Cairn Living Ltd – Application form

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| Council/Housing Association/Private/Owned |

Development/area required

Highland housing register ref. (optional?)

Date registered

Current accommodation

1. **Personal details**

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| --- | --- |
| Applicant 1. | Applicant 2. |
| Title (Mr, Mrs, Miss, Ms, Other) | **Title (Mr, Mrs, Miss, Ms, Other)** |
|  |  |
| First Name | **First Name** |
|  |  |
| Surname | **Surname** |
|  |  |
| Date of Birth | **Date of Birth** |
|  |  |
| National Insurance Number | **National Insurance Number** |
|  |  |
| Daytime Phone Number | **Daytime Phone Number** |
|  |  |
| Mobile Phone Number | **Mobile Phone Number** |
|  |  |
| Email Address | **Email Address** |
|  |  |
| Current Address | **Current Address** |
|  |  |
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|  |  |
| Do you currently have a mortgage | **Do you currently have a mortgage** |
|  |  |
| Date moved into current property | **Date moved into current property** |
|  |  |

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| --- | --- |
| Applicant 1. | Applicant 2. |
| Landlords Name & Address | **Landlords Name & Address** |
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| If successful in allocation of a property we will request from you a Reference Request Mandate Form to obtain a Landlord Reference | If successful in allocation of a property we will request from you a Reference Request Mandate Form to obtain a Landlord Reference |

Please list your addresses over the last 5 years starting with the most recent, you do not need to list your current address (continue on a separate sheet if necessary)

|  |  |
| --- | --- |
| **Address and Postcode** | **Address and Postcode** |
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|  |  |
|  |  |
|  |  |
|  |  |
| **From – To.** | **From – To.** |
|  |  |
| **Reason for leaving** | **Reason for leaving** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Address and Postcode** | **Address and Postcode** |
|  |  |
|  |  |
|  |  |
|  |  |
| **From – To.** | **From – To.** |
|  |  |
| **Reason for Leaving** | **Reason for Leaving** |
|  |  |
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1. **Employment details**

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| --- | --- |
| Applicant 1. | Applicant 2. |
| Name of main employer | **Name of main employer** |
|  |  |
| Job Title | **Job Title** |
|  |  |
| Address of Employer | **Address of Employer** |
|  |  |
|  |  |
|  |  |
|  |  |
| Annual income amount (gross) | **Annual income amount (gross)** |
| Monthly | **Monthly** |
| Net Income (after deductions/costs) | Net Income (after deductions/costs) |
| Monthly | **Monthly** |
| Time with current employer | **Time with current employer** |
|  |  |
| Do you have a permanent Contract with this employment | **Do you have a permanent Contract with this employment** |
|  |  |
| We require the following information if you have more than one job. If you are selected for a property we will ask you to support the income information by contacting your employer or requesting your P60 and wage slips. | We require the following information if you have more than one job. If you are selected for a property we will ask you to support the income information by contacting your employer or requesting your P60 and wage slips. |
| Name of 2nd employer | **Name of 2nd employer** |
|  |  |
| Address of 2nd employer | **Address of 2nd employer** |
|  |  |
|  |  |
|  |  |
|  |  |
| Annual income amount (net) | **Annual income amount (net)** |
|  |  |
| Time with 2nd employer | **Time with 2nd employer** |
|  |  |

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| --- | --- |
| Applicant 1. | Applicant 2. |
| Details of any other income | **Details of any other income** |
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**If Self Employed**

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| --- | --- |
| Applicant 1. | Applicant 2. |
| Name of Trading Name/Company | **Name of Trading Name/Company** |
|  |  |
| Registered Address | **Registered Address** |
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|  |  |
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|  |  |
| Length of Time Trading | **Length of Time Trading** |
|  |  |
| Do you have an Accountant | **Do you have an Accountant** |
|  |  |
| Do you complete your own tax return | **Do you complete your own tax return** |
|  |  |
| Annual income amount | **Annual income amount** |
|  |  |

1. **Household Details**

In order for Cairn Living Ltd to allocate a property suitable to your needs please complete the following information –

People who will be moving with you and living with you permanently (incl. children)

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| Full Name |
|  |
| Relationship to you |
|  |
| Date of Birth |
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| Do they live with you now |
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| If no, please tell us their address and postcode |
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| --- |
| Full Name |
|  |
| Relationship to you |
|  |
| Date of Birth |
|  |
| Do they live with you now |
|  |
| If no, please tell us their address and postcode |
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|  |
| --- |
| Full Name |
|  |
| Relationship to you |
|  |
| Date of Birth |
|  |
| Do they live with you now |
|  |
| If no, please tell us their address and postcode |
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Are you or any person who will be moving in with you expecting a baby Yes / No

If yes, who is expecting a baby

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| --- |
|  |

When is the baby due

|  |
| --- |
|  |

Do you have residential access to a child or children who do not live with you Yes / No

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If yes, please tell us the arrangements that are in place

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

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Details of any pets

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Do you have any special needs/medical requirements which may affect the type of property allocated to you

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**Extra Information**

Use this box to tell us why you are applying for one of our properties. For example – *I can not afford private rent, I require my own home, I have secure employment in the area….*

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1. **Anti-Social Behaviour**

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| Applicant 1. | Applicant 2. |
| Have you or any member of your household ever been investigated or evicted for anti-social behaviour | **Have you or any member of your household ever been investigated or evicted for anti-social behaviour** |
| Yes / No | **Yes / No** |
|  |  |
| Are you or is any member of your household subject to an Anti-social Behaviour Order | **Are you or is any member of your household subject to an Anti-social Behaviour Order** |
| Yes / No | **Yes / No** |
|  |  |

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?

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1. **Non UK Citizen**

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| --- | --- |
| Applicant 1. | Applicant 2. |
| Are you or your partner subject to immigration control | **Are you or your partner subject to immigration control** |
| Yes / No | **Yes / No** |
|  |  |
| Are there any conditions or limits to your permission to stay in the UK | **Are there any Conditions or limits to your permission to stay in the UK** |
| Yes / No | **Yes / No** |
|  |  |
| Have you completed a Habitual Residence Test | **Have you Completed a Habitual Residence Test** |
| Yes / No | **Yes / No** |
|  |  |

Use this box to tell us why you are applying for housing or to provide additional information in support of your applciation. ie. I have been unsuccessful in being offered a property through HHR, Unable to afford private rent, I have secured employment in the area…

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Are you or anyone who will be living with you related to employed Board member or anyone is employed by Cairn Living Ltd or Cairn Housing Association.

Name

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| --- |
|  |

Position

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| --- |
|  |

Relationship

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This application is for properties managed by Cairn Living Ltd. Any information for references from your employer, accountant, bank or landlord will require the completion of a separate mandate form or written consent from the applicant.

If you have a current HHR application you will need to update this to reflect your current circumstances if offered a property by Cairn Living Ltd,

**Please read this declaration carefully**

I/We can confirm that the details I have provided on this application form are true and accurate.

I/We understand that if I/we give false or misleading information, or do not provide relevant information, now and at any time, my/our application may be suspended or cancelled.

If I/we get a tenancy based on false or misleading information, I/we understand and accept that the landlord may take me to court to evict me/us.

I/We understand and accept that Cairn Living Ltd may make such enquiries as they deem necessary to verify the information given on this application form is true and accurate.

**Signatures**

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| --- |
| Applicant 1. |
| Print Name |
|  |
| Your signature |
|  |
| Date |
|  |

|  |
| --- |
| Applicant 2. |
| Print Name |
|  |
| Your signature |
|  |
| Date |
|  |

Once complete please return to –

Cairn Living Ltd, Waterloo House, 30 Waterloo Place, Inverness, IV1 1NB