

cairn

APPLICATION

FOR

HOUSING

Please complete this form in as much detail as possible. We have included some Frequently Asked Questions and a short guide to filling in this form. Please give it a read through before you start filling in your application. If you need a hand to fill it in please get in touch and one of our team will be delighted to help you. You can also fill the form in online.

There is a medical assessment at the back of the form. Only fill this part in if you have a medical need that you would like us to consider as part of your application.

We will process your application form within seven days after we receive it. We may contact you if we need further information.

If you would like to read our Lettings Policy, you can do so by going to our website or by contacting us.



Frequently asked questions

What is the housing list?

This is a list of all applicants who want to be housed by us. Once we process your application form, a unique reference number will be given to you and points will be awarded to you based on your circumstances.

An offer of housing will depend on:

- Your level of priority based on your needs
- Your area of choice
- The size and type of housing available

Can I apply for housing?

Anyone over the age of 16 can apply for housing with us. Current tenants, who want to transfer to another house, should also complete this form.

What happens next?

We will check your application to make sure we have all relevant information. We may contact you for more information if necessary, including if we need to contact references from previous landlords.

Our staff check the waiting list regularly to:

- Input new applications
- Amend any change in circumstances from applicants
- Register all empty properties
- Arrange to visit applicants near the top of the list
- Allocate houses to the person with the highest need

Guidance for completing application form

Section 1 - 5: About you and who else will be moving with you

Complete both these sections in full. Remember to include all persons who currently live with you, their dates of birth and relationship to you. If anyone on your application has a medical condition that will affect your need for housing, please complete the medical assessment at the back of this form.

Section 6: Previous addresses

Please list all your previous addresses in the last three years, starting with your present address. You should provide the full name and address of your current/previous landlord or mortgage provider, with dates and reasons for leaving.

Section 7 and 8: Where do you live now and homelessness

Tell us where you live now. We have a statutory duty to re-house people who are assessed by a local authority as homeless and will not refuse housing unless we have good reason to. Please provide proof of homelessness such as a Notice to Quit.

Section 9: Why you are applying for housing

Please tell us the reason why you are applying for housing. If you are leaving HM Forces, please remember to provide proof.

Section 10: Condition of current housing

Please fill this section in so we know whether you are overcrowded or under occupying. We also need to know the type of heating you currently have and if your home is in need of major repair or is unsafe. Please provide photos if you can.

Section 11: Personal housing needs

Let us know if you are experiencing physical, emotional or sexual abuse, or any kind of antisocial behaviour. Tell us of any caring arrangements you have in place. Please provide evidence where you can.

Section 12 and 13: Areas of choice and housing you want

Tell us where you'd like to move to and what kind of housing you'd prefer. Not all of our housing is let by us – you may have to fill in a Common Housing Register form to apply for housing in some areas.

Section 14: Affordability

You don't have to answer these questions, however it means we can put you in touch with our Tenancy Sustainment Team (including our Welfare Benefits Officer) at the beginning of your tenancy if you need it. The answers you give won't affect our offer of housing.

Section 15: Additional information

You must tell us if you or an applicant is a registered sex offender as the application will be subject to our Re-housing of Sex Offenders Policy. You must also tell us if someone has taken court action against you for antisocial behaviour.

Section 16: Checklist

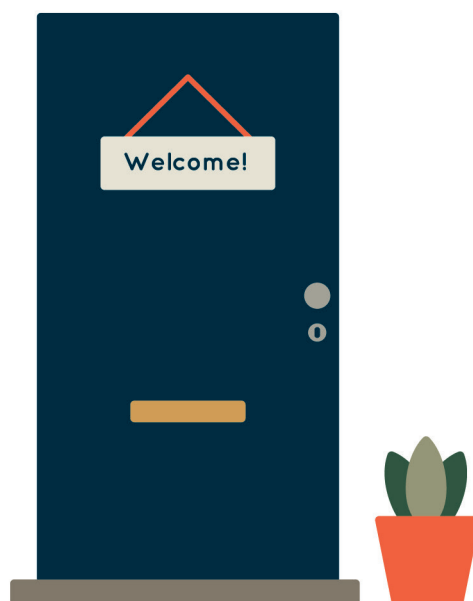
Please go through the checklist to make sure you are sending us all necessary evidence and information.

Section 17: Monitoring

You don't need to complete this section if you don't want to. It will in no way affect your application with us. We ask for this information to make sure that no discrimination takes place.

Section 19: Declaration

Please make sure you and the joint applicant (if applicable) sign the form.



HOUSING

APPLICATION

FORM

1. ABOUT YOU

Title	First name	Last name
I identify my gender as... <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> _____		
Current address		Postcode
Date of birth	NI number	
Home phone	Mobile number	
Email address	Are you registered disabled? Y / N	

If you want your post sent to a different address or someone else to act on your behalf, please provide details below.

Do you want: ☐ Your post sent to a different address?

☐ Someone else to act on your behalf?

Does this person: ☐ Have Power of Attorney? **Please provide proof.**

Title	First name	Last name
Address		Postcode
Relationship to you	Phone	Email address

2. WHO ELSE WILL BE MOVING WITH YOU?

Please give details of who else will be moving with you. This includes everyone who lives with you now and those who don't live with you but will be moving with you.

Person 1

Title	First name	Last name
I identify my gender as... <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> _____		
Date of birth	NI number	
Joint applicant Y / N	Relationship to you	
Are you registered disabled? Y / N	Do they live with you now? Y / N	
If they live somewhere else, please give address		

Person 2

Title	First name	Last name
I identify my gender as... <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> _____		
Date of birth	NI number	
Joint applicant Y / N	Relationship to you	
Are you registered disabled? Y / N	Do they live with you now? Y / N	
If they live somewhere else, please give address		

Person 3

Title	First name	Last name
I identify my gender as... <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> _____		
Date of birth	NI number	
Joint applicant Y / N	Relationship to you	
Are you registered disabled? Y / N	Do they live with you now? Y / N	
If they live somewhere else, please give address		

Please continue on another sheet of paper if you need to include more people.

If any of these people don't live with you now, please explain why.

If you or anyone in your household is registered disabled or has a medical condition that affects your need for housing, please complete the medical section at the back of this form.

3. PREGNANCY

Are you, or is anyone who is moving with you pregnant?

Y / N

Name of person who is pregnant

If you, or anyone on your application is pregnant, you must provide proof.

4. ELIGIBILITY

If you have come to live in the UK from abroad, under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, we must find out if you qualify for public help, including housing.

Are you and all members of your household British citizens?

Y / N

If you answered no, please tell us your and/or their nationality

5. PETS

Do you or any of your household have pets?

Y / N

If yes, what type of pets(s)?

Cats and dogs are not allowed in some of our properties. Please contact us for more information on this.

6. PREVIOUS ADDRESSES

How long have you lived at your current address? Years Months

If you have lived here for less than three years, please tell every address you have lived at during the last three years. Do not include your current address.

Address	
From (month/year)	To (month/year)
Owned by (give their name and address)	
Reason for leaving	

Address	
From (month/year)	To (month/year)
Owned by (give their name and address)	
Reason for leaving	

Address	
From (month/year)	To (month/year)
Owned by (give their name and address)	
Reason for leaving	

7. WHERE DO YOU STAY NOW?

- | | |
|---|---|
| <input type="checkbox"/> A Cairn property | <input type="checkbox"/> Parents / relatives / friends |
| <input type="checkbox"/> I am a council tenant | <input type="checkbox"/> A hostel |
| <input type="checkbox"/> I am a tenant of another housing association | <input type="checkbox"/> Council temporary accommodation |
| <input type="checkbox"/> I own a shared ownership property | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> I am a home owner | <input type="checkbox"/> Residential care/supported housing |
| <input type="checkbox"/> I privately rent | <input type="checkbox"/> Bed and breakfast |
| <input type="checkbox"/> A property that comes with my job | <input type="checkbox"/> Caravan/mobile home |
| <input type="checkbox"/> Prison | <input type="checkbox"/> Sleeping rough |
| <input type="checkbox"/> Other (please specify) | |
-
-

8. HOMELESSNESS

If you are an owner, do you have to sell your home?	Y / N
If yes, please give reason for sale	
Are you homeless OR threatened with homelessness?	Y / N
If yes, please give details	
Have you been assessed by the Council as homeless or at risk of becoming homeless?	Y / N
If yes, please give the name of the Council, the date of your application and the outcome	
Have you been told to leave your current accommodation?	Y / N
If yes, please give date for leaving and reason	

Please provide relevant evidence. For example, a copy of your Notice to Quit, Court Order or a copy of your homeless assessment.

9. WHY ARE YOU APPLYING FOR HOUSING?

Please tick the main reason.

- ☐ I have to leave my current accommodation
- ☐ I have had a relationship breakdown
- ☐ My current house is unsuitable due to medical conditions
- ☐ I need a smaller house
- ☐ I need a bigger house
- ☐ I'm currently staying with friends/family and want my own home
- ☐ I am a young person leaving care
- ☐ I want to move closer to a relative to give/receive support
- ☐ I am leaving HM Forces
- ☐ I need to move closer to work
- ☐ I am leaving supported accommodation
- ☐ I am leaving a long term stay in hospital
- ☐ I am in financial difficulty
- ☐ I am leaving prison
- ☐ I have no permanent or secure accommodation
- ☐ I want to move to another area
- ☐ I want to move to sheltered/retirement housing
- ☐ My current accommodation lacks amenities

If you are leaving HM Forces, what is your discharge date?

Please provide proof.

10. CONDITION OF YOUR CURRENT HOUSING

Condition

Is your home in need of major repair?
For example, it's not wind or water tight, or it's unsafe.

Yes ☐

No ☐

OR

Is your home in a poor state of general maintenance?
For example, poor internal fittings, joinery or plasterwork.

Yes ☐

No ☐

Facilities

Do you have the following in your current property?

Kitchen or cooking facilities

Yes ☐

No ☐

Bathing facilities

Yes ☐

No ☐

Inside toilet

Yes ☐

No ☐

Sink with hot and cold running water

Yes ☐

No ☐

Central heating

Yes ☐

No ☐

Has Environmental Services or any other
organisation tested your:

water and found it unsafe?

Yes ☐

No ☐

drainage and found it inadequate?

Yes ☐

No ☐

property and found rising or penetrative damp?

Yes ☐

No ☐

Please provide proof of poor housing conditions, including photos if possible.

Overcrowding and under-occupation

How many single ☐ and double ☐ bedrooms does the property you stay at have?

Is the living room of the property you are
staying at being used as a bedroom?

Yes ☐

No ☐

Do you share any of the following rooms with another
household (other than your parents or children)?

Living room ☐ Kitchen ☐ Bathroom ☐

Is any member of your household forced to live apart
from you due to overcrowding in your current home?

Yes ☐

No ☐

If yes, tell us who this is: _____

11. PERSONAL HOUSING NEEDS

Domestic abuse

Are you at risk of physical, mental or sexual abuse from someone in your household?

Yes ☐

No ☐

Harassment

Are you suffering from harassment, violence or other antisocial behaviour from outwith your household?

Yes ☐

No ☐

If yes, please provide details.

If you answered yes to the above question, you must provide confirmation of this from the Police or another official source, such as a Solicitor or a Social Worker.

Support

Do you: ☐ need to give support to someone?

☐ need to get support from someone?

Please give their name and address below.

Title	First name	Last name
Address		Postcode
Phone number		
Why do you need to move to give/get support?		

What support is needed and how often?

Going outside	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>
Shopping	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>
Cleaning	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>
Going to bed and/or getting up	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>
Money and benefits	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>
Cooking	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>
Personal care	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>
Childcare	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>
Other support (please give details)	Everyday <input type="checkbox"/>	Other <input type="checkbox"/>

Does the person who will receive support get benefits for support to be given? For example, DLA or PIP.

Yes ☐ No ☐

Care arrangements

Do you need another room for respite care, foster care or overnight access for children? If so, please give their details below. Do not include anyone from section 2.

Name	Date of birth	Who they live with
Address		Postcode
Respite <input type="checkbox"/>	Foster <input type="checkbox"/>	Access <input type="checkbox"/> Nights per week

Name	Date of birth	Who they live with
Address		Postcode
Respite <input type="checkbox"/>	Foster <input type="checkbox"/>	Access <input type="checkbox"/> Nights per week

12. AREAS OF CHOICE

Please tick the areas you would like to live below.

Type of Housing	Suitable for	Town	Tick
General housing (house, flat)	16+	Arbroath	
General housing (house, flat)	16+	Dumbarton	
General housing (house, flat)	16+	Dundee	
General housing (house, flat)	16+	East Whitburn	
General housing (house, flat)	16+	Elgin	
General housing (house, flat)	16+	Falkirk	
General housing (house, flat)	16+	Forres	
General housing (house, flat)	16+	Glasgow	
General housing (house, flat)	16+	Kelty	
General housing (house, flat)	16+	Perth	
General housing (house, flat)	16+	Stirling	
General housing (house, flat)	16+	Tillicoultry	
Accessible housing and wheelchair access	50+	Burntisland	
Accessible housing and wheelchair access	16+	Coatbridge	
Accessible housing and wheelchair access	50+	Cowdenbeath	
Accessible housing and wheelchair access	16+	Dumbarton	
Accessible housing and wheelchair access	16+	Kirkcaldy	
Flat in a community setting	50+	Bathgate	
Flat in a community setting	50+	Broughty Ferry	
Flat in a community setting	50+	Campbeltown	
Flat in a community setting	50+	Carnoustie	
Flat in a community setting	50+	Eyemouth	
Flat in a community setting	50+	Glenrothes	
Flat in a community setting	50+	Hawick	
Flat in a community setting	50+	Kirkcaldy	
Flat in a community setting	50+	Paisley	
Flat in a community setting	50+	Peterhead	
Flat in a community setting	50+	Rosyth	
Flat in a community setting	50+	Stenhousemuir	
Flat in a community setting	50+	Stirling	
Sheltered housing	60+	Blairgowrie	
Sheltered housing	60+	Galashiels	
Sheltered housing	60+	Perth	
Sheltered housing	60+	Rutherglen	
Sheltered housing	60+	Sanquhar	

Common Housing Registers

In other areas we are part of a common housing register. This means you just have to fill in one form for affordable housing in your local authority area.

We're part of Common Housing Registers in:

- East Dunbartonshire Council
- Edinburgh (EdIndex)
- Fife (Fife Housing Register)
- Highland (Highland Housing Register)
- North Lanarkshire Council
- Scottish Borders (Border Choice Homes)
- South Lanarkshire (HomeFinder)

Homes available now

Some of our homes are available to rent and move into right now. Go to www.cairnha.com to find an up-to-date list of the homes we have available just now.



13. HOUSING YOU WANT

What size of property would you accept?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> 1 person flat | <input type="checkbox"/> 3 bedrooms |
| <input type="checkbox"/> 1 bedroom | <input type="checkbox"/> 4+ bedrooms |
| <input type="checkbox"/> 2 bedrooms | |

You may be ineligible for some property sizes as stated in our Lettings Policy.

A high number of our sheltered or retirement housing consists of one-person flats. This is a flat which has a separate bathroom and kitchen with a living room and bedroom combined.

Does this include an extra bedroom?

- | | |
|--|--|
| <input type="checkbox"/> Yes, for health reasons | <input type="checkbox"/> Yes, for child access |
| <input type="checkbox"/> Yes, for support | <input type="checkbox"/> No |

If you need an extra bedroom, please give details:

What type of property would you accept?

- | | | |
|-----------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> Bungalow | <input type="checkbox"/> House | <input type="checkbox"/> Flat |
|-----------------------------------|--------------------------------|-------------------------------|

What is the highest floor you would accept?

- | |
|--|
| <input type="checkbox"/> With a lift? |
| <input type="checkbox"/> Without a lift? |

Do you have a need for:

- | |
|---|
| <input type="checkbox"/> Ground floor accommodation only? |
| <input type="checkbox"/> Wheelchair accessible housing? |
| <input type="checkbox"/> Other specialist adaptations? |

If there is a reason why you are applying for housing which you feel has not been covered fully in this application form, please give details:

14. AFFORDABILITY

You don't have to answer these questions, however it means we can put you in touch with our Tenancy Sustainment Team (including our Welfare Benefits Officer) at the beginning of your tenancy if you need it. If you do answer, all information you provide is confidential.

This will not affect your application.

What is your normal household income each week? Include all wages, benefits and pensions.

- | | |
|---|---|
| <input type="checkbox"/> Less than £95 per week | <input type="checkbox"/> £290 - £384 per week |
| <input type="checkbox"/> £96 - £195 per week | <input type="checkbox"/> £385 - £479 per week |
| <input type="checkbox"/> £196 - £289 per week | <input type="checkbox"/> £480 or more a week |

Are you:

Applicant

Joint Applicant

- | | | |
|--------------------------|--------------------------|--------------------------|
| In full time employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| In part-time employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Retired? | <input type="checkbox"/> | <input type="checkbox"/> |
| A student? | <input type="checkbox"/> | <input type="checkbox"/> |

My household income consists of:

- | | |
|---|--|
| <input type="checkbox"/> Wages/salary | <input type="checkbox"/> Unemployment Benefit |
| <input type="checkbox"/> Tax Credits | <input type="checkbox"/> Retirement Pension |
| <input type="checkbox"/> Child Benefit | <input type="checkbox"/> Occupational Pension |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Interest from savings |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other (please give details) |
-

- ☐ Are you aware of the cost of moving?
- ☐ Do you have help to move if you get an offer of housing?
- ☐ Do you have the furniture you need?

15. ADDITIONAL INFORMATION

Antisocial behaviour

Has anyone ever taken court action against you, or a person you are applying with, for antisocial behaviour? Yes ☐ No ☐

Sex Offenders Act

Do you, or anyone you are applying with, have to register with the police under the Sex Offenders Act 1997 or Sexual Offences Act 2003? Yes ☐ No ☐

Relation to Cairn's Board or staff

Is anyone on this application related to a member of Cairn's Board or staff? Yes ☐ No ☐

If yes, please give details _____

16. CHECKLIST

The checklist below lets you know what information we need you to provide along with your application form. We might not be able to fully assess your application without the required information.

Section 1	Proof of Power of Attorney	<input type="checkbox"/>
Section 1 & 2	Complete medical assessment at back of this form if you have a disability or medical condition	<input type="checkbox"/>
Section 3	Proof of pregnancy	<input type="checkbox"/>
Section 8	Evidence of homelessness	<input type="checkbox"/>
Section 9	Confirmation of HM Forces discharge date	<input type="checkbox"/>
Section 10	Proof of poor living conditions, including photos	<input type="checkbox"/>
Section 11	Confirmation of domestic abuse or harassment	<input type="checkbox"/>

17. MONITORING

The following questions are for monitoring purposes only and will not be used when assessing your application.

How would you describe your household’s ethnic group?

White	Applicant	Joint applicant
Scottish	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	<input type="checkbox"/>
British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/traveller	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>

Other white background (please specify):

Asian, Asian Scottish or Asian British

Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>

Other Asian background (please specify):

Black, Black Scottish or Black British

African	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>

Other black background (please specify):

Mixed Background

Any mixed background (please specify):

Other Ethnic Background

Arab, Arab Scottish or Arab British	<input type="checkbox"/>	<input type="checkbox"/>
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Other ethnic background (please specify):

Do you consider yourself to have a disability?

By disability, we mean a condition which has a long term and substantial effect on your ability to carry out day to day activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
---	------------------------------	------------------------------

18. GENERAL DATA PROTECTION REGULATION 2018

The information that you have given in this application form will be used by Cairn Housing Association to process your application for housing.

Details of how we handle personal data can be found in our Privacy Notice, available on our website or on request.

The Privacy Notice details what information we may collect from you, how we use your information and the rights you have.

19. DECLARATION

Please read through the following statements and sign at the bottom to show you understand and agree with them.

All of the answers given by me/us is correct. If I/we supply any false information or keep back any information my/our application may be cancelled.

That if I/we are given a tenancy because I/we have supplied false information or I/we have kept back information, the tenancy may be ended.

That my/our current or previous landlord(s) can be contacted for a reference.

My/our doctor, hospital consultant, health visitor, social worker, police or any other relevant person can be contacted if more information is needed for my/our housing application.

I have read the data protection statement in Section 18 above.

I/we will inform Cairn of any changes in my/our circumstances.

I understand that completion of this application form does not guarantee an offer of housing.

Applicant

Signature

Date

Joint applicant

Signature

Date

MEDICAL

ASSESSMENT

FORM

Please complete this form if you need us to consider:

- an illness or disability
- your support needs
- what you need to help you live independently or
- your need for a special type of housing (for example, sheltered housing)

If there is more than one person applying for housing because of their health needs, each of them should fill in a separate medical assessment form.

1. ABOUT YOU

Title	First name	Last name
Date of birth		

2. HEALTH PROBLEMS

You should tell us about any health problems you have which are affected by your current home. This might be a problem with your physical health, or with your mental health. Try to tell us as much as you can.

There may be times when your health is better than usual and times when it is worse. For example, if you have a long-term mental health problem, there may be times when you are feeling well. There may also be times when your health is not very good and this affects how well you can manage in your home. Or, you may have a condition which has periods of relapse and you find things more difficult to do.

Do you currently suffer from health problems?

Yes

☐

No

☐

If you have answered yes, please tell us what your health problem is and how it affects you in your current home. Tell us about physical and mental problems. If there are times when this health problem is better or worse, please tell us about it.

Is this health problem permanent?

Yes

☐

No

☐

If you answered no, please give us more details.

Please give us your GP's contact details.

Doctor's name	Name of practice
Address	
Postcode	
Phone number	

3. MEDICAL INFORMATION

The Equalities Act 2010 defines disability as a 'physical or mental impairment' which has a substantial long-term adverse effect on his/her ability to carry out normal day-to-day activities.'

Day-to-day activities include eating, washing, walking and going shopping. The problem must have lasted, or be likely to last for, at least 12 months, and must affect how well you can move around, speak, hear, see, or remember information.

Do you consider yourself to be disabled?

Yes

☐

No

☐

Do you attend any of the following to manage your medical conditions? If so, please provide details.

	Yes / No	Name of health professional	Address	How often do you see them?
GP				
Consultant				
Clinic				
Hospital				
Other				

4. LIVING INDEPENDENTLY

You should tell us about how you manage to get around your current home and whether you are able to use all the facilities. For example, you may not be able to get in and out of the bath, you may not have enough room in your kitchen to get around with a wheelchair or a walking frame, or the doors might not be wide enough or open the wrong way.

Do you have trouble getting around?

Yes

☐

No

☐

If you answered yes, do you use the following equipment?

Walking stick	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>
Walking frame	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>
Manual wheelchair (with assistance)	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>
Electric wheelchair	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>
Self-propelled wheelchair	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>
Mobility scooter	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>
Other (please give details)	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>

Can you use stairs?

<input type="checkbox"/> Yes, I can	<input type="checkbox"/> Yes, but slowly and with a lot of effort
<input type="checkbox"/> Yes, but it takes some effort	<input type="checkbox"/> No, i can't use stairs

If you find it difficult to use stairs, how many can you manage? _____

How many inside ☐ and outside ☐ steps or stairs are there in your current home?

Are there handrails on the stairs?

<input type="checkbox"/> Yes, on both sides	<input type="checkbox"/> No, but handrails would be helpful
<input type="checkbox"/> Yes, on one side	<input type="checkbox"/> No

Does the location of your home affect how get around? Yes ☐ No ☐
For example, it's on a hill or or the shops are too far away.

If you answered yes, please give details.

Do you have difficulty getting to the bathroom, kitchen or bedroom? Yes ☐ No ☐

Does your medical condition place you in danger of falling in your home? Yes ☐ No ☐

Have you every fallen in your home? Yes ☐ No ☐

5. HOUSING NEEDS

You should also tell us if you need an extra room because of your health. This could be if you have people who stay with you overnight to support you, you have a lot of medical equipment to store. You should also tell us about your heating. For example, if you have coal-fired central heating and you are no longer able to make and take care of a coal fire.

Do you need an extra bedroom?

Yes

☐

No

☐

If you have answered yes, please say why.

What facilities are in your bathroom?

☐

A bath

☐

A separate shower unit

☐

A shower over the bath

☐

A wet-floor shower

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

Yes

☐

No

☐

If you have answered yes, please say why.

What type of heating do you have?

Why is your current home not suitable for your health needs?

Is your home damp?

Yes

☐

No

☐

If you have answered yes, please tell us how this affects your health.

6. ADAPTATIONS

You should tell us if your current home has already been adapted to meet your needs. For example, a wet-floor shower, a ramp, and so on. Or maybe your current home hasn't been adapted, and you feel you could manage much better with adaptations. You should also let us know whether you would like to stay in your current home.

Has your home been adapted to suit your needs? Yes ☐ No ☐

If you answered yes, please tell us what adaptations have been made.

- | | |
|--|--|
| <input type="checkbox"/> Ramps | <input type="checkbox"/> Through floor lift |
| <input type="checkbox"/> Wet floor shower | <input type="checkbox"/> Specialist bath |
| <input type="checkbox"/> Level access shower | <input type="checkbox"/> Lowered kitchen worktop |
| <input type="checkbox"/> Stair lift | <input type="checkbox"/> External lift |
| <input type="checkbox"/> Widened doorway | <input type="checkbox"/> Downstairs/upstairs toilet |
| <input type="checkbox"/> Handrails | <input type="checkbox"/> Modular extension |
| If you have handrails, where are they? | <input type="checkbox"/> Other (please give details) |

Would you prefer to stay in your own home if you could? Yes ☐ No ☐

If you answered no, please explain why.

If you have said you'd prefer to stay in your own home, what adaptations would it need?

- | | |
|--|--|
| <input type="checkbox"/> Ramps | <input type="checkbox"/> Through floor lift |
| <input type="checkbox"/> Wet floor shower | <input type="checkbox"/> Specialist bath |
| <input type="checkbox"/> Level access shower | <input type="checkbox"/> Lowered kitchen worktop |
| <input type="checkbox"/> Stair lift | <input type="checkbox"/> External lift |
| <input type="checkbox"/> Widened doorway | <input type="checkbox"/> Downstairs/upstairs toilet |
| <input type="checkbox"/> Handrails | <input type="checkbox"/> Modular extension |
| Where do you need these handrails? | <input type="checkbox"/> Other (please give details) |

Have you been assessed by Social Work for adaptations? Yes ☐ No ☐

Do you want us to consider you for any special type of housing, such as housing designed for older people?

Yes

☐

No

☐

If you answered yes, please give details.

7. HELP

In this section, you should tell us if you get any regular help managing your home, your household activities, your personal care, your job or any learning and leisure activities.

Do you get regular help from any of the below? If so, how often? E.g. weekly, monthly

A relative or friend

☐

An occupational therapist

☐

A social worker

☐

A health visitor

☐

A home help

☐

A district nurse or CPN

☐

A voluntary organisation

☐

Other (please tell us who)

☐

8. YOUR DAILY LIFE

In this section, you should tell us whether you have any problems with your day-to-day activities because of your health problem(s).

Do you attend any clubs/organised events or have contact with friends and relatives?

Yes

☐

No

☐

If you answered yes, please give details of who you have contact with and how often.

How would a move of house help with this?

Do you have difficulty getting to the shops and other places?

Yes

☐

No

☐

If you answered yes, please tell us what those difficulties are.

Do you have difficulty preparing and eating meals? Yes ☐ No ☐

If you answered yes, does someone help you with this? Yes ☐ No ☐

If you answered yes, please tell us who helps you and what meals they prepare for you.

Meals	Who helps you?	What do they do to help?
Breakfast		
Lunch		
Dinner		
Supper		

9. SUPPORT

In this section, you should tell us about the support you get or need to help with household or personal care and the support you get or need to help you keep your home. For example, making sure you can keep your home safe and secure, pay your bills on time and so on.

Does anyone check on your wellbeing on a regular basis? Yes ☐ No ☐

If you answered yes, please tell us who checks and how often.

Does anyone provide you with advice on daily living skills such as advice on cooking/maintaining a tenancy? Yes ☐ No ☐

If you answered yes, how often do you need this advice and who gives it to you?

Do you get or need any other type of support? Yes ☐ No ☐

If you answered yes, please tell us who checks and how often.

If you answered yes, tell us who provides (or will provide) this support.

Name	Address and phone number	Details of the type of support



Please fill in the table below to tell us if you receive or need to receive any of the following types of support to help you stay in your tenancy.

	I already receive help with this		I need help with this
	Who helps you?	How often do they help?	Yes / No
Daily living skills such as cleaning and maintaining my home, cooking, etc			
My personal safety, security and general wellbeing			
Going out to use services and facilities and going out shopping			
Keeping in touch with friends			
Managing my money, paying my bills, etc			
General counselling and support (befriending)			
My personal care			
Advice and assistance to maintain health and wellbeing			
Managing mail or other correspondence			
Encouraging social interactions			
Making sure I attend medical appointments			

Please tell us about any other information that you want to support your application.



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OUR EMAIL:

enquiries@cairnha.com

OUR WEBSITE:

www.cairnha.com

OUR PHONE NUMBER:

0800 990 3405

OUR SOUTH OFFICE:

Murdostoun House
5 Linnet Way
Strathclyde Business Park
Bellshill, ML4 3RA

OUR NORTH OFFICE:

Caroline MacAskill House
30 Waterloo Place
Inverness, IV1 1NB

Please send your completed
application form to your
nearest local office.

