



**Shetland  
Islands  
Council**

# APPLICATION FORM FOR HOUSING IN SHETLAND



Please complete this joint Application Form for Housing in Shetland and return it to either Shetland Islands Council—Housing Service, Development Services, 6 North Ness Business Park, Lerwick, Shetland ZE1 0LZ, or Hjaltland Housing Association, 2 Harbour Street, Lerwick, Shetland ZE1 0LR.

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](mailto:HOUSING@SHETLAND.GOV.UK), OR HJALTLAND ON 01595 694986 OR [MAIL@HJALTLAND.ORG](mailto:MAIL@HJALTLAND.ORG). INFORMATION CAN ON REQUEST BE MADE AVAILABLE IN BRAILLE, ON TAPE, IN LARGE PRINT AND IN DIFFERENT LANGUAGES (русский, 汉语, evsjv, Polski, ภาษาไทย).

Please note that by ticking question (3) at Section 2 (a) (p7) you are consenting to allow all information contained in this form (and any other documentation in relation to this application unless otherwise stated) to be shared between SIC and Hjaltland.

All information is treated in the strictest confidence and is protected under the Data Protection Act 1998.

## SECTION 1 YOUR PRESENT HOUSING ARRANGEMENTS

### IMPORTANT INFORMATION

(a) ABOUT YOU    Date of Birth

Title (e.g. Mr etc)

Surname

Previous

Forename(s)

Address

Postcode

Address for correspondence if different from above

Postcode

Telephone (Home)

Telephone (Mobile)

Telephone (Work)

E-mail address

Please state preferred contact method

(b) JOINT APPLICANT    Date of Birth

Title (e.g. Mr etc)

Surname

Previous

Forename(s)

Address

Postcode

Address for correspondence if different from above

Postcode

Telephone (Home)

Telephone (Mobile)

Telephone (Work)

E-mail address

Please state preferred contact method

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.

Date form received     Date previous form received     Registration No     Previous Application No     Application No

Received by SIC     Copied to HHA     Received by HHA     Copied to SIC     Homeless App No

Office Use

**Why are you applying for Social Rented Housing?**

**(c) YOUR CURRENT HOME**

**(1) Please tick appropriate box**

Lodging with Family and Friends	<input type="checkbox"/>	You are renting a Council house	<input type="checkbox"/>
You own your own house	<input type="checkbox"/>	You are renting a Housing Association house	<input type="checkbox"/>
Croft House	<input type="checkbox"/>	*Do not have anywhere to stay	<input type="checkbox"/>
A Privately Rented House/Holiday let	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Tied let	<input type="checkbox"/>	Foster or residential care	<input type="checkbox"/>

**(2) 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"/>

**(3) Do you have the following in your current home?**

	Yes	No		Yes	No
Piped cold water supply	<input type="checkbox"/>	<input type="checkbox"/>	Inside toilet	<input type="checkbox"/>	<input type="checkbox"/>
Piped Hot water	<input type="checkbox"/>	<input type="checkbox"/>	Fixed sink with both hot and cold water	<input type="checkbox"/>	<input type="checkbox"/>
Mains electricity	<input type="checkbox"/>	<input type="checkbox"/>	Separate livingroom	<input type="checkbox"/>	<input type="checkbox"/>
Cooking facilities	<input type="checkbox"/>	<input type="checkbox"/>	Fixed bath or shower and wash hand basin	<input type="checkbox"/>	<input type="checkbox"/>
Separate kitchen	<input type="checkbox"/>	<input type="checkbox"/>			

If you are currently a tenant of any landlord, we will request a report on your tenancy from your landlord.  
  
\*if ticked then please miss out questions (c) 2-11.

(5) How is your home heated?

**IMPORTANT INFORMATION**

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

(6) Do you have difficulty coping with the way your home is heated?

YES  NO

Financial difficulty

Physical difficulty

Other (please specify below)

(7) Does your home have dampness or condensation?

YES  NO

If YES please specify

(8) Are there any other problems with your home, e.g. unstable structure, inadequate ventilation, poor access or old electrics?

YES  NO

If YES please specify

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

(9) How many bedrooms are there in your current home?

Single  Double  Bedsit

(10) How many bedrooms do you have use of?

Single  Double

(11) What are the measurements of your bedroom(s), and any additional rooms that your household currently occupy? Do not measure your kitchen, bathroom and living room.

You can measure in feet (ft) or metres (m) but please state which you have used.

	1	2	3	4	5
Size of Room					
Office Use					

**(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, including yourself, 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.

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

**\*PLEASE CARRY ON TO QUESTION (f) IF (e) DOES NOT APPLY TO YOU.**

**(e) CHILDREN**

**(1) If your children do not live with you but you have contact with them, how many days a week do you see them?**

**(2) Please provide the address where your children currently live at.**

**(3) Do they stay overnight?** YES  NO

**(4) Are you unable to have your children stay with you because your current accommodation is unsuitable?** YES  NO

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

Surname	Forename(s)	Date baby is due

**PLEASE NOTIFY APPROPRIATE LANDLORD(S) WHEN BABY IS BORN**

**(f) SHARING YOUR HOME**

**(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?** YES  NO

If yes please specify

**IMPORTANT INFORMATION**

The number of children who live in your household will affect the size of property you are allocated. If you have contact with your children who do not live with you permanently although may stay over on a regular basis, please request a Child Contact form from SIC or Hjaltland.

Please note that in accordance with the Dog Fouling (Scotland) Act 2003 Hjaltland Housing Association reserves the right not to allocate properties with shared garden areas to applicants with pets. Please see both SIC and Hjaltland Allocation policies for more details on keeping pets.

**(g) HOUSING HISTORY**

**IMPORTANT INFORMATION**

**(1) How long have you lived at your current address?**

YEARS  MONTHS

**(2) If you have never lived at any other address, please tick here**

**(3) Have you, or the joint applicant rented a home from SIC, Hjalmland Housing Association or any other local authority, housing association or private landlord before?**

YES  NO

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.

If yes, please complete details below question (4) for all applicants.

**(4) Please provide all your previous address/es over the past 5 years below. There is extra space on the 'Additional Information' page 15 at the back of this form if you require more boxes to complete past addresses. If you complete all your addresses for g (3) then you do not need to complete them again for this question unless they differ.**

Previous Address	<input type="text"/> <input type="text"/> <input type="text"/>	Name of previous landlord	<input type="text"/>
		Address of previous landlord	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
Start date	<input type="text"/>	Postcode	<input type="text"/>
Name of person/s holding tenancy	<input type="text"/>	End date	<input type="text"/>

Previous Address	<input type="text"/> <input type="text"/> <input type="text"/>	Name of previous landlord	<input type="text"/>
		Address of previous landlord	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
Start date	<input type="text"/>	Postcode	<input type="text"/>
Name of person/s holding tenancy	<input type="text"/>	End date	<input type="text"/>

Previous Address	<input type="text"/> <input type="text"/> <input type="text"/>	Name of previous landlord	<input type="text"/>
		Address of previous landlord	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/>		<input type="text"/>
Start date	<input type="text"/>	Postcode	<input type="text"/>
Name of person/s holding tenancy	<input type="text"/>	End date	<input type="text"/>

**(h) HOUSING FINANCE**

**IMPORTANT INFORMATION**

**(1) Do you pay rent?**

YES  NO

If **YES** how much do you pay?

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.

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

YES  NO

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

YES  NO  N/A

**(4) What is your landlord's (if renting), or mortgage lender's (if you own your own home) name and address?  
Please state both if shared ownership.**

Name of landlord

Name of mortgage lender

Address of landlord

Address of mortgage lender

Shared Ownership?

YES/NO

Postcode

Postcode

**(i) LEAVING YOUR CURRENT HOME**

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

Please tick all that apply.

- Asked to leave accommodation/Notice to Quit
- Financial reasons
- To move to a larger property
- To look for work
- To be closer to work
- Neighbourhood problems
- Leaving Armed Forces/other tied accommodation
- To provide support to a relative (see page 12)
- To be near a relative
- Other (please specify below)

- Property in poor condition
- No fixed abode
- To move to a smaller property
- To take up work
- To move to another area
- Relationship breakdown
- Social/Medical reasons
- To receive support from a relative (see page 12)
- At risk of domestic abuse
- Independence

**(2) 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.

**(3) 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.

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

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 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 YOUR FUTURE HOUSING NEEDS—AREAS OF CHOICE

### IMPORTANT INFORMATION

- (a) THIS JOINT APPLICATION FORM MEANS YOU WILL BE CONSIDERED BY BOTH SHETLAND ISLANDS COUNCIL AND HJALTLAND HOUSING ASSOCIATION FOR HOUSING. IF YOU ONLY WANT TO BE CONSIDERED BY ONE OF THESE LANDLORDS, PLEASE TICK THE APPROPRIATE BOX BELOW AND GIVE YOUR REASON. PLEASE NOTE THAT BY TICKING OPTION 3 YOU ARE CONSENTING TO ALLOW ALL INFORMATION CONTAINED IN THIS FORM (AND ANY OTHER DOCUMENTATION IN RELATION TO THIS APPLICATION UNLESS OTHERWISE STATED) TO BE SHARED BETWEEN BOTH SIC AND HJALTLAND. IF YOU CHOOSE ONLY ONE LANDLORD, NO INFORMATION GIVEN IN THIS APPLICATION WILL BE SHARED.

(1) I only want to be housed by Shetland Islands Council

(2) I only want to be housed by Hjaltnland Housing Association

Reason

(3) I would consider being housed by either Shetland Islands Council or Hjaltnland Housing Association

(b) DO YOU WISH TO BE CONSIDERED FOR MUTUAL EXCHANGE? YES  NO  N/A

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

Please pick up to 6 areas from the Areas of Choice listed on the next page (8). Your areas can be from either the individual areas of choice, or the area groupings, or a mixture of both. You should note that SIC has a limited number of other miscellaneous properties throughout Shetland, for example Schoolhouses, which become available for letting from time to time. As numbers are minimal they have not been included on the housing stock leaflet. For clarification about any of the housing stock, or advice on the level of lettings in a particular area, please contact either SIC or Hjaltnland.

You should only choose an area where you would accept accommodation if an offer is made. You will be considered for each area of choice equally, your preference of area is not taken into account.

Hjaltnland operate a Choice Based Lettings scheme that does not limit areas of choice. You should fill in your preferred areas, although you will be able to apply for any property that is advertised in The Shetland Times.

Please note that if you are applying for SIC Housing you should indicate if you have any connection with the areas you have listed. For example, provide details of an old address or address of a relative, or if you work or already live in the area.

Example:

Individual Area or Area Grouping	Details of Connection with Area
1 Yell—Burravoe (individual area)	Parents/relatives live at 100 Meadowbank Road, Burravoe so write in parents/relatives address
2 North Isles (area grouping)	Parents/relatives live at 100 Meadowbank Road, Burravoe so write in parents/relatives address
3 Central (area grouping)	I work in Lerwick, at the hospital so write in Work address
4 Tingwall (individual area)	I work in Lerwick, at the hospital so write in Work address
5 Voe (individual area)	Do not have any connection with the area
6 Lerwick & Bressay (area grouping)	I work in Lerwick, at the hospital so write in Work address

(1) Please complete as example above, using page 8 overleaf.

Areas	Details of connection with area
1	
2	
3	
4	
5	
6	

SIC and Hjaltnland have separate Allocation and Letting Policies. This means that there are different rules for how they assess housing applications. For an explanation of the policies, please refer to the Allocation and Letting Policy leaflets. You can see a copy of the full policies on request.

For further information on Mutual Exchange please ask for a leaflet, and register at

[www.homeswapper.co.uk/](http://www.homeswapper.co.uk/)

Use the Shetland Map leaflet to decide where you would like to apply for housing. For specific information on Sheltered Housing stock, please contact SIC and Hjaltnland.

Please provide details of your connection, if any, with each of the areas you have included.

## Areas of Choice

### Key

#### Area Groupings are bold

Individual areas are below the Area Groupings

Areas of Choice	Bedsit		1 Bed		2 Bed		3 Bed		4&4+Bed		Total		Overall Total
	SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	SIC	HHA	
<b>Central</b>													
Burra - Bridge End*	-	-	5	-	2	-	3	-	-	-	10	-	10
Burra - Hamnavoe*	-	-	4	-	1	8	10	5	-	-	15	13	28
Scalloway*	2	-	25	41	18	29	40	10	3	8	88	88	176
Tingwall	-	-	5	-	3	3	1	-	-	-	9	3	12
Weisdale*	4	-	1	-	8	-	21	7	-	-	34	7	41
Whitiness	-	-	-	-	1	-	1	-	-	-	2	-	2
<b>Lerwick &amp; Bressay</b>													
Bressay*	6	4	2	-	13	2	13	-	-	-	34	6	40
Lerwick*	65	15	202	119	396	105	204	49	28	20	895	308	1203
Gulberwick	-	-	-	-	-	1	-	7	-	-	-	-	8
<b>North</b>													
Brae*	-	-	8	-	4	1	78	6	1	1	91	8	99
Firth	-	-	4	-	1	-	78	-	1	-	84	-	84
Hillswick*	-	-	3	7	2	-	1	7	-	-	6	14	20
Mossbank*	-	-	3	-	5	-	39	-	5	-	52	-	52
North Roe*	-	-	4	-	2	-	1	3	-	-	7	3	10
Ollaberry	-	-	4	-	-	-	11	-	-	-	15	-	15
South Nesting*	-	-	4	-	5	-	6	-	1	-	16	-	16
Sullom	-	-	-	-	-	4	-	7	-	-	-	11	11
Urafirth*	-	-	5	-	4	-	6	-	-	-	15	-	15
Vidlin*	-	-	7	-	2	-	4	-	-	-	13	-	13
Voe*	-	-	9	-	3	-	4	-	-	-	16	-	16
<b>North Isles</b>													
Fetlar*	-	-	6	-	2	-	5	-	-	-	13	-	13
Unst - Baltasound*	-	-	5	-	4	-	19	16	1	-	29	16	45
Unst - Haroldswick*	-	-	3	-	2	-	9	-	-	-	14	-	14
Unst - Uyeasound*	-	-	7	-	3	-	5	-	-	-	15	-	15
Yell - Burrae*	5	-	2	-	1	-	4	-	-	-	12	-	12
Yell - Cullivoe*	-	-	5	-	3	2	8	4	-	-	16	6	22
Yell - Mid Yell*	5	-	1	-	15	-	5	-	-	-	26	-	26
<b>South</b>													
Bigton*	-	-	4	-	2	-	1	-	-	-	7	-	7
Boddam	-	-	2	-	-	3	7	3	1	-	10	6	16
Cunningsburgh*	-	-	11	-	13	5	17	-	0	-	41	5	46
Virkie*	-	-	6	-	2	11	13	19	-	-	21	30	51
Sandwick*	-	-	19	-	15	10	19	16	-	-	53	26	79
<b>West</b>													
Aith*	-	-	6	-	3	6	13	4	-	-	22	10	32
Bixter	-	-	-	4	-	-	14	-	-	-	14	4	18
Sandness*	-	-	4	-	4	2	1	4	-	-	9	6	15
Skeld*	5	-	2	-	3	-	3	-	-	-	13	-	13
Tresta	-	-	-	-	-	-	2	-	-	-	2	-	2
Walls*	-	-	13	-	3	4	10	-	-	-	26	4	30
<b>Whalsay &amp; Skerries</b>													
Out Skerries	-	-	1	-	-	-	1	-	-	-	2	-	2
Whalsay Brough*	-	-	10	-	-	-	12	-	-	-	22	-	22
Whalsay Symbister*	-	-	4	4	4	8	9	2	-	-	17	14	31
<b>Other Isles</b>													
Fair Isle*	-	-	1	-	1	-	-	-	-	-	2	-	2

## IMPORTANT INFORMATION

Remember that you can pick all your choices from these individual areas, or all from the area groupings, or pick a mixture of both. For help, see the example on page 7.

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

Please note those areas with asterixes (\*) contain Sheltered Housing.

**(2) Are there any areas where you could not accept housing?**

YES

NO

**IMPORTANT INFORMATION**

If **YES** please specify the area/s, and the reason why, for example, an ex partner lives nearby.

**(d) PROPERTY TYPE** Please note this is applicable for SIC Housing only.

**(1) Please tick below which type of property would NOT be suitable. Please note that some property types may be limited or not available in some areas.**

General Needs Housing

House with more than 1 storey	<input type="checkbox"/>
Ground flat (within a block of 4 flats)	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>
Ground floor bedsit	<input type="checkbox"/>

Single storey house	<input type="checkbox"/>
Upstairs flat (within a block of 4 flats)	<input type="checkbox"/>
Upper floor flat	<input type="checkbox"/>
First floor bedsit	<input type="checkbox"/>

Sheltered Accommodation

Single storey house	<input type="checkbox"/>
Ground floor flat	<input type="checkbox"/>

Bedsit	<input type="checkbox"/>
First floor flat	<input type="checkbox"/>

Particular needs Accommodation

Suitable for wheelchair user

Suitable for people with mobility problems

If you have ticked any of the boxes above, please specify below why you would find them unsuitable.

**(2) How many bedrooms will you and your household require?**

If you need more bedrooms than you are entitled to under the terms of the Allocation Policy, please say why you need additional bedrooms.

**(3) If you are a single applicant, or a couple, would you like to express interest in a 2 bedroomed property?**

Please note this does not mean you will be automatically offered a 2 bedroomed property.

YES

NO

**(4) Would you like to be considered for a non-traditional let in a sheltered housing scheme?**

A non-traditional let in a sheltered housing scheme is where there is low-demand for sheltered housing, and a let may be made to an applicant on the general needs waiting list..

YES

NO

You can express a preference for a particular type of house, but given the high demand for housing, exclusion of a specific property type will only be considered if there is a special social or medical reason for the request.

If you do wish to be considered for a specific property type, please provide the reasons in writing so that we can consider your request.

Please note that additional checks will be made should you wish to be considered for this type of sensitive let.

## SECTION 3 YOUR WORK

IMPORTANT  
INFORMATION

### (a) EMPLOYMENT

(1) Please specify below your current state of employment:

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

If you have been offered employment in Shetland please enclose a copy of your offer letter.

Please complete the details below if you are employed or are a student:

Name of Employer/Uni or College	<input type="text"/>	Your Job/ Course Title	<input type="text"/>
Address of Employer	<input type="text"/> <input type="text"/> <input type="text"/>	If you are employed, for how long have you worked in your present job?	
Postcode	<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:

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

(2) Do you need to move to make it easier to get to your place of work/study?

YES  NO

If yes, please specify distance travelled to work or College/University in miles or kilometres:

(3) Do you have to travel by ferry to reach your place of employment/study?

YES  NO

Please note that the following question is **OPTIONAL** and the information required is used by Hjaltland only. Question 4 is asked in the event that Hjaltland may need your National Insurance number for **RENT RECOVERY PURPOSES**.

**PLEASE NOTE THAT ANSWERING THIS QUESTION WILL NOT AFFECT YOUR APPLICATION IN ANY WAY.**

(4) What is your National Insurance number?

Main Applicant

Joint Applicant

## SECTION 4 HEALTH AND SUPPORT

### IMPORTANT INFORMATION

#### (a) HEALTH

**(1) Do you and/or anyone else in your household, have a health problem or a disability which requires you to move to other accommodation?**

YES  NO

A separate medical form will be sent out for you to complete so that points can be awarded. These will be assessed and awarded by the Director of Public Health in consultation with your GP. The Director of Public Health will 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 the Director of Public Health and your GP.

**(2) Would your new home need any special adaptations?**

YES  NO

If YES please specify.

#### (b) SUPPORT

**(1) Do you wish to be considered for Sheltered Housing?**

YES  NO

Sheltered Housing offers an alarm system for emergencies and for each scheme there is a Housing Support Worker available to provide support to tenants in the form of advice and a caretaking service. There is Sheltered Housing throughout Shetland.

**(2) Do you wish to be considered for Very Sheltered Housing/Extra Care Housing?**

SIC Only YES  NO

Very Sheltered Housing and Extra Care Housing offers specialist services plus 24 hour on call provision.

**(3) Would you like to be considered for the Independent Living Project (ILP)?**

SIC Only YES  NO

The Independent Living Project provides supported accommodation for adults with learning disabilities.

**(4) Would you like support in your home, for example to help with completing benefit forms?**

YES  NO

Please note this is not a Home Care service.

Please ask for a Medical Assessment form from either SIC or Hjaltland.

For further Information on Sheltered Housing, please see the Sheltered Housing leaflets that can be picked up from SIC Housing or Hjaltland offices. A Sheltered Housing assessment will be carried out before you will be considered for this type of accommodation.

An Outreach Service leaflet is available from SIC and Hjaltland Offices.

**(4) Do you wish to move to give support to a relative living in an area of your choice?**

YES  NO

**IMPORTANT INFORMATION**

If **YES** please specify the relative's name, address and contact details or the contact details of your support provider.

Points may be awarded from SIC and 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.

**(5) Do you wish to move to receive support from a relative living in an area of your choice?**

YES  NO

If **YES** please specify the relative's name, address and contact details or the contact details of your support provider.

The question below is applicable for SIC Housing only.

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

YES  NO

The criteria for Social Needs points is detailed below.

Criteria at which Social Needs points are awarded:

- Where there are severe childcare issues
- Severe personal relationship difficulties
- Situations where alternative accommodation is part of a single shared assessment
- Where an individual is in hospital or residential care and cannot be discharged
- Where it is recognised as part of a Criminal Justice plan that settled housing will reduce the risk of reoffending

A Social Needs form will be sent to you if you are applying for SIC Housing, and will be copied to Social Care to assist them in the assessment process to enable them to award points.

## SECTION 5 LEGAL MATTERS AND DECLARATION

IMPORTANT  
INFORMATION

### (a) LEGAL MATTERS

**(1) Are you or your joint applicant related to a housing association (HHA) employee/ committee member or a local elected council member or council employee?**

YES  NO

If so, please complete the details below:

Applicant

Joint Applicant

<b>Your name if related to a council employee or local elected council member</b>	<b>Your name if related to a council employee or local elected council member</b>
<b>Name of housing association committee member or employee</b>	<b>Name of housing association committee member or employee</b>
<b>Relationship</b>	<b>Relationship</b>

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.

**(2) Are you or your joint applicant eligible for assistance because you are:**

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, e.g. 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.

Proof of rights to public assistance must be provided before the application will be accepted onto the waiting list, i.e. a passport or documentation showing *Right to remain* conditions.

**(3) 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

**(4) 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.

**(5) Are you, or a member of your household experiencing harassment or abuse?**

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.

Harassment points may be awarded on production of evidence.

**(b) CHECKLIST**

Please use the checklist below to ensure you have completed all relevant parts of the application form. This will help prevent any delay in your form being processed.

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
9	Request for specific housing type	Please provide the reasons in writing
10	Offer of Employment in Shetland	Letter
11	Health Problem or Disability	Completed Medical Assessment Form
12	Social Needs points	Completed Social Needs form
13	Rights to public assistance	Passport or documentation showing Right to remain conditions

**(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 Hjaltsland 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 Hjaltsland this would affect any offer of housing I am/we are made.

I/we understand that if I/we are get 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.

By signing this Declaration you are providing us with your consent for sharing all the information you have provided in relation to this application between Shetland Islands Council and Hjaltsland Housing Association (if you wish to be housed by either landlord) and for contacting third parties regarding your application for housing, as detailed in the table below. Information you have supplied in this application form may therefore be shared with SIC Finance or other Council departments or services for the purposes of prevention or detection of fraud. No information will be shared between SIC and Hjaltsland if you have chosen only one landlord. You are also accepting the terms and conditions of this application form.

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

Please use page 15 (overleaf) to provide us with any further information you feel that will help towards your application.

Page	Third Party	Reason
2 & 5	Landlord	To request a tenancy report
6	Your landlord or mortgage lender	To see if you are in arrears
11	NHS Shetland	To allocate Medical points
12	SIC Community Care	To allocate Social Needs points
14	SIC Finance	For the purposes of prevention and detection of fraud

I/we have read and understood and signed the statement above.

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

Signature

Date

Signature of joint applicant

Date

## 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 5 years (see page 5).

### (g) HOUSING HISTORY

Previous Address	<input type="text"/> <input type="text"/> <input type="text"/>	Name of previous landlord	<input type="text"/>
Postcode	<input type="text"/>	Address of previous landlord	<input type="text"/> <input type="text"/>
Start date	<input type="text"/>	Postcode	<input type="text"/>
Name of person/s holding tenancy	<input type="text"/>	End date	<input type="text"/>

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Previous Address	<input type="text"/> <input type="text"/> <input type="text"/>	Name of previous landlord	<input type="text"/>
Postcode	<input type="text"/>	Address of previous landlord	<input type="text"/> <input type="text"/>
Start date	<input type="text"/>	Postcode	<input type="text"/>
Name of person/s holding tenancy	<input type="text"/>	End date	<input type="text"/>

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## 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.



# EQUAL OPPORTUNITIES MONITORING

In line with Shetland Island Council's and Hjaltland Housing Association's Equal Opportunities Policies we operate a monitoring procedure to record the sex and ethnic origin of all people applying for housing. This is to ensure that no group is at a disadvantage either directly or indirectly. This is a requirement of the Scottish Housing Regulator for SIC Housing and Hjaltland. The definitions used on this form are in line with the 2011 Census classifications, which are approved by the Equalities and Human Rights Commission. All information will be treated as strictly confidential and used anonymously for statistical purposes.

Today's Date    Is there a joint applicant? Yes  No  Main Applicant Joint Applicant

Are you a British citizen or a Commonwealth citizen with the right to live in the UK? Yes  No  Yes  No

Please tick the box which best describes you and (if applicable) the joint applicant.

		Main Applicant	Joint Applicant			Main Applicant	Joint Applicant
1	Male	<input type="checkbox"/>	<input type="checkbox"/>	4	Please tick the box/es if you consider yourself/ves disabled.	<input type="checkbox"/>	<input type="checkbox"/>
	Female	<input type="checkbox"/>	<input type="checkbox"/>				
2	Date of Birth e.g. 30 05 74	<input type="text"/>	<input type="text"/>	5	Please tick the box/es if you are registered disabled.	<input type="checkbox"/>	<input type="checkbox"/>
3	<b>White</b>	<input type="checkbox"/>	<input type="checkbox"/>	6	Please tick the boxes if you have a religion or a belief—please give details.	<input type="checkbox"/>	<input type="checkbox"/>
	Scottish	<input type="checkbox"/>	<input type="checkbox"/>		None	<input type="checkbox"/>	<input type="checkbox"/>
	Other British	<input type="checkbox"/>	<input type="checkbox"/>		Church of Scotland	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>		Roman Catholic	<input type="checkbox"/>	<input type="checkbox"/>
	Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>		Other Christian	<input type="checkbox"/>	<input type="checkbox"/>
	Polish	<input type="checkbox"/>	<input type="checkbox"/>		Muslim	<input type="checkbox"/>	<input type="checkbox"/>
	Other—please give details	<input type="text"/>	<input type="text"/>		Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Mixed</b> —please give details	<input type="text"/>	<input type="text"/>		Sikh	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Asian, Asian Scottish or Asian British</b>	<input type="checkbox"/>	<input type="checkbox"/>		Jewish	<input type="checkbox"/>	<input type="checkbox"/>
	Indian	<input type="checkbox"/>	<input type="checkbox"/>		Hindu	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>		Pagan	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>		Other—please give details	<input type="text"/>	<input type="text"/>
	Chinese	<input type="checkbox"/>	<input type="checkbox"/>		<b>Don't want to answer</b>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Asian — please give details	<input type="text"/>	<input type="text"/>	7	Please tick which options best describes how you think of yourself.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Black</b>	<input type="checkbox"/>	<input type="checkbox"/>		Heterosexual/Straight	<input type="checkbox"/>	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>		Gay/Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>		Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
	Other Black — please give details	<input type="text"/>	<input type="text"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other ethnic background</b>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Don't want to answer</b>	<input type="checkbox"/>	<input type="checkbox"/>
	Arab, Arab Scottish or Arab British	<input type="checkbox"/>	<input type="checkbox"/>				
	Any other group—please give details	<input type="text"/>	<input type="text"/>				
	<b>Don't know</b>	<input type="checkbox"/>	<input type="checkbox"/>				
	<b>Don't want to answer</b>	<input type="checkbox"/>	<input type="checkbox"/>				

THANK YOU FOR YOUR CO-OPERATION