



**Are you a victim of**

Domestic Violence    Yes     No     Racial Harassment    Yes     No

If yes, please give details (Further documentation will be required in this instance).

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**PRESENT ACCOMODATION**

Please state type of accommodation (e.g. Flat, Tower Block, Semi-detached) \_\_\_\_\_

Total number of bedrooms in current accommodation     House Position / Floor Level

How long have you lived at your present accommodation?    Years     Months

Please provide current landlords name and address. \_\_\_\_\_  
\_\_\_\_\_

**Please provide copy of lease if you are a private tenant**

**PREVIOUS ADDRESS**

Please list details of previous addresses in the last 5 years as accurately as possible starting with the most recent.

Address	Date From - To	Please state tenure type, i.e. Owner, tenant lodger, c/o family etc	Landlord's name & address	Reason for leaving

**Present Amenities - Does your current accommodation have the following:**

Kitchen Facilities    Yes     No     Bath or Shower    Yes     No

Internal W.C    Yes     No     Hot water supply    Yes     No

Are these shared with others?    Yes     No

Do you have Central Heating in your home?    Yes     No

If yes which type of Heating is provided?    Gas     Electric     Other (Please State) \_\_\_\_\_

**Property Condition -**

Please supply details of any disrepair, which you consider to adversely affect your living circumstances.

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**Statutory Notices**

Is your property under any Statutory Notices e.g. due to demolition.

Please give details.

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**Location / Support Factors*****Does any member of your household need to be rehoused in Gowkthrapple to be near work relatives, schools etc?***Yes  No 

Please give details.

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Do you need to be rehoused to provide or receive support to/from a relative who lives in the Gowkthrapple Area?

Please give details.

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**Medical Priority**

Please indicate if a member of your household has a medical condition and whose health would be significantly improved by rehousing. Applicants will be required to complete a medical self assessment in order to determine priority. In all cases the form is passed to an independent medical advisor to assess.

Name (if not applicant) \_\_\_\_\_

Disability or Condition \_\_\_\_\_

**Area***Please indicate which street you are interested in being considered for.*Woodgreen Court - New Build  Flats Heathfield  Smith Avenue  Law View (Sheltered Housing) Are you interested in Sheltered Housing? Yes  No Are you interested in being considered for a Mutual Exchange? Yes  No Are you interested in Shared Ownership Properties? Yes  No **Reasons for applying for Rehousing** *Please tick all your reasons why your present accommodation is unsuitable.* House too large  Leaving HM Forces  In a hilly area  In poor condition House too small  Legal eviction/  
Mortgage repossession  Leaving hospital/  
prison/institution  End of lease/being  
asked to leave House too low down  Marital Breakdown  Living in tied  
accommodation  In a poor  
environment House too high up  Too far from shops/  
transport  Too far from friends  
/family  Too far from doctor/  
hospital Wish to set up first home  Other reason, Please give details \_\_\_\_\_

**Social Priority**

Do you feel that there are serious social problems in the area in which you live? Yes  No

**Note: Documentary evidence of this will be required**

Please write below any further details of special circumstances about your application, which will help us, assess your housing need.

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Are you or any member of your household, applying for housing, RELATED to, or otherwise connected with, a member of Garrion People’s Housing Co-operative’s MANAGEMENT COMMITTEE or STAFF?

If “YES” please state the NAME (S) of the Staff or Committee Member(s) and the nature of the relationship below.

Name(s) \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

**Personal Declaration**

1. I/We hereby certify that the information given in the preceding pages is a true record of my/our present circumstances and if it is found NOT to be so the application may be invalid.
2. I/We authorise Garrion People’s Housing Co-operative Limited to obtain information from necessary sources to ensure that the information given is accurate.
3. I/We understand that Garrion People’s Housing Co-operative Limited has the right to apply in Court for repossession of a dwelling/house where the tenancy was granted on the basis of false or misleading information provided knowingly by the applicant(s).
4. I/We undertake to notify Garrion People’s Housing Co-operative Limited immediately of any change in my/our circumstances as described in this application.

Signature) of Applicant \_\_\_\_\_

Joint Applicant \_\_\_\_\_

Date \_\_\_\_\_

DATE	OFFICER COMMENTS	SIGNED