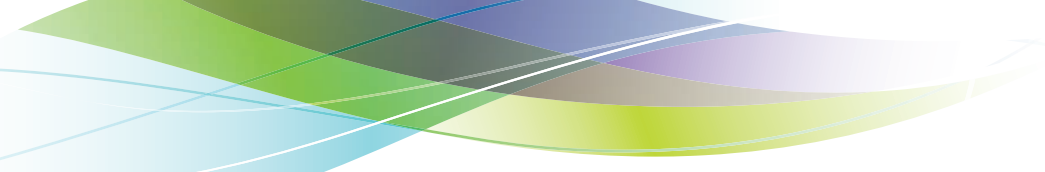
Confirmed? YES/NO

Bedrooms Required

Confirmed? YES/NO

Confirmed? YES/NO

All Confirmed  
Date \_\_\_\_\_



FOR OFFICE USE

Confirmed? YES/NO

Confirmed? YES/NO

Tenure

Security of Tenure

Type

Confirmed? YES/NO

Confirmed? YES/NO

All Confirmed  
Date

6. Are you, or anyone moving with you, pregnant?  
YES ☐ NO ☐  
If yes, when is the baby due? \_\_\_\_\_

Present accommodation

7. In your present home, are you:

- a tenant of :  
a local Council ☐ Glasgow Housing Association ☐  
another housing association ☐ a private landlord ☐  
an owner occupier ☐ a sharing owner ☐  
staying with relatives ☐ no fixed address ☐  
other (please specify) ☐

\_\_\_\_\_  
\_\_\_\_\_

What is your landlord's name, address and telephone number?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Would you describe your present accommodation as:

- tenement flat ☐ multi-storey flat ☐  
house (front & back door) ☐ maisonette ☐  
main door flat ☐ room in a hostel ☐  
bungalow ☐ mobile home/caravan ☐

If it is a flat or maisonette, which floor is it on?

- ground ☐ first ☐ other (please specify) ☐  
second ☐ third ☐

If none of the above, please provide details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you been given written notice to leave your current accommodation?  
YES ☐ NO ☐  
If yes, please provide details below:

\_\_\_\_\_

10. Is your present accommodation part of a clearance or demolition area?

YES ☐ NO ☐

If yes, please provide details below:

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11. How many bedrooms do you have in your home? (please state the number)

SINGLE \_\_\_\_\_ DOUBLE \_\_\_\_\_

Note: a double bedroom has space for two single beds or one double bed

12. Does your present accommodation have the following:

Bath/shower	YES <input type="radio"/>	NO <input type="radio"/>
Inside WC	YES <input type="radio"/>	NO <input type="radio"/>
Hot water supply to the kitchen	YES <input type="radio"/>	NO <input type="radio"/>
Hot water supply to the bathroom	YES <input type="radio"/>	NO <input type="radio"/>

13. Do you share the following amenities?

Toilet	YES <input type="radio"/>	NO <input type="radio"/>
Bathroom	YES <input type="radio"/>	NO <input type="radio"/>
Kitchen	YES <input type="radio"/>	NO <input type="radio"/>
Living room	YES <input type="radio"/>	NO <input type="radio"/>

14. Is your present accommodation:

- in a dangerous condition (subject of a closure order or major repairs scheme)? YES ☐ NO ☐
- suffering from extensive dampness or water penetration? YES ☐ NO ☐
- requiring substantial repairs? YES ☐ NO ☐
- suffering from dampness in part of the property or subject to a repairs order for minor work? YES ☐ NO ☐

#### FOR OFFICE USE

Confirmed? YES/NO

Confirmed? YES/NO

Overcrowding ☐

Underoccupying ☐

High ☐

Medium ☐

Confirmed? YES/NO

Lacking amenities ☐

Confirmed? YES/NO

Sharing amenities ☐

Confirmed? YES/NO

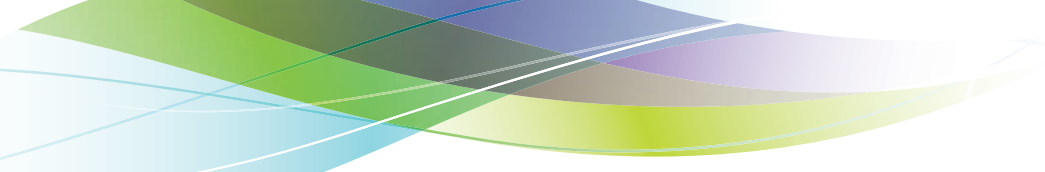
Property Condition

High ☐

Medium ☐

All Confirmed

Date \_\_\_\_\_



FOR OFFICE USE

Confirmed? YES/NO

Support ☐

Type

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Confirmed? YES/NO

Medical  
High ☐  
Medium ☐

Confirmed? YES/NO

Harassment ☐  
Management T/F ☐  
Type

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All Confirmed  
Date 

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Your reasons for seeking accommodation

15. Do you, or does anyone moving with you, need to move to the Association’s area:

- |  |                           |                          |
|--|---------------------------|--------------------------|
| • to provide support to a relative?                                  | YES <input type="radio"/> | NO <input type="radio"/> |
| • to receive support from a relative?                                | YES <input type="radio"/> | NO <input type="radio"/> |
| • for social, medical, educational, childcare or employment reasons? | YES <input type="radio"/> | NO <input type="radio"/> |
| • to receive our housing support service (sheltered housing)?        | YES <input type="radio"/> | NO <input type="radio"/> |

If yes, please give details below:

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16. Do you, or does anyone who would be moving with you, suffer from any illness or disability which is adversely affected by your present accommodation?

YES ☐ NO ☐

If yes, please complete the Medical Self Assessment Section of this form (page 14)

17. Are you experiencing harassment or domestic abuse in your present accommodation?

YES ☐ NO ☐

If yes, please provide details below:

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18. Have you, or anyone moving with you, ever been issued with an Anti-Social Behaviour Order (ASBO), Acceptable Behaviour Contract (ABC) or an Unacceptable Behaviour Notice (UBN)?

YES ☒ NO ☐

If yes, please provide details below:

Name	Details	Date

19. Have you, or anyone moving with you, been convicted of, or have any pending charges relating to the Misuse of Drugs Act 1971?

YES ☒ NO ☐

If yes, please provide details below - it is important you confirm where and when the conviction or alleged offence(s) took place:

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20. NATIONALITY

- a) Under the Housing (Scot) Act 2001 and the Asylum and Immigration Act 1999, are you, or anyone moving with you, an asylum seeker or subject to immigration controls?

YES ☒ NO ☐

If yes, please provide details

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b) VISA

Are you, your partner or joint applicant staying in the UK on a spouse Visa?

YES ☒ NO ☐

If yes, please provide details

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- c) Are you, your partner or joint applicant staying in the UK on another type of Visa?

YES ☒ NO ☐

If yes, please provide details

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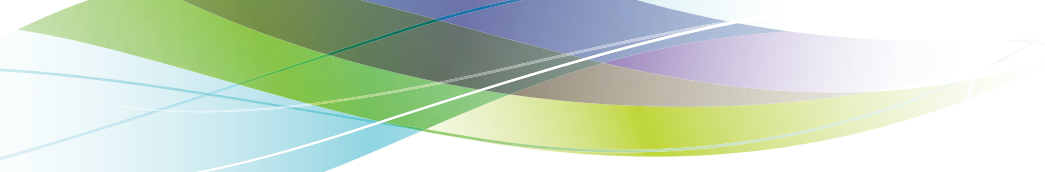
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FOR OFFICE USE

Confirmed? YES/NO

Confirmed? YES/NO

All Confirmed  
Date \_\_\_\_\_



FOR OFFICE USE

Confirmed? YES/NO

Employment ☐

Confirmed? YES/NO

Schedule 7 ☐

All Confirmed  
Date \_\_\_\_\_

21. HOMELESSNESS

Have you contacted your Local Authority about homelessness?

YES ☐ NO ☐

Have you been accepted as homeless by your Local Authority?

YES ☐ NO ☐

Please give details of your allocated Homeless Caseworker below:

22. Are you in employment?

YES ☐ NO ☐

If yes, please provide details below:

Employer's Name and Address	Date employment started

23. Are you, or is anyone who would be moving with you, related to a Committee or Area Association member or employee of the Association?

YES ☐ NO ☐

Your application will be considered if you answer yes to this question.

If yes, please provide details below:



Previous accommodation

24. Please give details of your previous addresses over the past five years (continue on another sheet if necessary):

Address	From	To	Were you the tenant?	Name, Address & Tel No of Landlord	Reason for leaving

25. Have you ever lived in a property owned or managed by the Association?  
YES ☐ NO ☐

If yes, please provide details below:

Address	Date from	Date to

26. Have you ever been evicted from a property?  
YES ☐ NO ☐  
If yes, please provide details below (ie address of property and details of landlord:

FOR OFFICE USE  
Confirmed? YES/NO

Confirmed? YES/NO

Confirmed? YES/NO

All Confirmed  
Date \_\_\_\_\_

## FOR OFFICE USE

Confirmed? YES/NO

Confirmed? YES/NO

Confirmed? YES/NO

Confirmed? YES/NO

Confirmed? YES/NO

All Confirmed  
Date \_\_\_\_\_

27. Are you, or anyone moving with you, required to register with the Police under the terms of the Sex Offenders Act 1997?

YES ☐ NO ☐

If yes, please provide details below:

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## Additional Information

28. Have you ever had your own tenancy?

YES ☐ NO ☐

29. Do you receive any particular support from any agencies to help you manage in your current home?

YES ☐ NO ☐

If yes, what is the name of the agency and how often do you see them?

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30. Do you consider you will need any particular help in your new home should the Association be in a position to offer you rehousing? \*(eg. advice with personal budgeting, welfare benefits, assistance in dealing with official correspondence, etc.)

YES ☐ NO ☐

If yes, please provide details below:

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31. If the Association is able to offer you rehousing, would you require:

- |  |                           |                          |
|--|---------------------------|--------------------------|
| • help with getting furniture?   | YES <input type="radio"/> | NO <input type="radio"/> |
| • a pack of small "starter" items (such as crockery or bedding)?       | YES <input type="radio"/> | NO <input type="radio"/> |
| • advice or information on where you can get furniture, carpets, etc.? | YES <input type="radio"/> | NO <input type="radio"/> |

32. Are there any reasons not already stated why you wish to be rehoused by the Association, or is there anything else you think is relevant to your application?

YES ☐ NO ☐

If yes, please provide details below:

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#### FOR OFFICE USE

Confirmed? YES/NO

### Where would you like to live?

33. For which type of property do you wish to be considered?

flat ☐ house ☐  
either ☐

Confirmed? YES/NO

34. If you wish to be considered for a flat, which floor level would you consider?

ground ☐ upper floor flat (second & third) ☐  
first ☐ any level ☐

Confirmed? YES/NO

Floor Level Entitlement  
Checked ☐

35. Please tick below the category of accommodation for which you wish to be considered:

general needs ☐ amenity or older person's housing ☐  
sheltered/retirement ☐ wheelchair use ☐  
housing

Confirmed? YES/NO

Category Entitlement  
Checked ☐

36. Are you interested in being considered for:

shared ownership ☐ shared equity ☐  
mutual exchanges ☐ shared living (with another household) ☐

Confirmed? YES/NO

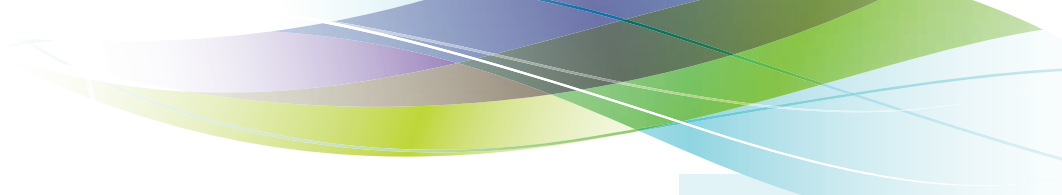
All Confirmed  
Date \_\_\_\_\_

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37. Please tick below the areas you would like to live

Tick	Type	Bedroom Size	Streets	Total No of Properties
<b>CALTON</b>				
1 <input type="radio"/>	Own door flats Houses	1-5 bedrooms	Abercromby Square, Chalmers Court/Gate/Place/Street, Claythorn Circus/Court/Terrace, Green Street/Wynd, Millroad Drive/Gardens/Street	626
2 <input type="radio"/>	Sheltered/ Retirement Housing Amenity (with lift) Older Person's Housing	1-2 bedrooms	Chalmers Court/Gate/ Place/Street, Millroad Drive, Stevenson Street	
3 <input type="radio"/>	Tenement flats	1-3 bedrooms	Crownpoint Road, Gallowgate, Green Street, London Road, Stevenson Street	
4 <input type="radio"/>	Tenement flats	1-2 bedrooms	Moncur Street, Millroad Street, Tobago Street, Bain Street, Gallowgate	
<b>SALTMARKET (GLASGOW CROSS)</b>				
5 <input type="radio"/>	Flats	1-2 bedrooms	London Road, Lanark Street (with lift), Steel Street	54
<b>BRIDGETON</b>				
6 <input type="radio"/>	Flats/Houses	1-5 bedrooms	Abercromby Street, Acorn Court, Albany Street, Anson Street, Baltic Street, Colbert Street, Dale Street, Dalmarnock Road, Dunn Street, Fairbairn Path, Kerr Street, Landressy Street, London Road, Mill Crescent, Muslin Street, Old Dalmarnock Road, Queen Mary Street, Reid Street/Place, Ruby Street, Rumford Street, Savoy Street	994
7 <input type="radio"/>	Sheltered/ Retirement Housing Amenity (with lift) Older Person's Housing	1 bedroom	Mackeith Street, Main Street, Dale Path	
8 <input type="radio"/>	Tenement flats	1-3 bedrooms	Greenhead Street, Greenlodge Terrace, James Street, Landressy Place, Madras Place/ Street, Main Street, Megan Street, Mill Street, Muslin Street, Tullis Street, Bridgeton Cross, Dalmarnock Road	
9 <input type="radio"/>	Tenement flats	1-3 bedrooms	Acorn Street, Dale Street, Finnart Street, Franklin Street, Muslin Street, Reid Street,	

All Confirmed  
Date \_\_\_\_\_



Tick	Type	Bedroom Size	Streets	Total No of Properties
<b>DALMARNOCK</b>				
10 <input type="radio"/>	Flats/Houses	1-4 bedrooms	Allan Street, Baltic Street, Birkwood Street, Bogside Street, Dalmarnock Road, Gear Terrace, Kinnear Road, Irvine Street/Court, Woddrop Street	130
<input type="radio"/>	Houses	2-4 bedrooms	Commonwealth Games Village	200
<b>CASTLEMILK</b>				
11 <input type="radio"/>	Amenity	1-2 bedrooms	Arnprior Crescent, Dougrie Drive	306
12 <input type="radio"/>	Flats/Houses (Netherholm)	1-5 bedrooms	Blaeloch Avenue/Drive/Terrace, Holmbyre Court/Road, Lainshaw Drive	
<b>CRANHILL</b>				
13 <input type="radio"/>	Own Door Flats Houses	1-5 bedrooms	Beacon Place, Bellrock Crescent/Street/View, Gartcraig Road, Loretto Place/Street, Milford Court/Street, Ruchazie Road, Startpoint Street, Sumburgh Street	286
<b>BLACKHILL</b>				
14 <input type="radio"/>	Own Door Flats Houses	1-5 bedrooms	Bargeddie Street, Frankfield Street, Hogganfield Court/Street, Molendinar Close/Gardens, Moodiesburn Street, Queenslie Street	123
<b>BAILLIESTON</b>				
15 <input type="radio"/>	Houses/Bungalows	2-3 bedrooms	Caledonia Drive, Drumpelzier Avenue, Muirside Road	19
<b>SCOTSTOUN</b>				
16 <input type="radio"/>	Flats/Houses	1-2 bedrooms	Westland Drive	13

**FOR OFFICE USE**

Confirmed? YES/NO

Area Preferences  
Checked ☐

All Confirmed  
Date \_\_\_\_\_



## MEDICAL SELF ASSESSMENT

The following questions should be completed if you have answered YES to Q16.

38. Please tell us what health problems you have (or anyone else in your household)

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39. Would you prefer to stay in your own home if you could?

YES ☐

NO ☐

### Getting around your home

40. Do you have difficulty walking?

YES ☐

NO ☐

SOME DIFFICULTY ☐

41. If yes, do you use any of these to help you get around?

WALKING STICK ☐

WALKING FRAME ☐

WHEELCHAIR ☐

42. If you use a wheelchair, do you use it indoors or outdoors?

BOTH ☐

OUTDOORS ONLY ☐

43. Do you have any difficulty with stairs inside or outside your home?

YES ☐ NO ☐

If yes, please tell us exactly what problems these are:

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44. Please indicate how many stairs there are in your current home

INSIDE \_\_\_\_\_ OUTSIDE \_\_\_\_\_

45. Are there handrails on the stairs?

YES ☐ NO ☐

46. Are they on one or both sides?

ONE SIDE ☐ BOTH SIDES ☐

47. How many stairs would you be able to manage easily? \_\_\_\_\_

48. Do you already have, or do you need, any equipment to help you with the stairs?

YES ☐ NO ☐

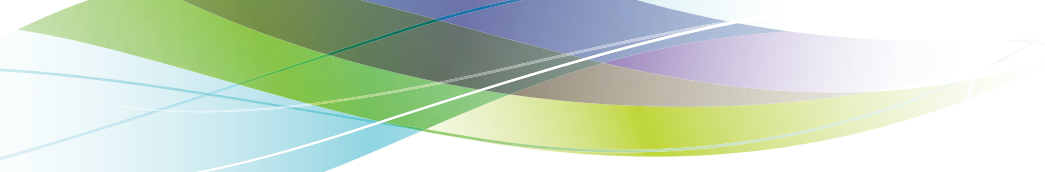
If yes, please describe below:

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Confirmed? YES/NO

Bedroom

49. Do your health problems mean you need an extra bedroom?

YES ☒ NO ☐

If yes, please tell us why you need this:

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Mental Health & Wellbeing

Confirmed? YES/NO

50. Is your health problem related to your mental wellbeing?

YES ☐ NO ☒

If yes, please tell us how rehousing would help alleviate this:

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Other Health Problems

Confirmed? YES/NO

51. If your health problem is not covered by any of the questions above, please tell us how your housing affects your illness or disability, and how you feel a move would help:

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Bathroom

52. What does your bathroom have (please tick all that apply)?

- A BATH

☐
- A SHOWER OVER THE BATH

☐
- A SEPARATE SHOWER UNIT

☐
- A WET FLOOR AREA (a shower which drains directly into the floor)

☐

53. Do you have difficulty using the bath, shower or toilet?

YES ☐ NO ☐

If yes, please tell us about it:

54. Do you have to go upstairs to use any of the following (please tick)?

TOILET ☐ BATHROOM ☐

Heating

55. What sort of heating do you have?

56. If you have any other comments on heating or ventilation in your home, please note them here:

FOR OFFICE USE

Confirmed? YES/NO

Confirmed? YES/NO

Confirmed? YES/NO

All Confirmed  
Date \_\_\_\_\_

FOR OFFICE USE  
Confirmed? YES/NO

## Shops and Transport

57. Do you go to the shops alone?  
YES ☐ NO ☐

58. How do you get there?  
WALK ☐ BUS ☐ CAR ☐ TAXI ☐

59. Do you have any difficulty getting to the shops and other places?  
YES ☐ NO ☐ SOME DIFFICULTY ☐

Please tell us what difficulties these are:

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Confirmed? YES/NO

## Family Doctor

60. Please provide details of your GP

Name	Address	Telephone Number

Confirmed? YES/NO

Confirmed? YES/NO

All Confirmed  
Date \_\_\_\_\_

61. If you get regular support from anyone else, such as a District Nurse or Occupational Therapist, please give their name, address and phone number, and provide details of the type and frequency of the support:

Name	Address	Telephone Number
Type of Support		
Frequency of Support		

Hospital

62. Do you regularly attend a hospital or clinic?  
YES ☐ NO ☐  
If yes, please provide details below:

Hospital/Clinic	Consultant	Telephone Number

Getting Further Information

63. Do we have your permission to contact any of the above people if we require more information about your health?  
YES ☐ NO ☐

FOR OFFICE USE

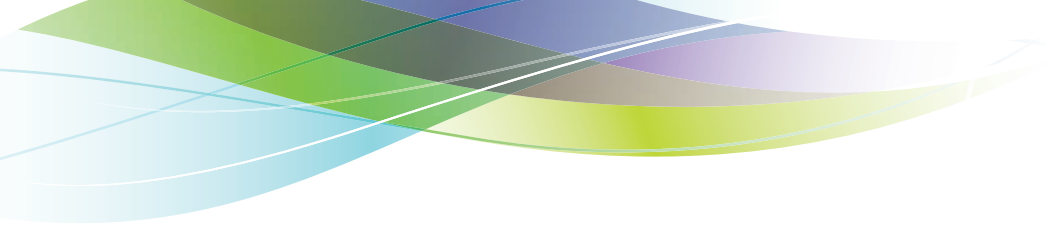
Confirmed? YES/NO

Confirmed? YES/NO

Confirmed? YES/NO

Confirmed? YES/NO  
Date

All Confirmed  
Date



**Declaration**

Please read carefully the declaration below and then sign the form and return it to the Association’s office.

I/We certify that the information which I/we have given in this application form is correct and complete, and I/we consent to Thenue Housing making such enquiries as may be necessary to confirm the information I/we have given.

Should I/we be offered rehousing by Thenue Housing, I/we consent to the disclosure of this fact to other public sector landlords, in accordance with the terms of the Data Protection Act.

I/we understand that any false or misleading information, or information deliberately withheld, may result in the cancellation of my application or in Thenue Housing seeking repossession of any tenancy that may have been granted to me/us.

I/we undertake to give immediate notification of any changes in my/our circumstances.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Joint Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

for office use only

**Confirmation of Information following Home Visit/Interview**

Signature of Applicant: \_\_\_\_\_

Signature of Joint Applicant: \_\_\_\_\_

Signature of Visiting/  
Interviewing Officer: \_\_\_\_\_

Date: \_\_\_\_\_



## Equalities Monitoring

This is a voluntary questionnaire which should be completed by the **main applicant**. It is removed from your application and does not form part of the assessment of your housing circumstances. The purpose of collecting the information is to help show that we are not discriminating against any particular group of applicants. Please tick the appropriate boxes below:

1. What is your gender? Female ☐ Male ☐
2. Please indicate your age band 16-18 ☐ 19-25 ☐ 26-40 ☐ 41-59 ☐ 60-69 ☐ 70+ ☐
3. What is your marital status?  
Married ☐ Civil Partnership ☐ Not Married ☐ I prefer not to answer this question ☐

4. What is your ethnic origin?

**A White**

Scottish ☐ Irish ☐ Other British ☐ Gypsy Traveller ☐ Polish ☐  
Any other white background (please specify below) ☐

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**B Mixed or Multiple Ethnic Background**

Please specify below ☐

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**C Asian, Asian Scottish or Asian British**

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐  
Any other Asian background (please specify below) ☐

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**D Black, Black Scottish or Black British**

Caribbean ☐ African ☐ Any other black background (please specify below) ☐

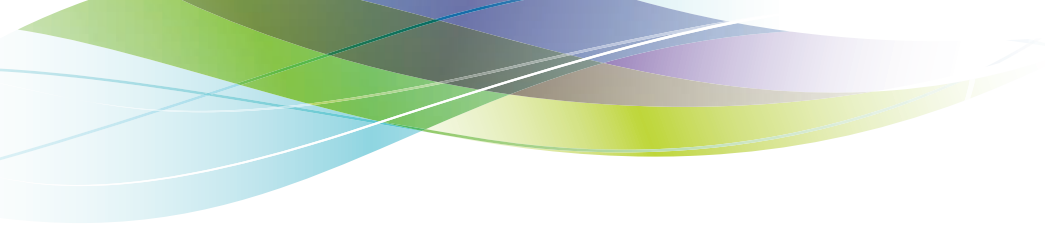
---

**E Other Ethnic Background**

Arab, Arab Scottish or Arab British ☐ Any other group ☐

**F Not Known ☐**

**G I prefer not to answer this question ☐**



5. **Disability**

Do you consider yourself to have a disability? (ie. do you have a physical or mental disability which has a substantial, long term adverse effect on your ability to carry out normal day to day activities). Please tick

Yes ☐ No ☐ I prefer not to answer this question ☐

6. **What is your nationality?** \_\_\_\_\_

7. **Religion/Belief**

Please indicate the religion you belong to or your belief:

None ☐ Church of Scotland ☐ Roman Catholic ☐  
Other Christian Faith (please specify below) ☐

\_\_\_\_\_

Buddhist ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Humanist ☐  
Other religion or belief (please specify below) ☐ I prefer not to answer this question ☐

8. **Sexual Orientation**

Heterosexual ☐ Gay man ☐ Gay woman/lesbian ☐ Bisexual ☐  
I prefer not to answer this question ☐

9. **What is your first language?** \_\_\_\_\_

10. **Transgender**

Do you consider yourself to be transgender?

Yes ☐ No ☐ I prefer not to answer this question ☐

**Note: The Equalities Act 2010 requires that all housing associations record and monitor the above information to demonstrate that no particular group is being favoured over another.**



## Equalities Monitoring

This is a voluntary questionnaire which should be completed by the **joint applicant**. It is removed from your application and does not form part of the assessment of your housing circumstances. The purpose of collecting the information is to help show that we are not discriminating against any particular group of applicants. Please tick the appropriate boxes below:

1. What is your gender? Female ☐ Male ☐
2. Please indicate your age band 16-18 ☐ 19-25 ☐ 26-40 ☐ 41-59 ☐ 60-69 ☐ 70+ ☐
3. What is your marital status?  
Married ☐ Civil Partnership ☐ Not Married ☐ I prefer not to answer this question ☐

4. What is your ethnic origin?

**A White**

Scottish ☐ Irish ☐ Other British ☐ Gypsy Traveller ☐ Polish ☐  
Any other white background (please specify below) ☐

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**B Mixed or Multiple Ethnic Background**

Please specify below ☐

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**C Asian, Asian Scottish or Asian British**

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐  
Any other Asian background (please specify below) ☐

---

**D Black, Black Scottish or Black British**

Caribbean ☐ African ☐ Any other black background (please specify below) ☐

---

**E Other Ethnic Background**

Arab, Arab Scottish or Arab British ☐ Any other group ☐

**F Not Known ☐**

**G I prefer not to answer this question ☐**

5. **Disability**

Do you consider yourself to have a disability? (ie. do you have a physical or mental disability which has a substantial, long term adverse effect on your ability to carry out normal day to day activities). Please tick

Yes ☐ No ☐ I prefer not to answer this question ☐

6. **What is your nationality?** \_\_\_\_\_

7. **Religion/Belief**

Please indicate the religion you belong to or your belief:

None ☐ Church of Scotland ☐ Roman Catholic ☐  
Other Christian Faith (please specify below) ☐

Buddhist ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Humanist ☐  
Other religion or belief (please specify below) ☐ I prefer not to answer this question ☐

8. **Sexual Orientation**

Heterosexual ☐ Gay man ☐ Gay woman/lesbian ☐ Bisexual ☐  
I prefer not to answer this question ☐

9. **What is your first language?** \_\_\_\_\_

10. **Transgender**

Do you consider yourself to be transgender?

Yes ☐ No ☐ I prefer not to answer this question ☐

**Note: The Equalities Act 2010 requires that all housing associations record and monitor the above information to demonstrate that no particular group is being favoured over another.**

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