

FOR OFFICE USE ONLY

Applicants Name:

Input Date:

Date Received:

Application Number:

Date Registered:

Housing Application Form

Highland Housing Register



Please
read the
**Housing
Application
Guide**
to help fill this
form in.

**Access to housing options
in the Highlands**

This document is available in other formats such as audio tape, CD, Braille, and in **large print**. It can also be made available in other languages.



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**LOCHABER
HOUSING
ASSOCIATION Ltd.**

**Lochalsh
& Skye
Housing
Association**

**PENTLAND
HOUSING ASSOCIATION**

**The Highland
Council
Comhairle na
Gàidhealtachd**

The Highland Housing Register

This application is for properties owned or managed by Highland Housing Register landlords. You can return this form to any of the Highland Housing Register's landlord offices. The addresses are shown on the back page.



Highland Housing Register also works with other national and specialist social housing providers who operate their own housing registers. You can apply to these housing providers directly. The addresses are in the Housing Application Guide. These landlords also request nominations from The Highland Housing Register. You should also fill in this application form if you are interested in housing from these landlords.

Data Protection Act 1998

Each of the Highland Housing Register landlords is registered under the Data Protection Act 1998. Information you provide in this form will be processed fairly and lawfully for the following purposes:



- To process your housing application and assess your housing need.
- To contact your landlord or former landlords or lenders and obtain information about your tenancy or mortgage.
- To investigate and check information you have given in your application.
- To assess your housing need in line with the Highland Housing Register Allocations Policy.
- To match your needs and preferences with available properties.
- To make decisions about offering you a property.
- To create a tenancy file if you are successful in obtaining a property.
- For administrative purposes, reporting monitoring data and using information as statistical data for strategic planning.
- For equal opportunities monitoring.

For independent advice about data protection, privacy, and data sharing issues contact the Information Commissioner at:

Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF

Telephone: 01625 545745

Email: mail@dataprotection.gov.uk

Website: www.informationcommissioner.gov.uk



Where you see the '**Please Provide Proof**' symbol you will need to send proof of your answers. **If you cannot send proof when returning your form, we cannot process your application.**

Answer every question. If you cannot answer a question please write '**not applicable**' or '**do not know**'.



You must fill in as much detail as possible to make sure your housing need can be assessed correctly.

There is a **HOUSING APPLICATION GUIDE** to help you with this form. This guide is very helpful where you see the '**Please Refer to Guide**' symbol.

If you need help filling in this form, including translation services, you can ask at our offices.

If you are homeless or may become homeless within 2 months you need to contact your nearest Council housing office. The contact details of Highland Council Housing offices is on the back page.



Please fill in this form in **BLACK** ink and **BLOCK CAPITALS**

1. Personal details

Fill in your current details and if you are applying for a tenancy with someone else, fill in the **joint applicant** details.

You

Title (Mr, Mrs, Miss, Ms etc):

First Name:

Surname:

Date of Birth:

National Insurance Number:

Daytime Phone Number:

Evening Phone Number:

Mobile Phone Number:

Email Address:

Your Current Address & Postcode:

Postcode:



When did you move into this address:

Joint applicant

Title (Mr, Mrs, Miss, Ms etc):

First Name:

Surname:

Date of Birth:

National Insurance Number:

Daytime Phone Number:

Evening Phone Number:

Mobile Phone Number:

Email Address:

Your Current Address & Postcode:

Postcode:



When did you move into this address:

You

Your Landlord's Name, Address & Postcode:

Name: _____

Address: _____

Postcode: _____

Address & Postcode we can write to you:

Address: _____

Postcode: _____

Why do you want to leave:

Joint applicant

Your Landlord's Name, Address & Postcode:

Name: _____

Address: _____

Postcode: _____

Address & Postcode we can write to you:

Address: _____

Postcode: _____

Why do you want to leave:

If you give your consent for us to discuss your application with someone else please tell us who that person is. When they contact us on your behalf we need to be able to verify they are who they say they are. Please tell us their date of birth or a password you have selected.

Name of Person:

Address & Postcode:

Address: _____

Postcode: _____

Daytime Phone Number:

Evening Phone Number:

Mobile Phone Number:

Date of Birth or Password:

Name of Person:

Address & Postcode:

Address: _____

Postcode: _____

Daytime Phone Number:

Evening Phone Number:

Mobile Phone Number:

Date of Birth or Password:

2. Household details

People who **WILL** be moving with you and living with you permanently, including a Joint Applicant

Full Name:

Date of birth:

Sex:

Male:

☐

Female:

☐

Relationship to you:

Do they live with you now:

Yes:

☐

No*:

☐

* If **No**, please tell us their Address & Postcode:

 Postcode:

Full Name:

Date of birth:

Sex:

Male:

☐

Female:

☐

Relationship to you:

Do they live with you now:

Yes:

☐

No*:

☐

* If **No**, please tell us their Address & Postcode:

 Postcode:

Full Name:

Date of birth:

Sex:

Male:

☐

Female:

☐

Relationship to you:

Do they live with you now:

Yes:

☐

No*:

☐

* If **No**, please tell us their Address & Postcode:

 Postcode:

Full Name:

Date of birth:

Sex:

Male:

☐

Female:

☐

Relationship to you:

Do they live with you now:

Yes:

☐

No*:

☐

* If **No**, please tell us their Address & Postcode:

 Postcode:

Continue over...

Full Name:

Date of birth:

Sex:

Male: ☐ Female: ☐

Relationship to you:

Do they live with you now:

Yes: ☐ No*: ☐

* If **No**, please tell us their Address & Postcode:

Postcode:

Full Name:

Date of birth:

Sex:

Male: ☐ Female: ☐

Relationship to you:

Do they live with you now:

Yes: ☐ No*: ☐

* If **No**, please tell us their Address & Postcode:

Postcode:

How many couples will there be in the home you move to:

Are you or any person who will be moving with you expecting a baby:

No: ☐ Yes: ☐

If Yes, who is expecting a baby:

When is the baby due:



People you currently live with but who will NOT move with you.

Please tell us everyone who lives with you now but will not be moving with you.

Full Name:

Date of birth:

Relationship to you:

Sex:

Male: ☐ Female: ☐

Full Name:

Date of birth:

Relationship to you:

Sex:

Male: ☐ Female: ☐

Full Name:

Date of birth:

Relationship to you:

Sex:

Male:

☐

Female:

☐

Full Name:

Date of birth:

Relationship to you:

Sex:

Male:

☐

Female:

☐

Full Name:

Date of birth:

Relationship to you:

Sex:

Male:

☐

Female:

☐

Full Name:

Date of birth:

Relationship to you:

Sex:

Male:

☐

Female:

☐

Access and residency

Do you have residential access to a child or children who do not live with you:

No ☐ Yes* ☐



* If **Yes**, please tell us the arrangements that are in place:

Tell us the name/s and permanent address/es of your children:

Previous addresses - you

Please list your addresses over the last 5 years starting with the **most recent**. You do not need to list your current address. If you were an Owner Occupier, please write 'Owner Occupier'.



You

• Address & Postcode:

	Postcode:
--	-----------

From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

Reason for leaving:

--

Your Landlord's Name, Address & Postcode:

Name: _____

Address: _____

Postcode: _____

• Address & Postcode:

	Postcode:
--	-----------

From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

Reason for leaving:

--

Your Landlord's Name, Address & Postcode:

Name: _____

Address: _____

Postcode: _____

• Address & Postcode:

	Postcode:
--	-----------

From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

Reason for leaving:

--

Your Landlord's Name, Address & Postcode:

Name: _____

Address: _____

Postcode: _____

• Address & Postcode:

	Postcode:
--	-----------

From:

--	--	--	--	--	--	--	--

To:

--	--	--	--	--	--	--	--

Reason for leaving:

--

Your Landlord's Name, Address & Postcode:

Name: _____

Address: _____

Postcode: _____

Previous addresses - joint applicant

Please list your addresses over the last 5 years starting with the **most recent**. You do not need to list your current address. If you were an Owner Occupier, please write 'Owner Occupier'.



Joint applicant

● Address & Postcode:

<input type="text"/>	Postcode: <input type="text"/>
----------------------	--------------------------------

From:

To:

Reason for leaving:

Your Landlord's Name, Address & Postcode:

Name:

Address:

Postcode:

● Address & Postcode:

<input type="text"/>	Postcode: <input type="text"/>
----------------------	--------------------------------

From:

To:

Reason for leaving:

Your Landlord's Name, Address & Postcode:

Name:

Address:

Postcode:

● Address & Postcode:

<input type="text"/>	Postcode: <input type="text"/>
----------------------	--------------------------------

From:

To:

Reason for leaving:

Your Landlord's Name, Address & Postcode:

Name:

Address:

Postcode:

● Address & Postcode:

<input type="text"/>	Postcode: <input type="text"/>
----------------------	--------------------------------

From:

To:

Reason for leaving:

Your Landlord's Name, Address & Postcode:

Name:

Address:

Postcode:

3. Your current home

Please tick **one box** which best describes your present circumstances:

- | | |
|---|--|
| a. <input type="checkbox"/> A tenant of a Highland Housing Register landlord. | i. <input type="checkbox"/> Living in a home I own, or of which I am a sharing owner. |
| b. <input type="checkbox"/> A tenant of a property leased by The Highland Council. | j. <input type="checkbox"/> Living in a caravan. |
| c. <input type="checkbox"/> A tenant of another council. | k. <input type="checkbox"/> Living in accommodation provided by my job (e.g. in the armed forces). |
| d. <input type="checkbox"/> A tenant of another housing association. | l. <input type="checkbox"/> Living in temporary accommodation provided by The Highland Council or another Council. |
| e. <input type="checkbox"/> Tenant of a private sector landlord, or a residential landlord. | m. <input type="checkbox"/> Living in a hospital. |
| f. <input type="checkbox"/> Living in a hostel. | n. <input type="checkbox"/> Living in residential care (including Through Care). |
| g. <input type="checkbox"/> Living with parents or relatives. | o. <input type="checkbox"/> In prison. |
| h. <input type="checkbox"/> Living or lodging with friends. | p. <input type="checkbox"/> Living in supported accommodation. |

Other

Describe your circumstances:

Please tell us what circumstances apply to your **joint applicant**:

Please tick **one box** which best describes the type of property you are currently living in:

- | | | |
|---|---|--|
| a. <input type="checkbox"/> Flat (ground floor) | e. <input type="checkbox"/> Sheltered housing | i. <input type="checkbox"/> 4 in a block (upper) |
| b. <input type="checkbox"/> Flat (upper floor) | f. <input type="checkbox"/> House | j. <input type="checkbox"/> Maisonette (ground) |
| c. <input type="checkbox"/> Bungalow | g. <input type="checkbox"/> Bedsit | k. <input type="checkbox"/> Maisonette (upper) |
| d. <input type="checkbox"/> Amenity housing | h. <input type="checkbox"/> 4 in a block (ground) | l. <input type="checkbox"/> Other |

Other - please describe your circumstances:

For homeowners only

Do you have a mortgage on your property:

No ☐ Yes ☐

Have you been advised to sell your home due to financial problems:

No ☐ Yes ☐ If yes, please enclose copy letter from your adviser.

Is your home being repossessed due to financial problems:

No ☐ Yes ☐ If yes, please enclose copy correspondence from your lender.

Have you applied for the Mortgage to Rent Scheme:

No ☐ Yes ☐ More information in the guide.



How many bedrooms does your current home have:
(Please enter a FIGURE and DO NOT tick the box.)

You

Single bedrooms

Double bedrooms

Joint applicant

Single bedrooms

Double bedrooms

How many bedrooms does your **household** have **sole use of**:
(Please enter a FIGURE and DO NOT tick the box.)

You

Single bedrooms

Double bedrooms

Joint applicant

Single bedrooms

Double bedrooms

House condition

Do any of the following conditions apply to your home:

- Poor ventilation (lack of windows or extractor fans)..... No ☐ Yes ☐
- Partial fixed heating..... No ☐ Yes ☐
- No satisfactory artificial or natural light..... No ☐ Yes ☐
- Other items of disrepair which fail the Repairing Standard..... No ☐ Yes ☐
- No or poor loft insulation..... No ☐ Yes ☐
- No footpath to the front door..... No ☐ Yes ☐



Do any of the following conditions apply to your home:

- No fixed sink / wash - hand basin / bath / shower..... No ☐ Yes ☐
- No inside WC..... No ☐ Yes ☐
- No fixed heating..... No ☐ Yes ☐
- Mild dampness..... No ☐ Yes ☐
- No satisfactory cooking facilities..... No ☐ Yes ☐



Do you consider your home:

- Is structurally stable..... No ☐ Yes ☐
- Has an electricity system which is adequate and safe..... No ☐ Yes ☐
- Has an adequate piped supply of wholesome water..... No ☐ Yes ☐
- Has an effective system for the drainage and disposal of foul and surface water..... No ☐ Yes ☐
- Is free from rising or penetrating damp..... No ☐ Yes ☐



If there are any other problems or faults with your house please tell us about them here:

Risk of homelessness

Have you had notice to leave your home:

No ☐ Yes ☐

If yes, when do you have to leave:

Please enclose a copy of the notification and a copy of your lease if you have one.



Domestic abuse

The definition of Domestic Abuse is included in our Guide.

Are you or anyone else in your household at risk from Domestic Abuse if you remain in your present home:

No ☐ Yes ☐



If you would like to tell us some details about the circumstances please do so below.

All information you include is confidential to the Highland Housing Register unless we have your explicit permission to pass it on to other service providers. There may, however, be some circumstances where we would have to pass information on without seeking your permission - this includes where there are children and/or adults at risk.

Harassment

Are you or anyone else in your household at risk to remain in your present home because of harassment or threats from another person:

No ☐ Yes ☐



If you would like to tell us some details about the circumstances please do so in the box below, including, for example, details of an police incident number.

4. Care & support

Please tell us if any of the following statements apply to your housing situation or that of someone who will be living with you. *Please tick all that apply.*

Do you have a "Personal Plan". No ☐ Yes ☐

- ☐ Where I live does not enable me to live as independently as I need.
- ☐ I am a young person in Through Care and need to move.
- ☐ I need to move as specialist services are not available where I live now.
- ☐ I need to move to provide formal care and support to someone, e.g. kinship care.
- ☐ I need to move so that a formal carer can live with me and help me live independently.
- ☐ I need to move to receive formal care from a friend or relative so that I can live independently.
- ☐ I need to move to provide care to a friend or relative to enable them to live independently.
- ☐ I need to move nearer to services to maintain independent living.



Name of person you care for **or** who cares for you: Phone Number:

Address and Postcode:

Postcode:

Relationship to you (if any):

Do you need an extra bedroom for your carer:

No ☐ Yes ☐

Please give us details of any professionals involved in this care and support:

Name:

Occupation:

Phone number:

Address and Postcode:

Postcode:

Name:

Occupation:

Phone number:

Address and Postcode:

Postcode:

Please give a brief summary of your circumstances:

5. Accessible Housing (Health & Medical Re-Housing) Priority

You may be eligible to apply for Accessible Housing Priority, if your health issue or medical condition is being made worse by your current housing **and** this can only be significantly improved by re-housing.

Do you have a long term health issue / medical condition / mobility issue?

No ☐ Yes ☐



Is your current housing circumstances making it worse?

No ☐ Yes ☐

If Yes, briefly describe:

- a) your issue; and
- b) the ways that it is being made worse by your current housing circumstances.

If No, but you need your special design features or adaptations in your home, describe these in section 8.

Could your home be adapted to make it more suitable for you?

No ☐ Yes ☐

We may ask you to fill in an Accessible Housing Priority Form. This will help us assess your health related housing needs. See the Application Guide for information about this priority category.

6. Housing choices

Location

We need to know which areas you would prefer to live in.

The guide lists all the towns and villages in Highland where there is a supply of social rented housing. It also tells you where to get more detailed information about the demand and supply of social rented properties.



Which **10** towns and villages listed in the application guide would you prefer to live in? You can select up to 10. Please write the name of the town or village and the code number for your choices. **You will be considered equally for all your choices.**

1st choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Other choice - Name of town or village:

Code:

Property type

Will you accept:

Please tick all that apply.

- ☐ A house
- ☐ A bungalow
- ☐ A maisonette

- ☐ A ground floor flat
- ☐ An upper floor flat
- ☐ A bedsit
- ☐ Sheltered housing



7. Employment details

Do you need to move to take up work or be closer to your place of work:

No ☐ Yes ☐

If yes, tell us which location you are going to be working in:

Please also tell us the name and address of your employer:



The Housing Application Guide explains why this information can be relevant.

8. Extra information

Use this box to tell us why you are applying for housing, for example:
Your tenancy is ending, mortgage arrears, relationship breakdown or leaving
armed forces etc



9. Personal connection

The Housing Application Guide explains why we must ask this question.

Are you or anyone who will be living with you related to:

Anyone who is a councillor of The Highland Council, a board member or a
management committee member of any of the Highland Housing Register
landlord organisations:



No ☐ **Yes** ☐

Anyone who is employed by any of the Highland Housing Register landlord
organisations?

No ☐ **Yes** ☐

If yes, please tell us the details of the person you are connected to:

Name:

Organisation:

Position:

Relationship to you:

10. British Armed Forces

Are you or your partner a serving member of the armed forces: **No** ☐ **Yes** ☐

OR

Have you or your partner left the armed forces in the last 12 months: **No** ☐ **Yes** ☐

If yes...

Can you tell us which force you are/were serving with:

Where you are serving or last based:

Date entered into Service:

Can you tell us your date of discharge or estimated:

Service Number:

11. Antisocial behaviour

The Housing Application Guide explains why we must ask this question.

Have you or any member of your household ever been investigated or evicted for Antisocial Behaviour:

No ☐ **Yes** ☐

Are you or is any member of your household subject to an Antisocial Behaviour Order:

No ☐ **Yes** ☐

If yes, we will contact you for more details.



12. Sexual offences act 2003

The Housing Application Guide explains why we must ask this question.

Are you (or any person who will be living with you) required to register with the police under part 2 of the Sexual Offences Act 2003:

No ☐ **Yes** ☐

If yes, please provide the name of the person here:



13. Non UK citizen

The Housing Application Guide explains why we must ask this question.

Are you or your partner subject to immigration control:

No ☐ **Yes** ☐

Are there any conditions or limits to your permission to stay in the UK:

No ☐ **Yes** ☐

Have you completed a Habitual Residence Test:

No ☐ **Yes** ☐



If yes, we will contact you to see your passport or other Immigration Documents.

14. Housing options

Please complete this section so that we can offer you advice and other options. This will not affect the assessment of your application.

Please tell us what other types of housing options you may be interested in. Descriptions are in the Housing Application Guide. You can tick as many boxes as you like.

- ☐ Mutual exchange to another rented house or flat.
- ☐ Buying a shared ownership or shared equity house or flat.
- ☐ Renting a private property.
- ☐ Renting a property at mid market rent.
- ☐ Buying a house or flat on the open market.
- ☐ Building your own home with a Rural Home Ownership Grant.
- ☐ Having your house adapted to meet your daily living needs.
- ☐ Having your home repaired to a better standard.



Your responses to these questions will help us plan housing for the future and give you advice on your current options.



Employment information

Are you:

- ☐ In full time employment
- ☐ In part time employment
- ☐ Unemployed
- ☐ Retired
- ☐ A student/apprentice/training

Income information

How is your total household income made up?
Please tick all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Child Benefit |
| <input type="checkbox"/> Child Maintenance | <input type="checkbox"/> Retirement Pension |
| <input type="checkbox"/> Interest from savings | <input type="checkbox"/> Tax Credits |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Unemployment Benefit |
| <input type="checkbox"/> Occupational Pension | |

Is your joint applicant:

- ☐ In full time employment
- ☐ In part time employment
- ☐ Unemployed
- ☐ Retired
- ☐ A student/apprentice/training

Other - please describe:

What is your **annual** household income?
Please include all sources of income.

- | | |
|--|--|
| <input type="checkbox"/> Less than £10,000 | <input type="checkbox"/> £30,000 - £40,000 |
| <input type="checkbox"/> £10,000 - £20,000 | <input type="checkbox"/> £40,000 - £50,000 |
| <input type="checkbox"/> £20,000 - £30,000 | <input type="checkbox"/> More than £50,000 |

15. Your statement and declaration

The Housing Application Guide explains why you must complete this section.



Please read this declaration carefully

- I confirm that the details I have given on this application are true and accurate.
- I understand that if my circumstances change, I must notify Highland Housing Register.
- I understand that if I give false or misleading information, or do not provide relevant information, now and at any time, that my application may be suspended or cancelled.
- If I get a tenancy based on false or misleading information, I understand and accept that the landlord may take me to court to evict me.
- I give permission for Highland Housing Register to make any necessary enquiries, verify the circumstances, or check the details in connection with my application.
- I understand and accept that the details I have given in this application will be placed on the Highland Housing Register and that this information will be shared by any or all the landlords using this register, now and in the future.
- I understand and accept that you will write to me every year on the anniversary of my application, asking if I still want housing and that if I do not respond, my application will be cancelled.
- I understand and agree to the conditions in this declaration.

Marketing and Advertising

- In order to widen the housing options that may be made available to me, I agree to my details being passed on to housing developers.

Please tick No ☐ Yes ☐

Signatures

Print your name:		
<input type="text"/>		
Your Signature:	Date:	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Print name of joint applicant:		
<input type="text"/>		
Signature of Joint Applicant:	Date:	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

You and any Joint Applicant must sign so that we can process your application form.



Remember to send us the necessary evidence where you see this sign appear in the form. We cannot process or correctly assess your housing need without evidence.

16. Equal opportunities monitoring form

The information we are asking for is for monitoring purposes only. We will use this information to produce statistics of people applying for housing with the Highland Housing Register, and to produce statistics of people who are housed by the Highland Housing Register. You do not need to answer these questions, but we do appreciate your help.

Your responses will not affect your application.

You

Gender

• Are you:

☐ Male ☐ Female

Ethnic Origin

• What is your Ethnic Origin:

(Please tick one box from one selection - A to F)

A. White

- ☐ Scottish
☐ Other British
☐ Irish
☐ Gypsy/Traveller
☐ Polish
☐ Other (Please state)

B. Mixed or Multiple Ethnic Groups

- ☐ Any mixed or Multiple Ethnic Groups (Please state)

C. Asian, Asian Scottish or Asian British

- ☐ Pakistani, Pakistani Scottish or Pakistani British
☐ Indian, Indian Scottish or Indian British
☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
☐ Chinese, Chinese Scottish or Chinese British
☐ Other (Please state)

D. Black, Black Scottish, Black British

- ☐ Caribbean
☐ African
☐ Any other black background (Please state)

E. Other Ethnic Groups

- ☐ Arab, Arab Scottish or Arab British
☐ Other (Please state)

F. Unknown

☐

Joint Applicant

Gender

• Are you:

☐ Male ☐ Female

Ethnic Origin

• What is your Ethnic Origin:

(Please tick one box from one selection - A to F)

A. White

- ☐ Scottish
☐ Other British
☐ Irish
☐ Gypsy/Traveller
☐ Polish
☐ Other (Please state)

B. Mixed or Multiple Ethnic Groups

- ☐ Any mixed or Multiple Ethnic Groups (Please state)

C. Asian, Asian Scottish or Asian British

- ☐ Pakistani, Pakistani Scottish or Pakistani British
☐ Indian, Indian Scottish or Indian British
☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
☐ Chinese, Chinese Scottish or Chinese British
☐ Other (Please state)

D. Black, Black Scottish, Black British

- ☐ Caribbean
☐ African
☐ Any other black background (Please state)

E. Other Ethnic Groups

- ☐ Arab, Arab Scottish or Arab British
☐ Other (Please state)

F. Unknown

☐

You

Disability

- A disability is any physical or mental impairment which has a substantial and long term impact on your ability to carry out normal day to day activities.

Do you have a disability:

☐ Yes ☐ No

- If yes, please tell us what it is:

(Please tick all that apply)

- ☐ Deafness or partial hearing loss
- ☐ Blindness or partial sight-loss
- ☐ Learning disability
for example, Down's Syndrome.
- ☐ Learning difficulty
for example, dyslexia.
- ☐ Developmental disorder
for example, Autistic Spectrum Disorder or Asperger's Syndrome.
- ☐ Physical disability
- ☐ Mental health condition
- ☐ Long-term illness, disease or condition
- ☐ Other condition (Please state)

Religion

- What religion, religious denomination or body do you belong to:

(Please tick all that apply)

- ☐ None ☐ Church of Scotland
- ☐ Roman Catholic ☐ Other Christian
- ☐ Muslim ☐ Buddhist
- ☐ Sikh ☐ Jewish
- ☐ Hindu ☐ Pagan
- ☐ Other religion (Please state)

Sexual Identity

- How do you think of yourself:

- ☐ Heterosexual/Straight ☐ Gay/Lesbian
- ☐ Bisexual ☐ Other (Please state)

Age Group

- What is your date of birth:

- What age group are you:

(Please tick one)

- ☐ 16 - 25 years ☐ 26 - 35 years
- ☐ 36 - 55 years ☐ 56 - 65 years
- ☐ 66 - 80 years ☐ 81 or over

Joint Applicant

Disability

- A disability is any physical or mental impairment which has a substantial and long term impact on your ability to carry out normal day to day activities.

Do you have a disability:

☐ Yes ☐ No

- If yes, please tell us what it is:

(Please tick all that apply)

- ☐ Deafness or partial hearing loss
- ☐ Blindness or partial sight-loss
- ☐ Learning disability
for example, Down's Syndrome.
- ☐ Learning difficulty
for example, dyslexia.
- ☐ Developmental disorder
for example, Autistic Spectrum Disorder or Asperger's Syndrome.
- ☐ Physical disability
- ☐ Mental health condition
- ☐ Long-term illness, disease or condition
- ☐ Other condition (Please state)

Religion

- What religion, religious denomination or body do you belong to:

(Please tick all that apply)

- ☐ None ☐ Church of Scotland
- ☐ Roman Catholic ☐ Other Christian
- ☐ Muslim ☐ Buddhist
- ☐ Sikh ☐ Jewish
- ☐ Hindu ☐ Pagan
- ☐ Other religion (Please state)

Sexual Identity

- How do you think of yourself:

- ☐ Heterosexual/Straight ☐ Gay/Lesbian
- ☐ Bisexual ☐ Other (Please state)

Age Group

- What is your date of birth:

- What age group are you:

(Please tick one)

- ☐ 16 - 25 years ☐ 26 - 35 years
- ☐ 36 - 55 years ☐ 56 - 65 years
- ☐ 66 - 80 years ☐ 81 or over



Contact the Highland Housing Register

The Highland Council - Area Community Services Offices

Alness: 5A River Wynd, Teaninich Industrial Estate, ALNESS, IV17 0PE

Dingwall: Portakabin, High Street, DINGWALL, IV15 9TF

Drummuie, Golspie: Drummuie, GOLSPIE, KW10 6TA

Fort William: Charles Kennedy Building, Achintore Road, FORT WILLIAM, PH33 6RQ

Inverness: Town House, High Street, INVERNESS, IV1 1JJ

Kingussie: Kingussie Courthouse, 36 High Street KINGUSSIE, PH21 1HR

Nairn: The Court House, High Street, NAIRN IV12 4AU

Portree: Tigh-na-Sgire, Park Lane, PORTREE, IV51 9GP

Thurso: Rotterdam Street, THURSO, KW14 8AB

Wick: Caithness House, Market Place, WICK, CAITHNESS, KW1 4AB

Telephone:
01349 886 602

Housing Associations

Albyn Housing Society Ltd - Charity No: SCO27123

Head Office, 98-100 High Street, Invergordon, IV18 0DL..... **Phone:** 0300 3230990

68 MacLennan Crescent, Inverness, IV3 8DN..... **Phone:** 0300 3230991

Cairn Housing Association Ltd - Charity No: SCO16647

Cairn House, 30 Waterloo Place, Inverness, IV1 1NB..... **Phone:** 0800 990 3405

Lochaber Housing Association Ltd - Charity No: SCO30951

101 High Street, Fort William, PH33 6DG..... **Phone:** 01397 702530

Lochalsh & Skye Housing Association Ltd - Charity No: SCO38019

Morrison House, Bayfield, Portree, Isle of Skye, IV51 9EW..... **Phone:** 01478 612035

Pentland Housing Association Ltd - Charity No: SCO37286

37/39 Traill Street, Thurso, KW14 8EG..... **Phone:** 01847 892507

The Highland Housing Register

