

Mid Market Rent Application Form



Please complete and return to:
c/o Southbank MMR
Trust Housing Association
12 New Mart Road
Edinburgh
EH14 1RL

Full information on the eligibility criteria, priority groups and what size of flat you can apply for is available on our website:

southbanklife.com

Please read this information before you complete this form.

Your form should be returned by post along with copies of all supporting documentation to:

c/o Southbank MMR
Trust Housing Association
12 New Mart Road
Edinburgh
EH14 1RL

Applications may not be returned electronically.

If you need help completing your form, please contact us:

Email: **southbank@trustha.org.uk**

Phone: **0131 444 1200**

Southbank and Southbank life are trading names for the Mid Market Rent activities of Trust Enterprises Limited (SC344371), a wholly owned commercial subsidiary of Trust Housing Association (SPI778RS) a registered Scottish Charity (SC009086). Trust Enterprises Limited will be the landlord of the Southbank properties, with some administration undertaken by Trust Housing Association.



Mid Market Rent Application Form



Contact Details

	FIRST APPLICANT	JOINT APPLICANT
Title	Mr, Mrs, Miss, Ms	Mr, Mrs, Miss, Ms
First Name	_____	_____
Surname	_____	_____
Current Address	_____	_____
	_____	_____
Postcode	_____	_____
Home Telephone	_____	_____
Work Telephone	_____	_____
Mobile Telephone	_____	_____
Email Address	_____	_____
Date of Birth	_____	_____
National Insurance Number	_____	_____
Relationship to Joint Applicant	_____	_____

Please provide details for anyone else, including children, who would be living in the property with you. This should include any children for whom you have shared custody.

Title	1 _____	2 _____
First Name	_____	_____
Surname	_____	_____
Date of Birth	_____	_____
National Insurance Number	_____	_____
Relationship to you	_____	_____

Title	3 _____	4 _____
First Name	_____	_____
Surname	_____	_____
Date of Birth	_____	_____
National Insurance Number	_____	_____
Relationship to you	_____	_____

Is anyone included in this application expecting a baby?

Yes No

If "Yes" please give the name of the person and the expected date on which the baby is due:

Name _____

Expected date _____

Please indicate whether you wish to be considered for;

Tick boxes.

A one bedroomed flat

A two bedroomed, three person flat

A two bedroomed, four person flat

Please check the guidance on our website for information on the size of flat you are eligible for.

Please tell us the first language of

FIRST APPLICANT

JOINT APPLICANT

If we have to contact you, do you need an interpreter because of language difficulties or hearing difficulties?

FIRST APPLICANT

JOINT APPLICANT

Tick boxes. Yes No

Yes No

If "yes" please provide details

Do you need future correspondence in a different format?

	FIRST APPLICANT		JOINT APPLICANT	
Tick boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" please indicate which you prefer:				
Braille	<input type="checkbox"/>		<input type="checkbox"/>	
Large print	<input type="checkbox"/>		<input type="checkbox"/>	
Audio CD	<input type="checkbox"/>		<input type="checkbox"/>	
Community language (please provide details)	<input type="checkbox"/>		<input type="checkbox"/>	
		_____		_____
Other (please provide details)	<input type="checkbox"/>		<input type="checkbox"/>	
		_____		_____

Have you or anyone included in your application, been assessed by the Council as being homeless?

Tick boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" please provide details	_____	

Please provide evidence in the form of a letter from the Council confirming they have assessed you as being homeless. You will have been provided with this at the time of your assessment by the Council.

Are you threatened with homelessness?

Tick boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" please provide details, including the date you are expected to leave your current accommodation:		

Date _____

Please provide evidence, for example a copy Notice of Proceedings or a Court Order.

Are you or anyone included in your application disabled?

Tick boxes Yes No

If "Yes" please provide details

Is your current home unsuitable because of this disability?

Tick boxes. Yes No

If "Yes" please provide details

Does your current home have any adaptations?

Tick boxes. Yes No

If "Yes" please provide details

Are you or anyone included in your application a member of the armed forces, a veteran of the armed forces, or a widow/widower or partner of armed forces personnel?

Tick boxes. Yes No

If yes, do you currently live in East Dunbartonshire or did you live in East Dunbartonshire prior to your service? Yes No

If "yes" please provide details

Please give details of your current accommodation:

	FIRST APPLICANT	JOINT APPLICANT
Local authority tenant	<input type="checkbox"/>	<input type="checkbox"/>
Tenant of registered social landlord (eg Housing Association)	<input type="checkbox"/>	<input type="checkbox"/>
Private sector tenant	<input type="checkbox"/>	<input type="checkbox"/>
Home owner	<input type="checkbox"/>	<input type="checkbox"/>
Lodger	<input type="checkbox"/>	<input type="checkbox"/>
Living with parents/relatives	<input type="checkbox"/>	<input type="checkbox"/>
Living in tied accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>
	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

If you are renting your accommodation, please provide us with your landlord's details

	FIRST APPLICANT	JOINT APPLICANT
Name	<hr/>	<hr/>
Address	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Postcode	<hr/>	<hr/>
Telephone number	<hr/>	<hr/>
Email	<hr/>	<hr/>

If you are a tenant of East Dunbartonshire Council please give the number of bedrooms in your current accommodation:

FIRST APPLICANT	JOINT APPLICANT
Tick boxes.	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more

Please provide the date when you moved into your current accommodation

	FIRST APPLICANT	JOINT APPLICANT
Date	_____	_____

Please provide brief details of why you wish to move from your current accommodation:

Are you on East Dunbartonshire Council's housing waiting list?

	FIRST APPLICANT		JOINT APPLICANT	
Tick boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

You do not need to live in East Dunbartonshire to go on this list.
If you are not already on the list you can download an application form at www.eastdunbarton.gov.uk

Is anyone included in this application the owner or co-owner of any property?

Tick boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes please give the address of the property

Please explain why you are seeking other accommodation

Is anyone included in this application related to a Board member or an employee of Trust Housing Association or Trust Enterprises Limited?

Tick boxes.

Yes

No

If "Yes" please provide details

Full name:

Position held:

Relationship:

Is anyone included in this application subject to Immigration control?

Tick boxes. Yes No

If yes, please give full name _____

Are there any conditions or limits to your residence or any restrictions on your access to public funds?

Tick boxes. Yes No

If "Yes" please provide details _____

Are you eligible to work in the UK?

Tick boxes. Yes No

Has anyone included in this application ever had legal or other enforcement action taken against them for antisocial behaviour, including eviction, injunction, court order, Anti-Social Behaviour Order (ASBO) or Criminal Anti-Social Behaviour Order (CRASBO)?

Tick boxes. Yes No

If "Yes" please provide details _____

Have you or anyone included in this application ever been evicted from a rented property for any reason, including rent arrears?

Tick boxes. Yes No

If "Yes" please provide details _____

Are you currently in arrears with your rent or mortgage?

Tick boxes. **FIRST APPLICANT** Yes No **JOINT APPLICANT** Yes No

If yes please give details: _____

Do you have any arrears for former tenancies or mortgages?

	FIRST APPLICANT	JOINT APPLICANT
Tick boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
If yes please give details:	<hr/>	<hr/>
	<hr/>	<hr/>
	<hr/>	<hr/>

Have you or anyone included in this application ever received Sheriff Court Decrees, County Court Judgements or been declared bankrupt?

Tick boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details?	<hr/>	
	<hr/>	
	<hr/>	

Does anyone included in this application have to register with the police as a relevant offender under the Sexual Offences Act 2003?

Tick boxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" please give full name:	<hr/>	
	<hr/>	
	<hr/>	

Does anyone included in this application have any pets that you would seek permission to bring with you if you were offered a tenancy?

Tick boxes.

Yes No

If "Yes" please specify the type(s) and number of pets:

Are you currently in employment?

Tick boxes.

FIRST APPLICANT

Yes No

Full time

Part time

Retired

Self Employed

JOINT APPLICANT

Yes No

Full time

Part Time

Retired

Self Employed

What is your job title?

Start date in this employment:

Name of employer:

Address:

Postcode

Telephone

Email

Please give details of all your annual income:

If you receive your income on a monthly or weekly basis, please multiply this and give the annual figure.

	FIRST APPLICANT	JOINT APPLICANT
Current annual gross salary (before tax):	_____	_____
Bonuses/commission:	_____	_____
What period is this all to cover	_____	_____
Any other employment (please specify)	_____	_____
Sickness benefit	_____	_____
Maternity pay/allowance	_____	_____
Bank interest	_____	_____
Superannuation or pension from previous employment	_____	_____
Working tax credit	_____	_____
Child tax credit	_____	_____
Child benefit	_____	_____
Child maintenance payments	_____	_____
Widows pension	_____	_____
Shareholders profits	_____	_____
Other (please specify)	_____	_____
	_____	_____
	_____	_____
	_____	_____
TOTAL ANNUAL INCOME	_____	_____

Please include a copy of your payslips covering the last 3 months or bank statements covering the last 3 months showing incoming wages to your account. If your application is successful, you will be required to submit originals for verification prior to taking up your tenancy.

If you have very recently taken up employment or been offered employment, you may submit an employer's letter detailing your start date and starting salary.

If you are self employed please provide your most recent audited annual accounts.

If anyone else included in your application has any income, please detail this on an additional sheet.

Is anyone included in this application currently receiving Housing Benefit or Local Housing Allowance?

Tick boxes.

Yes

No

If "Yes" give name

How did you hear about the Southbank Mid Market Rent development?

Please use the ready reckoner on our website www.southbanklife.com to check if you can afford the monthly rental payments. This will not be used to assess your application and you do not have to return it to us.

Declaration

I have completed the form with answers that are true and correct. I understand that TEL may cancel an application, end a tenancy or withdraw an offer of tenancy if any answers or statements are found to be false or misleading.

I will tell TEL about any changes in my circumstances.

I give permission to TEL and Trust Housing Association to use the information provided by me to process my application and provide statistical data to our Board, the Scottish Housing Regulator and other relevant agencies.

I give permission to TEL and Trust Housing Association to make any necessary enquiries in connection with my application to verify the details given in this application.

I give permission for TEL and Trust Housing Association to approach my employer, any former employers and my bank for confirmation of employment and financial details, and to approach my current and any former landlords for tenancy details. I undertake to pay any fees or other costs which may be changed by the individuals or organisations from whom information is requested.

I give permission for TEL and Trust Housing Association to carry out a credit check and understand that this check will be carried out by a third party.

I understand that I have the right to ask for a copy of the information that TEL and Trust Housing Association holds about me and I may have to pay a small fee to obtain this. I also have the right to have any inaccuracies in the information corrected.

If my application is successful I give permission for TEL and Trust Housing Association to share relevant information provided by me to the local authority and utility companies as necessary in connection with my tenancy as allowed by law and in accordance with TEL's registration with the Information Commissioner.

If your application is unsuccessful but you fulfil the eligibility criteria for the project, we would like to retain your name and contact details so that we can contact you again in future if vacancies come up at the development.

If you do not consent to this please tick here.

Signature (first applicant)

Date

Signature (joint applicant)

Date

Supporting documentation

Please remember to send **copies** of all supporting documentation with your form.

Please do not send originals at this time.

Wage slips covering the last 3 months.

or

Bank statements covering the last 3 months showing incoming wages.

or

If you have very recently taken up employment or been offered employment, you may submit an employer's letter detailing your start date and starting salary.

or

If you are self employed please provide audited account for the previous year.

Letter from the local authority if you have been assessed as homeless.

Notice of Proceedings, Court Order or other documentation if you are threatened with homelessness.

If you are current or former armed forces personnel/widow/widower of forces personnel, documentation from the relevant service.

If you are eligible and are being considered for a property, we will invite you for interview and will require to see and take copies of original documents at that time. We will need to see originals of the documents listed above and in addition will require:

Two forms of identification for everyone aged 18 or over included in the application.

One must be a photographic form of identification e.g. passport or driving licence.

One must provide proof of current address e.g. utility bill or mobile phone bill dated within the last 3 months, current year's council tax bill.

Proof of all children aged under 18 included in the application, i.e. birth certificate or custody arrangement letter. If anyone included in the application is pregnant, a medical form giving the expected date of delivery.

Trust Enterprises Limited is registered with the Information Commissioners Office (ICO), registration number ZA034114 and we are committed to safeguarding any data we hold about you and to abiding by data protection principles. We have a data protection policy and procedures available on request. The information commissioner can be contacted at www.ico.org.uk or on 0303 123 1113. The individual dealing with Data Protection issues for both THA and TEL is Jack Marshall, Director of Financial Services at THA, who can be contacted at jmarshall@trustha.org.uk or on 0131 444 4934.

Trust Enterprises Limited is committed to equality for everyone in service delivery and employment opportunities. We aim to promote equality and diversity through dignity and respect and oppose all forms of unlawful or unfair discrimination because of personal characteristics including age, sex, sexual orientation, disability, marriage or civil partnership status, race, religion or belief, pregnancy, gender orientation or any other condition or requirement which places a person at a disadvantage and cannot be justified. To ensure that these policies are being followed, all applicants are asked to complete this simple questionnaire. Please be assured that this information will be treated as strictly confidential and be used for monitoring and statistical purposes only.

Please tell us your ethnic background:

Tick boxes.	FIRST APPLICANT	JOINT APPLICANT
Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Other British	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Polish	<input type="checkbox"/>	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	<input type="checkbox"/>
Mixed or Multiple Ethnic Background	<input type="checkbox"/>	<input type="checkbox"/>
Any mixed background	<input type="checkbox"/>	<input type="checkbox"/>
Asian, Asian Scottish or Asian British	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
Black, Black Scottish or Black British	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>	<input type="checkbox"/>
Other Ethnic Background	<input type="checkbox"/>	<input type="checkbox"/>
Arab, Arab Scottish or Arab British	<input type="checkbox"/>	<input type="checkbox"/>
Any other background	<input type="checkbox"/>	<input type="checkbox"/>

If you prefer not to tell us your ethnic background, please tick here:

Anyone else to be housed with you:

Is anyone else on this application form from a different ethnic group?

Tick boxes.

Yes

No

Do you consider yourself to have a disability?

Tick boxes.

FIRST APPLICANT

Yes

No

JOINT APPLICANT

Yes

No

Please tell us your gender:

Tick boxes.

FIRST APPLICANT

Male

Female

JOINT APPLICANT

Male

Female

Thank you for completing this form
