

HHA Homes Application Form

Date Application received at hha

Please list the areas or address of interest



**HHA
Homes**
All the right moves

1. Personal Details

Applicant 1.
Title (Mr, Mrs, Miss, Ms, Other)
<input type="text"/>
First Name
<input type="text"/>
Surname
<input type="text"/>
Date of Birth
<input type="text"/>
National Insurance Number
<input type="text"/>
Daytime Phone Number
<input type="text"/>
Mobile Phone Number
<input type="text"/>
Email Address
<input type="text"/>
Current Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Do you currently have a mortgage
<input type="text"/>
Date moved into current property
<input type="text"/>

Applicant 2.
Title (Mr, Mrs, Miss, Ms, Other)
<input type="text"/>
First Name
<input type="text"/>
Surname
<input type="text"/>
Date of Birth
<input type="text"/>
National Insurance Number
<input type="text"/>
Daytime Phone Number
<input type="text"/>
Mobile Phone Number
<input type="text"/>
Email Address
<input type="text"/>
Current Address
<input type="text"/>
<input type="text"/>
<input type="text"/>
Do you currently have a mortgage
<input type="text"/>
Date moved into current property
<input type="text"/>

Applicant 1.

Landlords Name & Address

if successful in allocation of a property we will request from you a Reference Request Mandate Form to obtain a Landlord Reference

Applicant 2.

Landlords Name & Address

if successful in allocation of a property we will request from you a Reference Request Mandate Form to obtain a Landlord Reference

We require 5 years worth of addresses, you do not need to list your current address

Address and Postcode

From - To.

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Reason for leaving

Address and Postcode

From - To.

--

Reason for leaving

Address and Postcode

From - To.

--

Reason for leaving

Address and Postcode

From - To.

--

Reason for leaving

2. Employment Details

Applicant 1.

Name of main employer

Job Title

Address of employer

Annual income amount (net)

monthly

Time with current employer

Do you have a permanent contract with this employment

We require the following information if you have more than 1 job. If you are selected for a property we will ask you to support the income information by contacting your employer or requesting your P60 and wage slips.

Name of 2nd employer

Address of 2nd employer

Annual income amount (net)

Time with 2nd employer

Applicant 2.

Name of main employer

Job Title

Address of employer

Annual income amount (net)

monthly

Time with current employer

Do you have a permanent contract with this employment

We require the following information if you have more than 1 job. If you are selected for a property we will ask you to support the income information by contacting your employer or requesting your P60 and wage slips.

Name of 2nd employer

Address 2nd employer

Annual income amount (net)

Time with 2nd employer

Applicant 1.

Details of any other income

Applicant 2.

Details of any other income

If Self Employed

Applicant 1.

Name of Trading Name/Company

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Registered Address

Length of Time Trading

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Do you have an Accountant

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Do you complete your own tax return

--

Annual income amount

--

Applicant 2.

Name of Trading Name/Company

--

Registered Address

Length of Time Trading

--

Do you have an Accountant

--

Do you complete your own tax return

--

Annual income amount

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4. Household Details

In order for the HHA Homes/Highland Housing Alliance to contact you regarding a property suitable to your needs please complete the following information -

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

Full Name	
<input type="text"/>	
Relationship to you	
<input type="text"/>	
Date of Birth	Do they live with you now
<input type="text"/>	<input type="text"/>
If No, please tell us their address and postcode	
<input type="text"/>	

Full Name	
<input type="text"/>	
Relationship to you	
<input type="text"/>	
Date of Birth	Do they live with you now
<input type="text"/>	<input type="text"/>
If No, please tell us their address and postcode	
<input type="text"/>	

Full Name	
<input type="text"/>	
Relationship to you	
<input type="text"/>	
Date of Birth	Do they live with you now
<input type="text"/>	<input type="text"/>
If No, please tell us their address and postcode	
<input type="text"/>	

Are you or any person who will be moving with you expecting a baby

Yes or No

If yes, who is expecting a baby

When is the baby due

Do you have residential access to a child or children who do not live with you

Yes or No

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

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

Details of any pets

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

Extra Information

Use this box to tell us why you are applying for one of our properties.

for example - future investment

Please indicate 3 (or more) areas you would like to live if allocated a property

5. Anti Social Behaviour

Applicant 1.

Have you or any member of your household ever been investigated or evicted for Antisocial Behaviour

Yes/No

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Are you or is any member of your household subject to an Antisocial Behaviour Order

Yes/No

--

Applicant 2.

Have you or any member of your household ever been investigated or evicted for Antisocial Behaviour

Yes/No

--

Are you or is any member of your household subject to an Antisocial Behaviour Order

Yes/No

--

Are you currently involved in any criminal investigation or party to any ongoing criminal court process?

Do you have/ever had any criminal conviction?

6. Non UK Citizen

Applicant 1.
Are you or your partner subject to immigration control
Yes/No
<input type="text"/>
Are there any conditions or limits to your permission to stay in the UK
Yes/No
<input type="text"/>
Have you completed a Habitual Residence Test
Yes/No
<input type="text"/>

Applicant 2.
Are you or your partner subject to immigration control
Yes/No
<input type="text"/>
Are there any conditions or limits to your permission to stay in the UK
Yes/No
<input type="text"/>
Have you completed a Habitual Residence Test
Yes/No
<input type="text"/>

How did you hear about HHA Homes/Highland Housing Alliance

If you have registered on the Highland Housing Register please let us know the following information -

Highland Housing Register Ref.	<input type="text"/>
Date Registered	<input type="text"/>
Amount of Points	<input type="text"/>

Are you or anyone who will be living with you related to anyone working or employed by HHA Homes/Highland Housing Alliance.

If yes please tell us the details of the person you are connected to

Name	Position
<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>

This application is for properties managed by HHA Homes/Highland Housing Alliance who are a registered Landlord/Letting Agent with the Highland Council. Any information for references from your employer, accountant, bank or landlord will require the completion of a separate mandate from or written consent from the applicant.

HHA Homes/Highland Housing Alliance are members of Landlord Accreditation Scotland, Chartered Institute of Housing, Scottish Association of Landlords and the Council of Letting Agents.

Highland Housing Alliance will not discuss the information you have given with any other housing provider apart from the Highland Council and the Landlord.

Highland Housing Alliance adhere to guidelines published in the Data Protection Act of 1998 and the General Data Protection Regulation (EU) 2016/679 which is applicable from the 25 May 18, together with any domestic laws subsequently enacted.

Highland Housing Alliance will keep your application form on file for a maximum 5 year period after this date your application form will be confidentially destroyed.

Please read this declaration carefully

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

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

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

I/We understand and accept that if I/we receive a Mid-market tenancy from HHA Homes/ Highland Housing Alliance my/our name(s) will be taken off the Highland Housing Register.

I/We understand and accept that HHA Homes/Highland Housing Alliance may make such enquires as they deem necessary to verify the information given on this application form is true and accurate.

<u>Signatures</u>	
Applicant 1. Print Name	Your Signature
<input type="text"/>	<input type="text"/>
Date	<input type="text"/>
Applicant 2. Print Name	Your Signature
<input type="text"/>	<input type="text"/>
Date	<input type="text"/>

once complete please return to -

Highland Housing Alliance, Fairways, Castle Heather, Inverness IV2 6AA



If you have supplied an email address, we will acknowledge receipt of your application form