



APPLICATION FORM FOR HOUSING IN SHETLAND

SIC stamp

HHA stamp

Please complete this joint SIC and HHA application form for Housing in Shetland in BLOCK CAPITALS and return it to either:

- Shetland Islands Council—Housing Service, 8 North Ness Business Park, Lerwick, Shetland ZE1 0LZ, or
- Hjaltland Housing Association, 6 North Ness Business Park, Lerwick, Shetland ZE1 0LZ

Guidance on completing the form is given within the Important Information section on appropriate pages. IF YOU REQUIRE ANY HELP IN COMPLETING THE FORM, PLEASE CONTACT EITHER SIC HOUSING ON 01595 744360 OR HOUSING@SHETLAND.GOV.UK, OR HJALTLAND ON 01595 694986 OR MAIL@HJALTLAND.ORG. INFORMATION CAN BE MADE AVAILABLE IN LARGE PRINT OR ON COLOURED PAPER. TRANSLATIONS MAY BE AVAILABLE ON REQUEST.

All information is treated in the strictest confidence and is protected under the Data Protection Act 2018.

We will process the data included in the form in accordance with our Privacy Statements which are available from the internet links below:

www.shetland.gov.uk/downloads/file/308/housing-application-and-allocation
[Hjaltland Housing Association Privacy Notice for Tenants & Applicants](#)

SECTION 1 YOUR PRESENT HOUSING ARRANGEMENTS

(a) MAIN APPLICANT Date of Birth

(b) JOINT APPLICANT Date of Birth

Title (e.g. Mr etc)

Title (e.g. Mr etc)

Forename(s)

Forename(s)

Surname

Surname

Previous Surname

Previous Surname

Address

Address

Postcode

Postcode

Address for correspondence if different from above

Address for correspondence if different from above

Postcode

Postcode

Telephone (Home)

Telephone (Home)

Telephone (Mobile)

Telephone (Mobile)

Telephone (Work)

Telephone (Work)

E-mail

E-mail

Please state preferred contact method i.e. Letter or Email

Please state preferred contact method i.e. Letter or Email

IMPORTANT INFORMATION

If you are applying jointly with another person, please fill in the other Person's details here.

Please note if you are applying jointly with another person/s for SIC Housing, any applicants who are applying from **different addresses** must fill in **separate** application forms.

If you change address you must complete a new form with the details of that address. If any other circumstances alter, please contact us to inform us as this may affect the number of points you are awarded in relation to your housing need.

Please note proof of residency at address will be required, i.e. credit card statement, council tax bill, TV licence or catalogue statement.

(c) YOUR CURRENT ACCOMMODATION

(1) Why are you applying for Social Rented Housing?

(2) Please tick appropriate box

Institution i.e. in prison or hospital	<input type="checkbox"/>	You are renting a Council house	<input type="checkbox"/>
Staying with Family or Friends	<input type="checkbox"/>	You are renting a Housing Association house	<input type="checkbox"/>
You own your own house	<input type="checkbox"/>	Tied let	<input type="checkbox"/>
Living with Ex-Partner	<input type="checkbox"/>	Foster or residential care	<input type="checkbox"/>
A Privately Rented House	<input type="checkbox"/>	Do not have anywhere to stay	<input type="checkbox"/>
Lodger/Sublet	<input type="checkbox"/>	Shared Ownership	<input type="checkbox"/>
SIC temporary accommodation	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

(3) What type of accommodation do you live in at present?

House — with stairs	<input type="checkbox"/>	Mobile Home/Caravan	<input type="checkbox"/>
House — without stairs	<input type="checkbox"/>	Hostel	<input type="checkbox"/>
Flat — (please specify which floor)	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

(4) Is your property sub-standard/lacking any essential amenities?

You may be eligible for points if your property is below tolerable standard. This includes if the property:

- Is structurally unstable,
- does not have adequate access,
- does not have piped water,
- does not have cooking facilities.
- has significant rising/penetrating damp,
- does not have a fixed sink, bath or toilet fitted within the property,
- does not have effective drainage of foul or surface water, or

Other qualifiers could be single glazing, draughts, dampness etc.

Please use the box below to describe any issues like this with your property:

IMPORTANT INFORMATION

Further writing space is available on pages 13-14.

If you are currently a tenant of any landlord, we will request a report on your tenancy from your landlord.

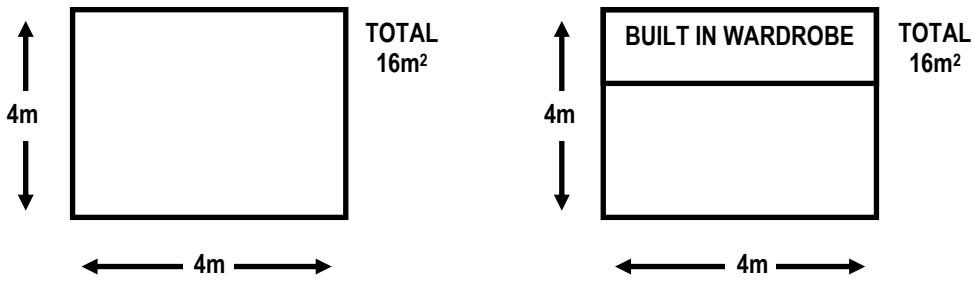
We may refer you to Environmental Health for advice on your rights or arrange for a property survey to be carried out to assess the standard of your property.

Information on how to deal with dampness and condensation in the home can be found here:
https://www.homecareersentials.co.uk/media/datasheets/damp_leaflet1.pdf

(5) What are the measurements of the bedroom(s) in your accommodation? Do not measure your kitchen, bathroom and living room.

IMPORTANT INFORMATION

FOR EXAMPLE:



THESE MEASUREMENTS ARE ESSENTIAL FOR CALCULATING OVERCROWDING/UNDER OCCUPANCY POINTS
You can measure in feet (ft) or metres (m) but please state which you have used.

	1	2	3	4	5	6
Size of Room						

Please put in approximate measurements if you do not have a tape measure. It is important that this information is included as it may affect your points. Your house is overcrowded if you do not have all the rooms that you need.

It is important that you provide this information, as it is needed in order to calculate your points level in relation to housing need.

We require the total number of bedrooms in the whole property.

(6) Please circle the total number of bedrooms in the property you currently stay in:

According to policy, a single bedroom measures more than 70ft² or 6.5m², but less than 110ft² or 10.22m² (a double bedroom is above these measurements).

- The floor space in built in wardrobes /cupboards, etc will be taken into account in calculating the useable floor area of your rooms.
- The floor space under a combe ceiling with the height of 5 feet or less will not be taken into account in calculating the useable floor area of your rooms.

SINGLE 1 2 3 4 5 6

DOUBLE 1 2 3 4 5 6

BEDSIT A bedsit is a property where there is no separate bedroom. Do you live in a bedsit?
Please tick if this applies to you.

(7) How is your accommodation heated?

Different types of heating include electric, oil, solid fuel and district heating.

(8) Do you have difficulty coping with the way your accommodation is heated? YES NO

For financial advice, contact: www.cas.org.uk/

Financial difficulty
Other (please specify below)

Physical difficulty

(9) Do you pay rent?

YES NO

If YES how much do you pay?

Weekly Monthly

If you pay to live in a property, a contract exists, even if there is no written agreement. Further checks are needed on rights to remain/how to end the tenancy. If no payment is being made there may be no right to reside.

(10) Are you in arrears with your rent or mortgage?

YES NO

(11) If yes, do you have an agreed payment arrangement?

YES NO N/A

IMPORTANT INFORMATION
Please note this will be checked with your landlord or mortgage lender.

(d) WHO LIVES WITH YOU NOW, AND WHO WILL MOVE IN WITH YOU?

Please give the names of all the people who live with you, children who visit under child contact arrangements (any contact you have with children who do not normally stay with you), and those who do not currently live with you but will when you move. Please note this is in relation to the main applicant, joint applicant details should also be listed below.

The Housing Application and Allocation Privacy Statement outlines how your personal data provided in this form will be used to process your application. If information is provided in this form about anyone else, it is your responsibility to inform them that their details have been provided as part of this application. Information on how your personal data, along with anyone else's personal data can be found in the privacy statement at www.shetland.gov.uk/downloads/download/33/register-of-privacy-notice.

Forename(s)	Surname	Relationship to you	Date of Birth	Male or Female	Do they live with you now (yes/no)	Will they be rehoused with you?	Child contact if relevant (yes/no)

If you have contact with your children who do not live with you permanently although may stay over on a regular basis, please tick the box to request a Child Contact form from SIC or Hjaltland or download from here: www.shetland.gov.uk/downloads/download/271/additional-forms-pdf-downloads.

(e) PREGNANCY

Are you, or anyone who will be housed with you pregnant? If so, please provide the details below. YES NO

Forename(s)	Surname	Date baby is due

PLEASE NOTIFY APPROPRIATE LANDLORD(S) WHEN BABY IS BORN

(f) SHARING YOUR ACCOMMODATION

(1) Do you share any of the following with anyone who will NOT be moving with you? N/A

	Yes	No		Yes	No
Living room	<input type="checkbox"/>	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>			

(2) Do you have to share your bedroom with anyone other than your partner? YES NO

(3) Do you have any pets or livestock that will be moving with you? If yes please specify YES NO

IMPORTANT INFORMATION
Please provide a copy of a MAT B1, scan photo or letter from your doctor.

Please see both SIC and Hjaltland Allocation policies

(g) HOUSING HISTORY

IMPORTANT INFORMATION

(1) When did you move into your current address?

Date of Entry / /

(2) What is your landlord's (if renting), name and address? If you live in a Shared Ownership house, please state both your address and your landlord's.

Name of landlord	<input type="text"/>	Your name	<input type="text"/>
Address of landlord	<input type="text"/>	Shared Ownership address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>	Phone number/ email address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>

(3) Please provide the past 3 addresses below for all applicants. If you have never lived at another address please input your current address as a record for a previous address.

Name of person/s holding tenancy

Type of tenancy Local Authority Housing Association Private Rented Other E.g. Parental Home

Previous Address

Postcode

Name of previous landlord
Address of previous landlord

Phone number/email address

Start Date End Date Postcode

Name of person/s holding tenancy

Type of tenancy Local Authority Housing Association Private Rented Other E.g. Parental Home

Previous Address

Postcode

Name of previous landlord
Address of previous landlord

Phone number/email address

Start Date End Date Postcode

Name of person/s holding tenancy

Type of tenancy Local Authority Housing Association Private Rented Other E.g. Parental Home

Previous Address

Postcode

Name of previous landlord
Address of previous landlord

Phone number/email address

Start Date End Date Postcode

Please note as with page 2, if you are currently a tenant of any landlord, we will request a report on your tenancy from your landlord, and for former tenancies from any previous landlords.

Please note the 'Start Date' is the date you moved into a property and the 'End Date' is when you left.

There is extra space on pages 13-14 if you require.

If private renting, your landlord should be Registered. Further Information is available here: www.shetland.gov.uk/housing-options/private-sector-housing/2?document-tld=187&categoryId=20090

(h) LEAVING YOUR CURRENT ACCOMMODATION

IMPORTANT INFORMATION

(1) What is your main reason for wanting to move from your present accommodation?

Please tick all that apply.

Asked to leave accommodation/Notice to Quit	<input type="checkbox"/>	Property in poor condition	<input type="checkbox"/>
Financial reasons	<input type="checkbox"/>	No fixed abode	<input type="checkbox"/>
To move to a larger property	<input type="checkbox"/>	To move to a smaller property	<input type="checkbox"/>
To look for work	<input type="checkbox"/>	To take up work	<input type="checkbox"/>
To be closer to work	<input type="checkbox"/>	To move to another area	<input type="checkbox"/>
Neighbourhood problems	<input type="checkbox"/>	Relationship breakdown	<input type="checkbox"/>
Leaving Armed Forces	<input type="checkbox"/>	Social/Medical reasons	<input type="checkbox"/>
To provide support to a relative (see page 7)	<input type="checkbox"/>	To receive support from a relative (see page 7)	<input type="checkbox"/>
To be near a relative (please specify below)	<input type="checkbox"/>	At risk of domestic abuse	<input type="checkbox"/>
Tied accommodation	<input type="checkbox"/>	Independence	<input type="checkbox"/>
Essential / emergency worker to be nearer employment	<input type="checkbox"/>	Incoming Worker	<input type="checkbox"/>
Living with parents	<input type="checkbox"/>	Temporary Accommodation (Homeless)	<input type="checkbox"/>
Mutual Exchange	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>

(2) Are you or a member of your household experiencing harassment or abuse from a partner or ex partner?

YES NO

(3) Are you or a member of your household experiencing harassment or abuse from another household member?

YES NO

(4) Are you or a member of your household experiencing harassment or abuse from a neighbour or member of the community?

YES NO

(5) If you have been asked to leave your current accommodation or received Notice to Quit, by what date are you expected to leave?

N/A

Day Month Year

Please provide evidence e.g. a copy of Notice to Quit/letter from landlord with your application.

(6) Do you have a written tenancy agreement?

YES NO

Please provide evidence e.g. a copy of a lease with your application if you are in private or temporary accommodation.

Both SIC and Hjalmland award points for insecurity of tenure. For SIC, points will not be awarded until you have provided a copy of the lease for your tenancy and a copy of the Notice to Quit. For Hjalmland, you will be awarded initial points before providing proof at which point you may then be awarded further points.

If you are a council or housing association tenant and would be interested in a house exchange, please go to: www.homeswapper.co.uk or find further information at: www.shetland.gov.uk/housing

Points linked to Harassment may be awarded in consultation with support services on production of evidence. www.safershetland.com/

Please give further details on pages 13-14.

If you currently own your own home but it is being sold, points will not be awarded until your solicitor has provided confirmation of a date of entry of the new owners.

SECTION 2 MEDICAL, SUPPORT AND SOCIAL NEEDS

IMPORTANT
INFORMATION

(a) MEDICAL NEED

(1) Do you or anyone else in your household have a medical or mental health condition or disability which makes your current accommodation unmanageable?

YES NO

A separate medical form will be sent out for you to complete so that points can be awarded, or you can download from www.shetland.gov.uk/downloads/download/271/additional-forms-pdf-downloads. These will be assessed and awarded by the Medical Points Panel. This group will meet and make a decision on the level of points awarded in respect of your medical condition and any special requirements or adaptations. This assessment process is confidential to SIC Housing, HHA and Occupational Therapy. If you have already completed a medical points form, please let us know when this was done.

(b) SUPPORT

DATE

(1) Do you need Sheltered Housing?

YES NO

SIC Sheltered Housing provides a Community Housing Support Worker service to provide housing support to tenants. There is Sheltered Housing in many areas throughout Shetland, please see details on page 8.

HHA provide a registered housing support service for HHA tenants.

(2) Do you need Very Sheltered / Extra Care Housing?

SIC Only YES NO

Very Sheltered Housing and Extra Care Housing offers on site care and support plus 24 hour on call provision.

(3) Do you need Supported Living and Outreach Housing?

YES NO

To provide support to adults over the age of 18 years with Learning Disabilities, Autistic Spectrum Conditions and/or complex needs in their own homes and in the community.

(4) Do you have a current 'Understanding You' assessment?

YES NO

An Understanding You is part of the assessment used through the With You For You process.

(5) Are you moving to another area to give or receive support?

YES NO

Social Needs Points may be awarded from SIC and Support points from Hjaltland where you are moving to another area to give or receive support. These points will apply in cases where support is given to vulnerable individuals, e.g. disabled and elderly people and people with mental health problems. Please note an assessment will be required.

Give Support

Receive Support

The question below is applicable for SIC Housing only.

(c) SOCIAL NEEDS POINTS

(1) Do you feel you would be eligible for Social Needs points?

YES NO

Criteria at which SIC Social Needs points can be awarded are below:

- **Child or Adult Protection concerns** – for example, where children have been victims of abuse; where children are vulnerable and at risk because of their housing situation and/or location.
- **Severe personal relationship difficulties**—this would include domestic abuse, applicants who have been referred to MARAC.
- Where it is recognised settled accommodation will **reduce risk of offending** as part of a Criminal Justice support plan.
- Where an individual is in an **inappropriate care setting** – this will include delayed discharge from hospital or an inappropriate placement in residential care, Supported Living and Outreach, or Annsbrae.
- Where you or a member of your household is the subject of persistent and ongoing racial, sexual or other forms of **harassment** and where we are satisfied that there is evidence of such harassment. Confirmation may be sought from the Police, Social Work, NHS or other agency as appropriate.
- Where you have to move to another area to **give or receive support** and all of your areas of choice for housing are closer to the person giving or receiving the support than your current home. These points will apply in cases where support is given to vulnerable individuals, (e.g. disabled, elderly, people with mental health problems) and this support will significantly benefit the individual receiving the support. This does not include child minding unless there are exceptional circumstances.

A Housing Support assessment will be carried out before you will be considered for sheltered housing or a housing support service.

An up to date Understanding You will be required to determine eligibility for Very Sheltered/Extra Care/Supported Living & Outreach accommodation.

For HHA only Support points are awarded if you require General or Special Needs Accommodation to receive/provide support of family, friends or social support groups.

If yes, a Social Needs form will be sent to you if you are applying for SIC Housing which will assist us in making an assessment. You can also download a Social Needs form from here:

www.shetland.gov.uk/downloads/download/271/additional-forms-pdf-downloads

SECTION 3 YOUR FUTURE HOUSING NEEDS—AREAS OF CHOICE

(a) IN WHICH AREAS WOULD YOU LIKE TO BE REHOUSED?

You should only choose areas where you would accept accommodation if an offer is made. Please choose carefully as if you are offered and unreasonably refuse a property in an area of your choice, your housing application may be suspended for 6 months.

Where would you like to be rehoused? Please tick	Areas of Choice—Where our properties are	Bedsit/ 1 Bed		2 Bed		3 Bed		4&4+Bed		Total		Overall Total
		SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	
Central												
<input type="checkbox"/>	Weisdale*	5	-	8	-	14	7	-	-	27	7	34
<input type="checkbox"/>	Whiteness	-	-	1	-	2	-	-	-	3	-	3
<input type="checkbox"/>	Tingwall	5	31	1	27	-	18	-	2	6	78	84
<input type="checkbox"/>	Scalloway*	26	57	17	34	33	16	3	8	79	85	164
<input type="checkbox"/>	Burra - Hamnavoe*	4	-	1	8	3	5	-	-	8	13	21
<input type="checkbox"/>	Burra - Bridge End*	5	-	2	-	2	-	-	-	9	-	9
Lerwick & Bressay												
<input type="checkbox"/>	Lerwick*	302	243	372	103	179	44	23	20	876	410	1286
<input type="checkbox"/>	Bressay*	8	3	13	2	10	-	-	-	31	5	36
North												
<input type="checkbox"/>	North Roe*	4	-	2	-	2	3	-	-	8	3	11
<input type="checkbox"/>	Eshanness	0	0	0	0	0	2	0	0	0	2	2
<input type="checkbox"/>	Hillswick*	3	7	2	-	1	7	-	-	6	14	20
<input type="checkbox"/>	Urafirth*	4	-	4	-	4	-	-	-	12	-	12
<input type="checkbox"/>	Ollaberry	4	-	-	-	10	-	-	-	14	-	14
<input type="checkbox"/>	Sullom	-	-	-	3	-	7	-	-	-	10	10
<input type="checkbox"/>	Mossbank*	3	-	5	-	35	-	3	-	46	-	46
<input type="checkbox"/>	Firth	8	-	2	-	83	-	1	-	94	-	94
<input type="checkbox"/>	Brae	8	4	13	1	66	10	2	0	89	15	104
<input type="checkbox"/>	Vidlin*	7	-	2	-	4	-	-	-	13	-	13
<input type="checkbox"/>	Voe*	7	-	3	-	4	-	1	-	15	-	15
<input type="checkbox"/>	South Nesting*	4	-	5	-	6	-	1	-	16	-	16
North Isles												
<input type="checkbox"/>	Fetlar*	6	-	2	-	5	-	-	-	13	-	13
<input type="checkbox"/>	Unst - Haroldswick*	3	-	2	-	8	-	-	-	13	-	13
<input type="checkbox"/>	Unst - Baltasound*	5	-	4	-	16	16	1	-	26	16	42
<input type="checkbox"/>	Unst - Uyeasound*	8	-	3	-	6	-	-	-	17	-	17
<input type="checkbox"/>	Yell - Cullivoe*	5	-	3	2	7	4	-	-	15	6	21
<input type="checkbox"/>	Yell - Mid Yell*	6	-	15	-	5	-	-	-	26	-	26
<input type="checkbox"/>	Yell - Burrae*	7	-	5	-	5	-	-	-	17	-	17
South												
<input type="checkbox"/>	Cunningsburgh*	11	-	12	5	10	-	1	-	34	5	39
<input type="checkbox"/>	Gulberwick	-	4	-	6	-	10	-	-	-	20	20
<input type="checkbox"/>	Sandwick*	19	-	16	16	17	22	1	-	53	38	92
<input type="checkbox"/>	Bigton*	4	-	2	-	1	-	-	-	7	-	7
<input type="checkbox"/>	Boddam	2	-	-	3	10	3	1	-	13	6	19
<input type="checkbox"/>	Virkie*	10	-	1	11	12	19	-	-	23	30	53
<input type="checkbox"/>	Fair Isle*	1	-	1	-	-	-	-	-	2	-	2
West												
<input type="checkbox"/>	Aith	6	-	3	12	11	4	-	-	20	16	36
<input type="checkbox"/>	Bixter	-	4	2	-	12	-	1	-	15	4	19
<input type="checkbox"/>	Sandness	-	-	5	2	4	4	1	-	10	6	16
<input type="checkbox"/>	Skeld	7	-	3	-	3	-	-	-	13	-	13
<input type="checkbox"/>	Tresta	-	-	-	-	2	-	-	-	2	-	2
<input type="checkbox"/>	Walls	13	-	2	4	7	-	-	-	22	4	26
Whalsay & Skerries												
<input type="checkbox"/>	Skerries	1	-	-	-	1	-	-	-	2	-	2
<input type="checkbox"/>	Whalsay - Brough	10	-	-	-	12	-	-	-	22	-	22
<input type="checkbox"/>	Whalsay - Symbister	4	6	4	5	10	2	-	-	18	13	31

IMPORTANT INFORMATION

SIC and HHA have separate Allocation policies. This means that there are different rules for how they assess housing applications. For an explanation of the policies, please refer to the individual Allocation policy leaflets. You can see the full documents at www.shetland.gov.uk/housing and www.hjaltland.org.uk.

For clarification about any of the housing stock, or advice on the level of lettings in a particular area, please contact either SIC or Hjaltland, or check the websites.

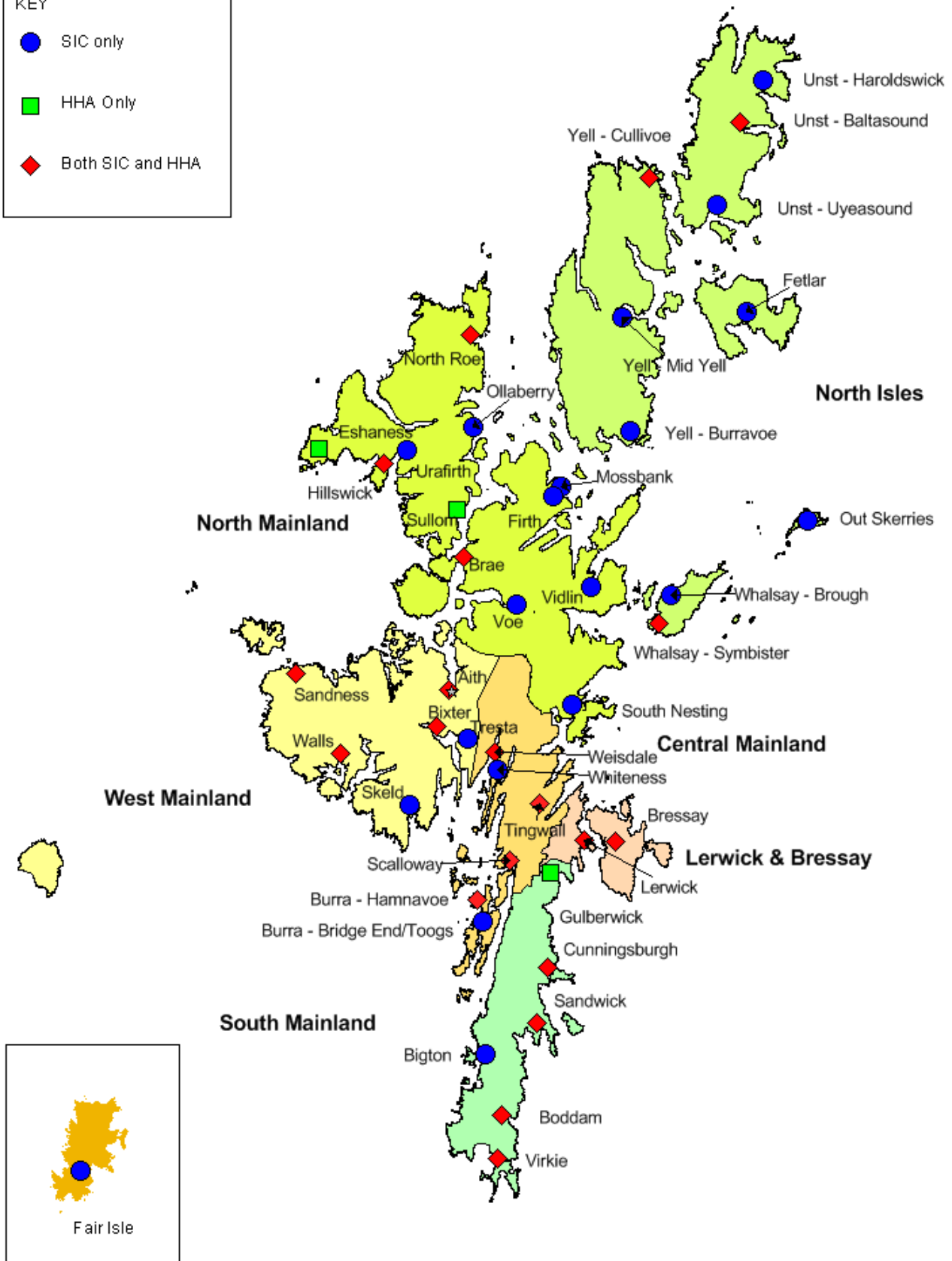
These figures included all rented stock, including Temporary Accommodation. Please note those areas with asterisks (*) contain Sheltered or Very Sheltered Housing.

(b) WHICH IS YOUR PREFERRED AREA OF CHOICE?

AREAS OF CHOICE MAP

KEY

- SIC only
- HHA Only
- ◆ Both SIC and HHA



For information on travelling to and around Shetland please visit <http://travel.shetland.org>



SECTION 4 YOUR WORK

IMPORTANT INFORMATION

(a) EMPLOYMENT

(1) Please specify below the current states of employment for both main and joint applicants:

	Main	Joint		Main	Joint
Employed	<input type="checkbox"/>	<input type="checkbox"/>	Self Employed	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	Retired	<input type="checkbox"/>	<input type="checkbox"/>

If you are unemployed and are receiving benefits, please tick **Unemployed** and **Other** then write in the box below to tell us about the benefits.

If you are looking for work, please enclose a copy of a letter indicating an expression of interest or offer of employment (see checklist on page 12).

If you are a student please fill out the name and address of the College/University you attend. Please fill out your course title in the job title box, and what year you are in on your course.

Please complete the details below if you are employed or are a student (main applicant):

Job Title/ Employer	<input type="text"/>	Name of College or University	<input type="text"/>
Address of Employer	<input type="text"/> <input type="text"/>	Course Title	<input type="text"/>
Postcode	<input type="text"/>	Please complete the boxes below for years spent in your present job or at University/College on your course.	
Place of Work	<input type="text"/>	YEARS	<input type="text"/>
		MONTHS	<input type="text"/>

If the application is in joint names, please fill in the joint applicant's details below:

Job Title/ Employer	<input type="text"/>	Name of College or University	<input type="text"/>
Address of Employer	<input type="text"/> <input type="text"/>	Course Title	<input type="text"/>
Postcode	<input type="text"/>	Please complete the boxes below for years spent in your present job or at University/College on your course.	
Place of Work	<input type="text"/>	YEARS	<input type="text"/>
		MONTHS	<input type="text"/>

(2) What is your National Insurance number?

Main Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that answering this question is **OPTIONAL** and will not affect your application in any way.

SECTION 5 LEGAL MATTERS AND DECLARATION

IMPORTANT
INFORMATION

(a) LEGAL MATTERS

Main Applicant

Joint Applicant

Are you related to an SIC or HHA employee?

YES NO

YES NO

Are you related to a local Councillor or HHA committee member?

YES NO

YES NO

If you have answered YES to any of the questions above, please provide details below:

Under the *Housing (Scotland) Act 2001* and the *Asylum and Immigration Act 1999*, we have to confirm whether you qualify for public assistance including housing.

(1) Are you or your joint applicant:

Main Applicant

Joint Applicant

• A British citizen or a national from one of the EEA countries before the expansion in 2004, from Switzerland or a national from an A8 country.

YES NO

YES NO

• A national from one of the A2 countries (joined EU since 2004) or other countries that joined the EU since 2004.

YES NO

YES NO

• Lawfully present in the UK e.g. granted refugee status; exceptional leave to remain, humanitarian protection or discretionary leave to remain.

YES NO

YES NO

Council housing is regarded as a form of public assistance. Therefore, if you are not eligible for public assistance, the council will be limited in terms of the assistance it can offer. These restrictions do not apply in the same way to housing associations therefore your application will be registered and assessed on your individual circumstances by Hjalmland Housing Association. All information in your application is held securely and only made available to those with a need to know.

Proof of rights to public assistance must be provided before the application will be accepted onto the waiting list or at the point of allocation, eg Passport, Official documentation, worker registration scheme care, and worker registration scheme certificate, proof of self employment status, EEA registration certificate, worker authorisation document/card. The passport may also contain information on eligibility for benefits. If the passport is stamped to indicate that access to public funds are not available, then that person is not eligible for housing assistance.

(2) Do you, or anybody you are applying with, have to register with the police under the Sex Offenders Act 1997 or Sexual Offences Act 2003?

YES

NO

(3) Has anyone ever taken court action against you, or a person you are applying with, for antisocial behaviour?

YES

NO

If yes please provide brief details, or if you prefer, please discuss this in confidence with a member of SIC or Hjalmland staff.

Proof of rights to public assistance must be provided before any offer of accommodation will be made, eg a passport or documentation showing *Right to remain* conditions.

(b) CHECKLIST

Please use the checklist below if applicable to ensure you have provided copies of information required for your application. This will help prevent any delay in your form being processed.. If you have just moved house, please contact HHA or SIC.

Page	Confirmation of:	Examples
1	Proof of residency at address	Credit card statement, council tax bill, TV licence or catalogue statement
4	Pregnancy	Mat B1, scan photo or letter from doctor
6	Confirmation of date of entry if selling property	Letter from Solicitor
6	Notice to Quit	Notice to Quit form or letter from landlord
7	Medical Condition or Disability	Completed Medical Points Form
7	Social Needs points	Completed Social Needs form
10	Offer of Employment in Shetland	Letter or email of Offer of Employment
11	Rights to public assistance	Passport or documentation showing Right to remain conditions
12	Power of Attorney/ Guardianship	Copy of signed Power of Attorney/Guardianship document

If you would like to be considered by both landlords, then please leave the boxes below blank. If you wish to be housed by one landlord only please tick the appropriate box:

I/we only want to be housed by SIC

I/we only want to be housed by HHA

(c) DECLARATION

I/we confirm that to the best of my/our knowledge, the details I/we have entered on this application form are true and accurate. I/we understand that if my/our circumstances change, I/we must immediately notify Shetland Islands Council and/ or Hjaltland Housing Association in writing. I/we understand that if I/we have given false information or withheld any relevant information, my/our application or any offer of accommodation may be suspended from the housing list for a period of up to 6 months (for SIC applications), and for Hjaltland this would affect any offer of housing I am/we are made.

I/we understand that if I/we gain a tenancy using false or incomplete information then the relevant landlord can end the tenancy and repossess the property.

I have included all the proofs that are requested in this form.

The information provided by you is processed in accordance with the Data Protection Act 2018 to allow us to effectively process your Housing application and make contact with former and current landlords. The Data Protection Act 2018 gives you the right to know how we will use your data. Further information about how we use your personal data is available from Hjaltland Housing Association or the Council's website at www.shetland.gov.uk/managing-information/privacy-data-protection.

Please see SIC Housing's Privacy Statement and HHA's Privacy Notice via the links below:

www.shetland.gov.uk/downloads/file/308/housing-application-and-allocation
[Hjaltland Housing Association Privacy Notice for Tenants & Applicants](#)

I/we have read and understood the declaration above and the Privacy Statements.

*Please tick this box to agree to terms and conditions.

Signature (if more than one applicant, both applicants must sign).

Signature

Date

Signature of joint applicant

Date

If signing on behalf of the Applicant/s and you have Power of Attorney/Financial/Welfare Guardianship, please sign below:

Please enclose a copy of Power of Attorney/Guardianship with application.

Signature

Date

If you are not able to provide a copy, please bring the original document/s to the SIC or HHA office and copies will be made which will be used for your application.

Please use pages 13-14 (overleaf) to provide us with any further information you feel that will help towards your application.

*Terms and Conditions are everything that is included in the housing application process.

Please note that if this application form is not ticked at Declaration and signed on receipt at SIC or HHA, it will be returned to the Applicant/s for completion. This may delay your application being processed.

ADDITIONAL INFORMATION

If you wish, you may use this section to provide us with any additional information regarding your application for housing and your housing need, e.g. previous address/es over the past 3 years (see page 5).

(g) HOUSING HISTORY

Name of person/s holding tenancy

Type of tenancy Local Authority Housing Association Private Rented Other

E.g. Parental Home

Previous Address Name of previous landlord

Address of previous landlord

Postcode Phone number/email address

Start Date End Date Postcode

Name of person/s holding tenancy

Type of tenancy Local Authority Housing Association Private Rented Other

E.g. Parental Home

Previous Address Name of previous landlord

Address of previous landlord

Postcode Phone number/email address

Start Date End Date Postcode

FURTHER INFORMATION

Please use this page and the back page overleaf to provide any further information you think may be of relevance to your application.

FURTHER INFORMATION

Please use this page to provide any further information you think may be of relevance to your application.

EQUALITIES GATHERING

We process equality information strictly in line with data protection law and the General Data Protection Regulation.

We provide options throughout this form so you can provide only the information you want to give. This can include completing some questions and not others, or even completing only parts of questions.

Today's Date

Is there a joint applicant? Yes No

Ethnicity Within the Equality Act 2010, race includes colour, nationality and ethnic origins (ethnicity). In this section, we make use of all three terms in line with the national census. Main Applicant Joint Applicant

Belief or religion

Please tell us what best describes your belief or religion from the list below?

Main Applicant Joint Applicant

No specific belief in religion i.e. atheism	<input type="checkbox"/>	<input type="checkbox"/>
Other belief (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	<input type="checkbox"/>
Christianity—Catholic	<input type="checkbox"/>	<input type="checkbox"/>
Christianity—Protestant	<input type="checkbox"/>	<input type="checkbox"/>
Christianity—other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	<input type="checkbox"/>
Islam	<input type="checkbox"/>	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	<input type="checkbox"/>
Sikhism	<input type="checkbox"/>	<input type="checkbox"/>
Other religion (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Disability

Are you a disabled person? Please tick if yes and select from the list below.

Autoimmune (e.g. multiple sclerosis, HIV)	<input type="checkbox"/>	<input type="checkbox"/>
Learning Difficulties (e.g. Down's Syndrome)	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues (e.g. depression, bi-polar)	<input type="checkbox"/>	<input type="checkbox"/>
Neurodivergence conditions (e.g. autistic)	<input type="checkbox"/>	<input type="checkbox"/>
Physical impairments (e.g. wheelchair-user)	<input type="checkbox"/>	<input type="checkbox"/>
Sensory impairments (hearing impairment)	<input type="checkbox"/>	<input type="checkbox"/>
Sensory impairments (visual impairment)	<input type="checkbox"/>	<input type="checkbox"/>
Other: If none of the categories above apply to you, please specify the nature of your impairment	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

African: African, African Scottish or African British	<input type="checkbox"/>	<input type="checkbox"/>
African: Other African background please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Asian, Scottish Asian or British Asian:	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi, Bangladeshi Scottish or British	<input type="checkbox"/>	<input type="checkbox"/>
Indian, Indian Scottish or Indian British	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>	<input type="checkbox"/>
Chinese, Chinese Scottish or Chinese British	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Black or Caribbean: Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>	<input type="checkbox"/>
Black or Caribbean: Black, Black Scottish or British	<input type="checkbox"/>	<input type="checkbox"/>
Other Caribbean or Black background (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Mixed groups: Mixed or multiple ethnic group:	<input type="checkbox"/>	<input type="checkbox"/>
White: English	<input type="checkbox"/>	<input type="checkbox"/>
White: Gypsy Traveller	<input type="checkbox"/>	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	<input type="checkbox"/>
White: Polish	<input type="checkbox"/>	<input type="checkbox"/>
White: Roma	<input type="checkbox"/>	<input type="checkbox"/>
White: Scottish	<input type="checkbox"/>	<input type="checkbox"/>
White: Welsh	<input type="checkbox"/>	<input type="checkbox"/>
White: Other British	<input type="checkbox"/>	<input type="checkbox"/>
Other: Other group (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Other: Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Please use this box to advise us of any particular services that we can provide to address any ethnicity issues.

Note: We ask this question so that we can make reasonable adjustments to address your specific needs, as appropriate.

EQUALITIES GATHERING

		English	Other	If other please specify (including BSL and TACTILE BSL)
What is your main language?	Main Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
	Joint Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Marriage and civil partnership

Are you:	Main Applicant	Joint Applicant
Married	<input type="checkbox"/>	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Pregnancy and Maternity

Are you pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have you taken maternity or paternity leave in the past year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Prefer not to say.	<input type="checkbox"/>			<input type="checkbox"/>		

Sex

What is your sex (assigned at birth)	Main Applicant	Joint Applicant
Female	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>
Intersex	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Gender re-assignment (trans/transgender)

Do you consider yourself to be a trans person?	<input type="checkbox"/>	<input type="checkbox"/>
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Sexual orientation

Bi/Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual/straight	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

General

Please mark this box if there are any issues that you want to discuss with us in confidence in relation to our equality monitoring.



**Shetland
Islands
Council**

APPLICATION FEEDBACK FORM



We would very much like you to complete this feedback form, because this is the only way we can improve our Housing Application Form and our Service is by taking into account comments made by you.

1 **How did you complete your housing application form?** Online Paper form Paper form printed at home

2 **Did you find the form easy to complete?** YES NO

If no, please indicate in the space below which questions could be improved:

3 **If completing your application online, did you have any issues with uploading information?** YES NO

If yes, please describe what the issues were:

4 **Do you think we ask the right questions for your circumstances?** YES NO

If no, please indicate in the space below which questions could be improved:

5 **Do you think you got the right information for applying for housing in Shetland?** YES NO

If no, please indicate in the space below what was missing:

6 **If requested, how do you rate the advice, information and assistance you received from SIC and/or HHA in relation to your application?** YES NO

VERY GOOD FAIR POOR NOT APPLICABLE-DID NOT REQUEST
GOOD

If you have any comments about the service you received or suggestions about how we can improve our service, please use the space below:

7 **Are you applying to SIC only, HHA only or both?** SIC HJALTLAND BOTH