

Application for Housing



Guidance Notes

Please fill in this form in ink and write clearly in **BLOCK CAPITALS**. Please answer every question as fully as you can to help us assess your housing need correctly. If you cannot answer a question please write N/A (not applicable) or 'do not know' in the space provided.

If you are homeless and have nowhere to stay, or you have a home but you cannot stay there then get in touch with your local Council. Even if you are not yet homeless, but you will have to leave where you are living in the next two months, you should still contact your local Council for advice.

What we will do with your information/personal data:

SEARCH is a partnership involving East Ayrshire Council and Registered Social Landlords, Atrium Homes, Cunninghame Housing Association, Irvine Housing Association and Shire Housing Association.

We will use the information you provide to SEARCH to process your application for housing. The information will be shared with the SEARCH partners.

With your permission we may contact others to get more information to help us process your application. This may include:

- Your current or previous landlords
- Medical and Health professionals
- Police
- Others with relevant information

This information will be used to assess your application in accordance with the Allocation Policy of the partner landlords and match your requirements and preferences against any available properties.

The information will also be used for statistical and monitoring purposes.

We will not disclose your personal data beyond the SEARCH partners except where required to do so by law unless you have given your permission to do so.

Declaration

Before completing this form please read through the following statements and sign at the bottom to show that you understand and agree with them.

I agree:

- That you may process my/our personal data as in the aforementioned statement, including contacting my/our current/previous landlords, my/our doctor, hospital consultant, health visitor, social worker, police, probation officer or any other relevant person if more information is needed in connection with my/our housing application
- That the Council can share my/our personal data with other social housing providers if I/we are nominated for housing through the Council's Nomination Agreements
- That I/we will inform SEARCH of any change in my/our circumstances
- That all information given by me/us to SEARCH is true and accurate
- That if I/we are given a tenancy because I/we have supplied false information or I/we have held back any information that the landlord will take action to end the tenancy.
- If I/we accept a property offered through SEARCH including mutual exchange, and nomination to other social housing providers that my/our application will be cancelled and that I/we will have to submit a fresh application if I/we wish to move again.

Applicant's signature		Date
Joint Applicant's signature		Date

Please note that if the declaration is not completed then we will not process this application



Advice to applicants – Please give the address where you currently stay. If you have no permanent address then you should provide a correspondence address where you are able to collect any mail which will be sent to you. A correspondence address can also be used if you do not want any mail to be sent to your home address

Section 1: Name and Address

MAIN APPLICANT	
Title	
Surname	
First Name(s)	
Date of Birth	
Sex	
House Number	
Street Name	
Town	
Postcode	
Telephone Mobile	
Home	
Work	
e-mail address	
Marital Status	
Nat. Ins. Number	
First Language	
Nationality	

JOINT APPLICANT	
Title	
Surname	
First Name(s)	
Date of Birth	
Sex	
House Number	
Street Name	
Town	
Postcode	
Telephone Mobile	
Home	
Work	
e-mail address	
Marital Status	
Nat. Ins. Number	
First Language	
Nationality	
Relationship to Main Applicant	

Do you require the services of an Interpreter?	Yes	No
If yes, please provide details		

Correspondence address if different from above or if you have no permanent address
Address:

Section 2: Known by any other name

Have you or any joint applicant ever been known by any other name? Yes No

If yes, please provide details:

MAIN APPLICANT

Names	Dates

JOINT APPLICANT

Names	Dates

Section 3: Your Family

Please give details of EVERYONE living in your current accommodation. You should include all the people who live with you at present and all the people who will live with you when you are re-housed including any children who stay with you overnight under residence and contact (access) arrangements.

Title	Surname	First Name(s)	Date of Birth	Sex	Relationship to you	Tick if living away*	To be re-housed with you (Yes/No)	Child Access (Yes/No)

*If you have ticked living away please give their address and why they do not live with you.

Address:

Reason:

If you have residence and contact (access) with children, how many nights per week do they stay with you?	
Please give the main place of residence of the children.	
Address:	



Advice to applicants: Section 3 – Please note that if you or any joint applicant has access arrangements which include overnight stays you will be required to provide proof such as a Court Order or a Minute of Agreement. We will also write for confirmation from the other parent or guardian with whom any child or children reside.

Section 4: Immigration Control & Non UK Nationals

Under the Housing (Scotland) Act 2001 and the Asylum and Immigration Act 1999, local authorities are required to establish whether a person qualifies for public assistance including housing.		
(a) Are you and any joint applicant a British Citizen who has resided in the UK, Isle of Man, Channel Islands or Republic of Eire for at least the past 2 years? (If yes please continue to Question 5)	Yes	No
(b) Do you or any joint applicant have indefinite or exceptional leave to remain in the UK?	Yes	No
If yes please give details:		
(c) Do you or any joint applicant have any restrictions on your recourse to public funds?	Yes	No
If yes, please give details:		



Advice to applicants: Section 4 – For non UK national's - In order to comply with immigration law we may require seeing your passport in order to check that you are entitled to be allocated Council housing

Section 5: Supervision Orders

Are you or any joint applicant or anyone to be re-housed with you required to register with the police under the Sex Offenders Act 1997?	Yes	No
If yes, please give details:		

Section 6: Anti Social Behaviour

Are you or anyone who is moving with you the subject of an Anti-Social Behaviour Order (ASBO) or has received a final warning either from the Police, Local Authority or your landlord for anti social behaviour?	Yes	No
If yes, please provide details including dates:	Date:	

Section 7: Personal Connection

Are you or anyone who will live with you related to anyone who is or was an East Ayrshire Councillor, or a board member or management committee member of Atrium Homes, Cunninghame Housing Association, Irvine Housing Association or Shire Housing Association?	Yes	No
If yes, please give details:		



Advice to applicants: Section 7 By law we have to ask this question, but it will not affect your application.

Section 8: Personal Circumstances

(a) HEALTH AND DISABILITY

Is your present home unsuitable due to someone in your household's health or due to a disability?	Yes	No
If yes, have you completed a Health and Disability Form which is available from your local housing office?	Yes	No

(b) HOMELESSNESS

Are you homeless or are you threatened with homelessness?	Yes	No
If yes, have you made a homeless presentation to your local council?	Yes	No
If yes, provide details of which office and date of presentation	Date:	



Advice to applicants: Section 8(b) If you are homeless or about to become homeless please contact East Ayrshire Council's Housing Options Service at College Wynd, Kilmarnock, telephone 01563 554554 for advice.

(c) YOUNG PEOPLE LEAVING CARE

Please complete this section if you are a young person who is looked after and accommodated, e.g. living in a children's care home, a residential school, with foster carers or with a link carer)

Have you been looked after and accommodated?	Yes	No
If yes, please details below:		
Unit or Carer's Name:		
Address:		
Telephone Number:		

(d) APPLICATION DEFERRAL

If you do not wish to be considered for a property for the foreseeable future you can choose to defer (postpone) your application.

Do you wish your application to be deferred?	Yes	No
If yes, please give your reasons and give the date you wish your application to be deferred until:		
Reason:		
Please defer my application until	Month:	Year:

Section 9: Your Present Accommodation

(a) Please give the date you commenced living at your present address		Date:
(b) Please tick the box that best describes your current accommodation		
Private tenant	<input type="checkbox"/>	Owner Occupier
Landlord's Name and Address:	<input type="checkbox"/>	No permanent accommodation
	<input type="checkbox"/>	Living with parents
Housing Association Tenant	<input type="checkbox"/>	Living with other relatives
	<input type="checkbox"/>	Living with friends
Landlord's Name and Address:	<input type="checkbox"/>	Room in lodgings
	<input type="checkbox"/>	Temporary accommodation
Council Tenant	<input type="checkbox"/>	Local Authority Care Leaver
	<input type="checkbox"/>	Name of Local Authority:
Landlord's Name and Address:		

(c) H.M. FORCES PERSONNEL ONLY		
Do you live in Barracks	Yes	No
or other HM Forces Tied Tenancy	Yes	No
Please state your date of discharge from HM Forces	Date:	
Are you being discharged due to injuries or disabilities sustained while serving in the Armed Forces?	Yes	No
Are there other circumstances that are required to be taken into consideration that relates to your discharge from HM Forces?	Yes	No
Please detail:		
Please provide the date you are required to leave your accommodation	Date:	



Advice to applicants: Section 9(c) Applicants serving in the armed forces will normally have their application deferred until 6 months before their date of discharge.

(d) TIED TENANTS ONLY

Please provide the date you will be expected to leave your accommodation

Date:

Do you wish your application to be deferred until 6 months prior to you leaving your employment?

Yes

No



Advice to applicants: Section 9(d) If you are a tied tenant we would normally defer your application until 6 months prior to you leaving your employment, if you choose to make your application active you will be expected to fully occupy any tenancy offered to you as your principal home.

(e) WHAT TYPE OF ACCOMMODATION DO YOU CURRENTLY LIVE IN?

(please tick all that apply)

4 in a block ground		Residential development for older people	
4 in a block upper		Other Supported Accommodation	
Tenement ground		Amenity	
Tenement 1st Floor		Bedsit ground	
Tenement 2nd floor		Bedsit upper	
Tenement 3rd floor		Hostel	
Maisonette ground		Hotel	
Maisonette 1st floor		Bed and Breakfast	
Maisonette 2nd floor		Local Authority Residential Care	
Semi detached		Hospital	
End Terrace		Nursing Home	
Mid Terrace		Caravan	
Detached		Prison	
Bungalow detached		Student Accommodation	
Bungalow semi		Other (please specify)	
Bungalow end terrace			
Bungalow mid terrace			

How many bedrooms does the property have?

How many bedrooms do you have for exclusive use of you and any people who will be moving with you?

Do you share a bathroom or kitchen (or both) with people who will NOT be moving with you?

Yes

No

(g) TOLERABLE STANDARD

The tolerable standard is a minimum repair standard set by law which sets out the minimum standard needed to make a house fit to live in. Please advise if your current home:

Is structurally stable	Yes	No
Is substantially free from rising or penetrating damp	Yes	No
Has satisfactory provision for natural and artificial lighting	Yes	No
Has satisfactory provision for ventilation in the kitchen and bathroom e.g windows or extractor fan	Yes	No
Has a sink provided with an adequate supply of hot and cold water within the house	Yes	No
Has a toilet, fixed bath or shower and wash-hand basin within the house	Yes	No
Has satisfactory facilities for the cooking of food within the house	Yes	No
Has satisfactory access to all external doors and any outbuildings	Yes	No
Has an effective system for the drainage and disposal of foul and surface water	Yes	No
Has adequate and safe to use electrics	Yes	No
What type of heating does the property have?		
If you have answered No to any of the above questions please provide details below		
Is your present accommodation the subject of a closing order due to its dangerous condition?	Yes	No



Advice to applicants: Section 9(g) If you have indicated that your home may not meet the tolerable standard the Council will send someone out to inspect the property.

Section 10: Your Previous Accommodation

Please give details of the addresses you have lived at during the last 3 years starting with your most recent address.

MAIN APPLICANT

Previous address 1	Date From	Date To
Were you: (please tick)	an owner	a tenant
	<input type="checkbox"/>	<input type="checkbox"/>
or living with relatives		
<input type="checkbox"/>		
Reason for leaving:		
If you were the tenant please provide the landlord's name and address:		
Previous address 2	Date From	Date To
Were you: (please tick)	an owner	a tenant
	<input type="checkbox"/>	<input type="checkbox"/>
or living with relatives		
<input type="checkbox"/>		
Reason for leaving:		
If you were the tenant please provide the landlord's name and address:		
Previous address 3	Date From	Date To
Were you: (please tick)	an owner	a tenant
	<input type="checkbox"/>	<input type="checkbox"/>
or living with relatives		
<input type="checkbox"/>		
Reason for leaving:		
If you were the tenant please provide the landlord's name and address:		
Previous address 4	Date From	Date To
Were you: (please tick)	an owner	a tenant
	<input type="checkbox"/>	<input type="checkbox"/>
or living with relatives		
<input type="checkbox"/>		
Reason for leaving:		
If you were the tenant please provide the landlord's name and address:		

Previous address 5				Date From	Date To
Were you: (please tick)	an owner	<input type="checkbox"/>	a tenant	<input type="checkbox"/>	or living with relatives
Reason for leaving:					
If you were the tenant please provide the landlord's name and address:					

Have you been evicted from a tenancy within the last 3 years?	Yes	No
If Yes, please give reason:		

JOINT APPLICANT					
Previous address 1				Date From	Date To
Were you: (please tick)	an owner	<input type="checkbox"/>	a tenant	<input type="checkbox"/>	or living with relatives
Reason for leaving:					
If you were the tenant please provide the landlord's name and address:					
Previous address 2				Date From	Date To
Were you: (please tick)	an owner	<input type="checkbox"/>	a tenant	<input type="checkbox"/>	or living with relatives
Reason for leaving:					
If you were the tenant please provide the landlord's name and address:					

Previous address 3				Date From	Date To
Were you: (please tick)	an owner	<input type="checkbox"/>	a tenant	<input type="checkbox"/>	or living with relatives
Reason for leaving:					
If you were the tenant please provide the landlord's name and address:					
Previous address 4				Date From	Date To
Were you: (please tick)	an owner	<input type="checkbox"/>	a tenant	<input type="checkbox"/>	or living with relatives
Reason for leaving:					
If you were the tenant please provide the landlord's name and address:					
Previous address 5				Date From	Date To
Were you: (please tick)	an owner	<input type="checkbox"/>	a tenant	<input type="checkbox"/>	or living with relatives
Reason for leaving:					
If you were the tenant please provide the landlord's name and address:					

Has the joint applicant been evicted from a tenancy within the last 3 years?	Yes	No
If Yes, please give reason:		

Section 11: Resident Outwith the District

Please complete this section if you are currently resident outwith East Ayrshire. Do you wish to move to East Ayrshire for one of the following reasons (please tick where applicable):

Currently employed or has been offered employment in the area	
Wishing to move to seek employment	
Wishing to be nearer a relative or carer	
Have a special social reason or medical reason	
Harassment or domestic violence	

If none of the above applies please state your reason for wishing to move to East Ayrshire:

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Please note that you will be asked to supply further information and proof of the above.

Section 12: Aids and Adaptations

(a) Do you live in a house that is specially adapted?	Yes	No
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If yes, please give details of the adaptations:

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(b) Will you require special aids or adaptations in any future accommodation?	Yes	No
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If yes, please give details of what adaptations are required:

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Section 13: Your Housing Requirements

Please tick which SEARCH landlords you *WANT* to be considered for.
You may tick as many as you wish

Atrium Homes	<input type="checkbox"/>	Irvine Housing Association	<input type="checkbox"/>
Cunninghame Housing Association	<input type="checkbox"/>	Shire Housing Association	<input type="checkbox"/>
East Ayrshire Council	<input type="checkbox"/>	All of the above	<input type="checkbox"/>

N.B. Please note that you will only be matched for accommodation that your chosen Landlord has in your areas of choice.

NOMINATION ARRANGEMENTS WITH OTHER HOUSING PROVIDERS WHO ARE NOT PART OF SEARCH

The Council operate Nomination Agreements with other social housing providers in the area (See booklet page 11 for details and a list of organisations).

Do you wish to be considered for housing with other social housing providers within East Ayrshire?

Yes

No



Advice to applicants: Section 13 If you tick yes, information contained within your housing application and any details regarding your current tenancy (if applicable) will be supplied to the Housing Association/Registered Social Landlord upon request.

Heating

What type of heating do you want? You may tick as many boxes as you wish.

Gas CH

Gas Fire only

Electric CH

Electric Fire only

Solid Fuel CH

Coal Fire only

N.B. Please note that you will only be matched for properties with your requested heating types.

What type of accommodation would you like?

Please state what type of accommodation you would like to be considered for (you may tick as many boxes as you wish)

4 in a block ground

Tenement ground

4 in a block upper

Tenement 1st Floor

Bungalow detached

Tenement 2nd Floor

Bungalow End Terrace

Tenement 3rd floor

Bungalow Mid Terrace

Maisonette ground

Bungalow Semi Detached

Maisonette 1st floor

End Terrace

Maisonette 2nd floor

Mid Terrace

Bedsit ground

Semi Detached

Bedsit upper

Detached

Housing for Older People*

*See over page



***Housing for Older people** - Further information is contained within the Housing for Older People Booklet. If you have ticked that you wish to be considered for housing for older people you will be asked to complete another form. Your needs as identified within this form will be assessed against the specified criteria for this type of accommodation and you will be awarded priority in accordance with your circumstances.

This assessment will also be used to identify any community care needs you may have to ensure that you are offered appropriate support.

What size of house would you accept? (You may tick more than 1 box)

1 bed		2 bed		3 bed		4 bed	
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N.B. There are rules where housing providers will only allow you to be allocated certain house sizes depending on how many people are included on your application and in accordance with their Allocation Policy.

Section 14: Mutual Exchange (Council/Housing Association Tenants only)

Would you consider a mutual exchange?	Yes	No
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If yes your name and address may be passed on to other tenants



Advice to applicants: Section 14 A mutual exchange is where tenants of either the Council or a Housing Association can swap houses with each other, subject to approval of their landlord.

Section 15: Areas of Choice

Which area/s do you wish to be housed in? (Please tick) You may choose 5 areas

KILMARNOCK

Kilmarnock North any area			
Onthank	Altonhill	Knockinlaw	
Longpark	Bonnyton	New Farm Loch	
Central North <i>(i.e. North of the railway line, Hill St, High St, Boyd Ct, etc)</i>	Scott Road		
Central South <i>(Richardland Pl, Gallion Walk etc, Springhill, South Hamilton Court)</i>	Woodstock <i>(Grange St, Park St, Morton Place, North Hamilton St/PI & Fullarton St)</i>	London Road	
Kilmarnock South any area			
Bellfield	Riccarton East	Riccarton West	
Shortlees			

IRVINE VALLEY

Any area, i.e. Crookedholm, Hurlford, Galston, Newmilns, Darvel, Moscow and Priestland.

CROOKEDHOLM

HURLFORD

Hurlford any area

Galston Road

Drumleyhill

Blair Avenue

GALSTON

Galston any area

Gauchalland, Gateside,
Portland Road

Western Road, Park Road,
Chapel Lane

Maxwood and Castleview

NEWMILNS

Newmilns any area

Gilfoot, Masonholm, Queens
Crescent and Strath Crescent

Nelson Street, Greenside,
Ladeside and Borebrae

High Street, King Street,
Isles Terrace

DARVEL

Darvel any area

Central, Causeway,
Drumlog Crescent

Dublin, West Edith Street,
Lochore Terrace

John Morton Crescent,
Glen Crescent

PRIESTLAND

MOSCOW

CROSSHOUSE

GATEHEAD

KNOCKENTIBER

KILMAURS

FENWICK

WATERSIDE

STEWARTON

Stewarton any area

Lainshaw, Ravenscraig,
Rigghead

Robertland

Dean Street, The Crescent

DUNLOP		LUGTON		
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CUMNOCK				
Cumnock any area		Netherthird		Craigens
Skerrington		Car Road/Cairn Road		Glenlamont areas
Wylie Cres area		The Glebe area		Keir Hardie Hill area
Drumbrochan Road & Townhead Street area		Barshare area		

MUIRKIRK				
Muirkirk any area		Village area		Smallburn Housing Scheme area

CATRINE				
Catrine any area		Village area		Shawwood Housing Scheme
St Cuthbert Street area				

SORN		OCHILTREE		SKARES
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NEW CUMNOCK				
New Cumnock any area		Pathhead area		Village <i>i.e. Castle, Afton Bridgend, Mason Avenue The Holm & Afton Road areas</i>
Cairnhill Housing Scheme		The Leggate Area/Dalleagles		

LOGAN/LUGAR				
Logan/Lugar any area		Logan Village		Lugar Village

AUCHINLECK				
Auchinleck any area		Stoner Crescent, Glenshamrock Drive area		Sorn Road & Coal Road areas

MAUCLINE				
Mauchline any area		Welton Rd Scheme		Jean Armour Drive Scheme
West Park Ave/ Barskimming Road area				

DOON VALLEY AREA

Any area, i.e. Patna, Dalmellington, Drongan, Rankinston, Dalrymple, Hollybush and Hayhill

PATNA

Patna any area

Doonbank Cres

Jellieston Terr area

Polnessan

Carskeoch Dr/Main St area

Dalvennan Ave/
Keirs Cres area

DALMELLINGTON

Dalmellington any area

Village area

Bellsbank Housing Scheme

DRONGAN

Drongan any area

Mill 'O'Shield Rd area

Barbieston Avenue area

RANKINSTON

DALRYMPLE

HOLLYBUSH

HAYHILL

EXCEPTIONS

Please note: It is your responsibility to list below any street(s) in your area(s) of choice where you do not wish to be offered housing. Failure to do so could result in you being offered a property on a street you do not wish.

Please remember the more restrictive in your choices you are, the longer you may have to wait. Also please check with your local housing office that the type of accommodation you want is available in the areas you have chosen.

Street 1:

Street 2:

Street 3:

Street 4:

Street 5:

Section 16: Contacts

If you did not fill in this form yourself, please give details of who did

Name:

Address:

Do you want this person or any other person to make enquiries regarding your application on your behalf in the future?
(If yes and details are different from above please give details below)

Yes

No

Name:

Address:

Contact Telephone Number:

Do you want this person to be the main point of contact regarding your housing application in the future, (that would mean that all correspondence regarding your application would go to them)

Yes

No

Section 17: Additional Information

Are there any circumstances you would want us to take account of including any additional support requirements you may have? (Please use the space below and continue on the next page if required)

NB: Please ensure that you have signed the Declaration on page 3 before returning this form.

Additional information continued

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Section 18: Equal Opportunities Monitoring

All participating landlords are committed to equal opportunities and we would like to monitor our performance in this area. We would be grateful if you could assist us by answering the following questions.

Please note these questions are for monitoring purposes only and will not be used when assessing your application. Please note that completion of these questions is not mandatory.

Question Refused (tick box)

MAIN APPLICANT

Male	<input type="checkbox"/>	Do you consider yourself to:	<input type="checkbox"/>
Female	<input type="checkbox"/>	Be blind or visually impaired?	<input type="checkbox"/>
Single	<input type="checkbox"/>	Be profoundly deaf or hearing impaired?	<input type="checkbox"/>
Married	<input type="checkbox"/>	Have a physical disability	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Have any other disability	<input type="checkbox"/>
widowed	<input type="checkbox"/>	Give details below	
Legally separated	<input type="checkbox"/>		
In a civil partnership	<input type="checkbox"/>		
Do you consider anyone other than the applicant or joint applicant who will be a part of your household to have a disability		Yes	No
If yes please provide details:			
What is your ethnic group?			
White Scottish	<input type="checkbox"/>	Asian Chinese	<input type="checkbox"/>
White other British	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Any other mixed Background. Please provide details:	
White Other	<input type="checkbox"/>	Other ethnic background. Please provide details:	
Black African	<input type="checkbox"/>		
Black Caribbean	<input type="checkbox"/>	Gypsy/Traveller	<input type="checkbox"/>
Black other	<input type="checkbox"/>	What is your Nationality?	
Asian Indian	<input type="checkbox"/>	Do you consider your household to be:	
Asian Pakistani	<input type="checkbox"/>	Black	White
Asian Bangladeshi	<input type="checkbox"/>	Mixed	Other

All participating landlords are committed to equal opportunities and we would like to monitor our performance in this area. We would be grateful if you could assist us by answering the following questions.

Please note these questions are for monitoring purposes only and will not be used when assessing your application. Please note that completion of these questions is not mandatory.

Question Refused (tick box)

JOINT APPLICANT

Male		Do you consider yourself to:	
Female		Be blind or visually impaired?	
Single		Be profoundly deaf or hearing impaired?	
Married		Have a physical disability	
Divorced		Have any other disability	
widowed		Give details below	
Legally separated			
In a civil partnership			
Do you consider anyone other than the applicant or joint applicant who will be a part of your household to have a disability			
If yes please provide details:			
What is your ethnic group?			
White Scottish		Asian Chinese	
White other British		Asian Other	
White Irish		Any other mixed Background. Please provide details:	
White Other		Other ethnic background. Please provide details:	
Black African		Gypsy/Traveller	
Black Caribbean		What is your Nationality?	
Black other		Do you consider your household to be:	
Asian Indian		Black	White
Asian Pakistani		Mixed	Other
Asian Bangladeshi			

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OFFICE USE ONLY							
Application No.				Date received			
Status							
Notes							
Number of bedrooms for exclusive use of applicant & those moving with them							
TENANCIES CHECKED							
MAIN APPLICANT				JOINT APPLICANT			
	RENT	OTHER DEBT	DATE		RENT	OTHER DEBT	DATE
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Processor's signature							Date input

East Ayrshire Council Area Housing Offices

Northwest Area Team

North West Kilmarnock Area Centre
Western Road,
KILMARNOCK, KA3 1NQ
Tel: 01563 555 670
Fax: 01563 578 742

Kilmarnock Central and South Area Team

Council Offices,
John Dickie Street,
KILMARNOCK, KA1 1HW
Tel: 01563 576 619 & 576 620
Fax: 01563 576 659

Irvine Valley and Ballochmyle Area Team

51 Academy Street,
HURLFORD, KA1 5BU
Tel: 01563 554 668 & 554 659
Fax: 01563 554 665

Cumnock and Doon Valley Area Team

25 Ayr Road,
CUMNOCK, KA18 1EA
Tel: 01563 555 440 & 555 441
Fax: 01563 555 421

SEARCH Partner Landlords

Atrium Homes

39/41 John Finnie Street,
KILMARNOCK, KA1 1BL
Tel: 01563 528 816
Fax: 01563 525 558

Irvine Housing Association

9 Glencraig Street,
DRONGAN, KA6 7AS
Tel: 0845 112 6600
Fax: 01292 591 646

Cunninghame Housing Association

42 Campbeltown Drive,
KILMARNOCK, KA3 1JX
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Ma tha sibh airson fiosrachadh fhaighinn ann an cànan sam bith eile, cuiribh brath thugainnaig an t-seòladh a leanas.

اگر آپ یہ معلومات کسی اور زبان میں چاہتے ہیں تو براہ کرم ہمیں اس کے لیے درخواستیں بھیجیں۔

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