

## CONFIDENTIAL APPLICATION FOR MID MARKET RENT

### Notes:

- The following details are required by Create Homes Aberdeenshire for assessment purposes only. Create Homes Aberdeenshire confirm that the information will not be used for any other purpose.
- To ensure against delay in response time, it is required that all sections be fully completed, prior to submission to Create Homes Aberdeenshire. Please do not leave any blank sections as this may delay your application from being processed.
- Create Homes Aberdeenshire will be the sole judge of the eligibility of applicants.
- Applicants must provide proof of all income, savings and capital.
- Applicants may be contacted if further information is required.



# APPLICATION FORM

## Personal Details (Applicant and Joint Applicant)

<b>Applicant 1</b>	<b>Applicant 2</b>
Title (Mr/Mrs/etc)	Title (Mr/Mrs/etc)
Forename	Forename
Surname	Surname
Sex      M <input type="checkbox"/> F <input type="checkbox"/>	Sex      M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth	Date of Birth
Address	Address
Post Code	Post Code
Tel No (Home)	Tel No (Home)
Tel No (Work)	Tel No (Work)
Tel No (Mobile)	Tel No (Mobile)
Email Address	Email Address
National Insurance Number	National Insurance Number

## Details of those who will be living with you

First Name(s)	Surname	Date of Birth	Relationship to Applicant

## Nationality

UK Resident <input type="checkbox"/> Other EU Resident <input type="checkbox"/> Other Non EU Resident <input type="checkbox"/>	
<b>Nationality, further details</b>	
Please enter your nationality:	
Applicant 1	Applicant 2

## Employment Details – Your application may be subject to a financial check

<b>Applicant 1</b>	<b>Applicant 2</b>
Occupation:	Occupation:
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Employer's Postcode:	Employer's Postcode
Telephone Number:	Telephone Number:
Employed since:	Employed since:
Paid: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	Paid: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Gross Monthly Pay (before deductions):	Gross Monthly Pay (before deductions):
Additional Income (overtime / bonuses etc):	Additional Income (overtime / bonuses etc):

## Other Income – Please complete table. If a section does not apply to you please state not applicable

<b>Applicant 1:</b>	<b>Applicant 2:</b>
Benefits (e.g. Child Benefit, Tax Credit etc): £ £	Benefits: (e.g. Child Benefit, Tax Credit etc): £ £
Maintenance: £	Maintenance: £
Student Loan: £	Student Loan: £
Pension: £	Pension: £

## Current Accommodation

Applicant 1:	Applicant 2:
Current Council/Housing Association Tenant <input type="checkbox"/>	Current Council/Housing Association Tenant <input type="checkbox"/>
Living with Friends/Relatives <input type="checkbox"/>	Living with Friends/Relatives <input type="checkbox"/>
Privately Renting <input type="checkbox"/>	Privately Renting <input type="checkbox"/>
Tied Accommodation/Armed Forces <input type="checkbox"/>	Tied Accommodation/Armed Forces <input type="checkbox"/>
Owner Occupier <input type="checkbox"/>	Owner Occupier <input type="checkbox"/>
Caravan/Mobile Home <input type="checkbox"/>	Caravan/Mobile Home <input type="checkbox"/>
Hospital/Supported Accommodation <input type="checkbox"/>	Hospital/Supported Accommodation <input type="checkbox"/>
Other (Please specify) <input type="checkbox"/>	Other (Please specify) <input type="checkbox"/>

Are there any other reasons why you cannot stay in your current accommodation?

Name of development you are applying for?

Number of bedrooms required

Why do you wish to move to this development?

## Current Landlord Details

<b>Applicant 1:</b>	<b>Applicant 2:</b>
Landlord Name:	Landlord Name:
Landlord Address:	Landlord Address:
Landlord Telephone Number:	Landlord Telephone Number:

## Previous Addresses – Please provide your previous addresses for the last 5 years

<b>Applicant 1:</b>	<b>Applicant 2:</b>
Address:	Address:
Postcode:	Postcode:
Landlord Details (Name, Address, Contact Phone No)	Landlord Details (Name, Address, Contact Phone No)

<b>Applicant 1:</b>	<b>Applicant 2:</b>
Address:	Address:
Postcode:	Postcode:
Landlord Details (Name, Address, Contact Phone No)	Landlord Details (Name, Address, Contact Phone No)

Please use a separate sheet if required.

## Create Homes Aberdeenshire – Declaration

I/We agree that, to the best of my knowledge, the answers given to the questions in this form are true and accurate. I/We accept that any false or misleading information may result in me/us becoming ineligible for housing with Create Homes Aberdeenshire.

I/We agree that Create Homes Aberdeenshire may contact my/our current landlord and/or employer for further details if required.

I/We acknowledge and give consent that my/our personal data will be held in accordance with the Data Protection Act 1998.

Applicant 1:	Applicant 2:
Signed:	Signed:
Date:	Date:

## Please return your completed form to:

Create Homes Aberdeenshire  
Housing Options  
Gordon House  
Blackhall Road  
Inverurie  
Aberdeenshire  
AB51 3WA

## Create Homes Aberdeenshire – Application Check List

In order that your application can be processed quickly, please ensure you enclose the following documents with this application form. Failure to do so may result in a delay. Please ensure your details are on each document (i.e. name, address, account numbers etc.)

	✓
<b>Proof of Income</b> – please enclose your <b>last 3 wage slips</b> . If you do not have these, your latest P60 or a letter from your employer confirming your salary will be required.	
<b>Proof of any additional income or bonuses</b> – letter from your employer confirming if any additional income/bonuses are guaranteed or not.	
<b>Proof of income if self-employed</b> – most recent 12 months profit and loss account.	
<b>Proof of any tax credits, child benefit, child maintenance or any other benefits</b> – please submit award letters or bank statements if letter not available.	
<b>Proof of all savings and capital</b> – please enclose latest bank statements for all accounts that you (and joint applicant if applicable) hold. These must show name and account number.	

# EQUALITIES MONITORING FORM

## 1. Into which age band do you fall?

- 16-24     25-29     30-34     35-39     40-44     45-49  
 50-54     55-59     60-64     65+     Prefer not to say

## 2. Do you consider yourself to be disabled?

- Yes     No     Prefer not to say

## 3. Are you?

- Female     Male     Prefer not to say

## 4. Is your gender identity the same as the gender that you were assumed at birth?

- Yes     No     Prefer not to say

## 5. Are you currently pregnant or on maternity leave?

- Yes     No     Prefer not to say

## 6. What is your marital status?

- Single     Married (Heterosexual)     Registered in same sex civil partnership  
 Married (Same Sex)     Separated     Divorced  
 Widowed     Living with a partner     Prefer not to say

## 7. What is your ethnic origin?

- Scottish     English     Northern Irish     Irish     Welsh  
 British     Gypsy/Traveller     Polish     Portuguese     Latvian  
 Lithuanian     Russian     European (Other)     Bangladeshi     Chinese  
 Pakistani     Indian     Asian (Other)     African     Caribbean  
 Arab     Multiple ethnic origins (please specify)   
 Prefer not to say     Other (please specify)

## 8. What of the following best describes your sexual orientation?

- Heterosexual     Gay Man     Bisexual     Gay Woman/Lesbian  
 Prefer not to say     Other (please specify)

## 9. What religion, religious denomination or body do you belong to, if any?

- Church of Scotland     Roman Catholic  
 Christian (Including Church of England, Catholic, Protestant and all other Christian denominations)  
 Buddhist     Hindu     Jewish     Muslim     Sikh     None  
 Prefer not to say     Any other religion (Please specify)

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