Declaration

- 1. I hereby certify that the information given in this application is correct and complete and I consent to Molendinar Park Housing Association making any enquiries as may be necessary to verify the information provided by me in this application.
- 2. I understand that any false or misleading information, or relevant information withheld by me, will result in:
 - (a) My application being cancelled and my being removed from the waiting list
 - (b) Any offer of tenancy being immediately withdrawn
 - (c) Where a tenancy has been granted, proceedings for repossession being initiated.
- 3. Neither I, nor any other person applying with me for housing, is related to, or in a relationship of any kind with, a member of staff or of the Committee of Molendinar Park Housing Association. If you are unable to certify this you should complete the section entitled Personal Connection at the foot of the page. This will not debar you from consideration for housing but your application must be processed in accordance with special procedures monitored by Scottish Housing Regulator.
- 4. I undertake to notify the Association immediately of any change in my circumstances described in this application.

Signature of applicant:	Date:					
Signature of joint applicant:(if applicable)	Date:					
Personal Conne	ection					
I have a personal connection with:						
Who is a Committee / Staff member of Molendinar Park Ho	using Association.					
The nature of the relationship is:						
FOR OFFICIAL USE	CONLY					
Date assessed:	Date application received					
Assessed by:						
Category Awarded:						
Reason for refusal (if applicable)						



Application for Housing

Please read the accompanying notes carefully before completing this form

	1 0
Area to which applica	tion refers:
Finnart Square	Dalmarnock
Gallowgate	Drakemire
Personal Details	
Applicant	Joint Applicant (if applicable)
Full Name:	Address:
Post Code: (home): (work): (E-mail): Date of Birth: DD MM MM	Post Code: (home): (work):
Applicant	Joint Applicant (if applicable)
Occupation: Employer: Address	Employer:

Number of years with employer:

Number of years with employer:

Family Details

Please provide full details of people other than those named on the front page, to be housed with you.

Name	Date of Birth			Relationship		
	I	Г			1	
	DD DD	MM MM	YY YY			
	DD	MM	YY			
	DD	MM	YY			
	DD	MM	YY			
Size of property professed.				Anartma	nt	
Size of property preferred:				Apartme	int	
Applicant		Ioint A	nnligg	at (if ann	liashla)	
Applicant		JUIII A	zhhucai	nt (if app	ncable)	
Name of current landlord/mortgage lender:						
Address of current landlord/mortgage lender:						•••••
	•••••					•••••
Length of residence at this address:		years				
f less than three years at current address plea	ase provid	de details	s of all add	dresses in the	ę	
ast 3 years and landlord/mortgage lenders or	ı a separo	ate sheet:				
If you have not had a continuous permanen	ıt addras	s/addres	ses for the	nost throo	veers place	0
explain why in the space below:	it auures	s/auui es	ses for the	e past tillee	years pieas	e
Are you in arrears with your current landle	ord/mort	gage len	der?:	Yes	No	
-						
f Yes please provide details of the arrange	ments yo	u have n	nade to cl	ear these:		
Town those boon any incidents of outil conti-	l hohovio	up invol	vine vous	salf		
Have there been any incidents of anti-social or any member of your household in the pr				_	No	

Application C	riteria						
Please tick the approp please refer to guidar		exes indicating	the grounds y	you wish to	be considere	d under	
Health:			Location:		Social:		
Financial:		Unsatisfactor	ry Housing:				
Please describe in the	e space belo	w your reason	s for this/the	ese:			
Community							
Are you involved in a	any local co	mmunity or v	oluntary acti	ivity? If so,	, please prov	ide brief det	tails:
Do you work, study o	or undertak	e training for	employment	locally? If	f so, please p	rovide brief	,
Do you receive suppo provide brief details:		provide supp	ort to, some	one who liv	es locally? If	f so, please	
General							
Please provide any o	ther inform	ation relevant	to your app	lication he	re:		

NOW PLEASE READ AND SIGN THE DECLARATION