

Reference No:



TOLLCROSS

housing association limited

Housing Application Form

Please fill in this application form carefully. All the information you give us on this form will be used for the purposes of assessing your housing needs points as defined in our Allocation Policy.

In the form there will be some shaded boxes, like this one, to give you advice and information. If you need help completing the form ask our staff.

Where we ask you to provide confirmation of your circumstances, please supply it with the form. It may delay your application if we need to ask you for it later on.

Office Use only:

Date Received:

GUIDE TO APPLYING FOR A HOUSE WITH TOLLCROSS HOUSING ASSOCIATION

INTRODUCTION

This page provides information on how to apply to the Association for a tenancy, if you need any help completing the application form please contact the office where a member of staff will be happy to assist you.

PROVIDING IDENTIFICATION

When we receive your application form you **MUST** provide us with the following proof for all applicants wishing to be rehoused and who is named on the application form:

- Date of Birth
- National Insurance number (if applicable)
- Proof of residence at your address (if applicable)

If we do not receive this information we may be unable to proceed with your application, however if you do not provide us with the above information when you apply for re-housing we will contact you and give you adequate time to provide us with the relevant information.

WHO CAN APPLY FOR A HOUSE?

The Association operates an open access housing list and anyone 16 or over may apply and be assessed for housing with the Association at any time.

HOW WILL MY APPLICATION BE ASSESSED?

The Association is committed to ensuring any selection procedures are carried out equally and fairly in accordance with our Allocations Policy and relevant legislation.

The allocation of housing will be made on the basis of an assessment of each applicant's housing need. Points will be awarded following an assessment of your application against all our categories of housing need.

Your application will then be placed on the relevant housing list group that you qualify for and each group will be re-housed in accordance with those in greatest housing need. The Housing List Groups are as follows:

- General List: people who apply to us direct for housing and are not already an Association tenant
- Sheltered Housing List: those who apply to us for sheltered housing
- Transfer List: people who are already a Tollcross tenant but wish to move within the area.

In line with our Allocation Policy we have 3 other categories of applicants, they are as follows:

- Applicants referred to us by Glasgow City Council's Homeless Casework Team
- Applicants referred to us by partner agencies
- Applicants identified for re-housing as part of a local regeneration strategy.

Once your application has been assessed we will write to you confirming the level of points you have been awarded, the housing list(s) you have been placed in and details of your choice of areas you have asked to be housed in.

BECOMING A MEMBER OF THE ASSOCIATION

Tollcross Housing Association is keen to encourage people to become members of the Association. Members enjoy benefits including entitlement to attend the Association's Annual General Meetings and other Special Meetings. Members are able to elect or stand for election to the Association's management Committee and become involved in organisation.

Members will also receive Annual Reports and newsletters from the Association and have the opportunity to be involved in the Tenant Participation initiatives held by the Association.

If you are interested in becoming a member please complete a membership application form and return the form along with the £1 fee to the Association, where your application will be considered as soon as possible by our Management Committee.

For further information on becoming a member please contact the Association.

MAKING A COMPLAINT

We are committed to improving the housing service we provide all our customers who receive a service from us.

We accept that despite our best efforts problems may arise from time to time, should you feel dissatisfied with the service you have received we want to hear from you.

The Association has developed a Complaints Policy that will guide you through how to make a complaint, please feel free to contact the Association for further information should you wish to make a complaint.

To obtain a guide on how to make a complaint please contact the Association.

THE PUBLIC SECTOR OMBUDSMAN

If you have followed the Association's Complaint Policy and are dissatisfied with the outcome you should contact the Scottish Public Service Ombudsman, this is a free and impartial service who investigate individual complaints against housing associations. They can be contacted at:

The Scottish Public Service Ombudsman

Freepost SPSO
Bridgeside House
99 McDonald Road
Edinburgh
EH7 4NS

Tel: Freephone 0800 377 7330 or 0131 225 5300

Fax: 0800 377 7331

Email enquiries: enquiries@scottishombudsman.org.uk

Section 1 – Applicant(s) Details

1a. Please complete details of applicant(s) below:

	Applicant	Joint Applicant
Title (Mr, Mrs, Ms, Miss)		
First Name		
Surname		
Date of Birth		
National Insurance No.		
Address (Only complete for joint applicant if different from applicant)		
Post Code		
Home Telephone Number		
Mobile Number		
E-mail address		

We require proof of the Applicant/Joint Applicant's Date of Birth and National Insurance Number (if applicable)

Would you prefer to be contacted at a different address and telephone number from those stated above?

Yes✓	No✓

If 'Yes' please provide contact details:

Address: _____

Postcode: _____ Telephone No: _____

1b. Please give details of who you want to be housed with you:

Title (Mr, Mrs, Ms, Miss)	First Name & Surname	Date of Birth	National Insurance No.	Relationship

We need proof of Dates of Birth, National Insurance Number (if applicable), and proof of residence for everyone living in the property'

Proof of residence must be an official document with the name and address for all members of your household listed in the table above and later at question 3h

1c. Is anyone in the above household pregnant?

Yes✓	No✓

If 'Yes', please provide details of who is pregnant and when the baby is due:

Name: _____

Expected Date: _____

We will need to see date of confinement card.

1d. If you have regular access to your children and you wish them to stay with you, please enter their details in the table below:

Childs Name	Sex	Date of birth	Access/Custody Arrangements

If you are seeking housing for dependent children, provide confirmation that they live with you, for example, by providing proof that you receive child benefit for the children.

1e. If you would prefer us to discuss your application with a relative, friend or carer, please provide their details below:

Title (Mr, Mrs, Ms, Miss)	First Name & Surname	Telephone No:	Relationship to you

1f. Please tell us the first language of:

Applicant: _____

Joint Applicant: _____

1g. If we have to contact or visit you, do you need an interpreter e.g. because of language or hearing difficulties?

Yes✓	No✓

If 'Yes', please provide details:

1h. Do you need future correspondence in a different information format?

Yes ✓	No ✓

If 'Yes', please tick which you would prefer:

Braille ✓	Large Print ✓	Audio ✓	Community Language ✓	Other ✓

If you have ticked 'Community Language' or 'Other', please provide details:

1i. Do you or the joint applicant have current or former tenancy arrears for rent and or re-chargeable repairs?

Yes ✓	No ✓

If 'Yes', please provide details:

Landlord Name: _____

Who was the tenant of the house when the arrears or repairs related debt accumulated?

Are the rent arrears due to Housing Benefit related problems?

Yes ✓	No ✓

Have you reached an agreement with your landlord to pay the arrears or repairs related debt?

Yes ✓	No ✓

Tell us how much you pay each week or month to the arrears: £_____per week/month Have you maintained this arrangement for 3 months?

Yes ✓	No ✓

If 'Yes', please provide proof of this.

If you have rent arrears or repairs related debt you may still be admitted to the waiting list

1j. Do you or anyone on your application form have to register with the police as a relevant offender under the Sexual Offences Act 2003?

Yes ✓	No ✓

If 'Yes', please state: _____

1k. Have you, or anyone applying with you, ever had court action taken against you for anti-social behaviour?

Yes ✓	No ✓

If 'Yes', please state: _____

Please supply a copy of any court order with your application.

1l. Are you or is anyone you wish to be re-housed with related to anyone who is, or has been in the last 12 months, a member of the management committee or staff at Tollcross Housing Association or Tollcross HA LHO? This will not affect your application in any way, but is required to comply with the provisions of the Housing (Scotland) Act 2001

Yes ✓	No ✓

If 'Yes', please provide details:

Name: _____

Position Held: _____

Relationship: _____

1m. Are you or is any member of your household an asylum seeker, or do immigration controls apply to anyone in your household?

Yes ✓	No ✓

If 'Yes', who? _____

Home Office reference number: _____

We will need proof from NASS or a Home Office letter.

1n. Do you have any pets?

Yes ✓	No ✓

If 'Yes', please state the type and number of pets you have:

Section 2 – Housing Choice

2a. Please tick in the boxes below the areas where you want to be considered for an offer of housing?

Tollcross (3)	✓		✓
Altyre St		461 Tollcross Road	
Ard St		255-373 Tollcross Road	
Ardgay St		274-280 Tollcross Rd	
5-31 Braidfauld St		308-494 Tollcross Rd	
Dalness St		586,636,648,676 Tollcross Rd	
Dalness Close		740-750 Tollcross Rd	
Dalness Crescent		872-924 Tollcross Rd	
Eckford St		939-959 Tollcross Rd	
Fairburn St		984-1170 Tollcross Rd	
Fairholm St		1180 Tollcross Rd	
Ogilvie St		Trainard Ave	
2 Tollcross Park View		375-405 Wellshot Rd	

Carmyle (4)	✓		✓
Ardargie Dr		Estate Rd	
Bracadale Rd		Eversley St	
Bank Rd		Foxley St	
Braidfauld Pl		Fullerton Ave	
63 Braidfauld St		Gardenside Ave	
215-223 Braidfauld St		Gardenside Crescent	
Cathkin View		Gardenside Pl	
Carmyle Ave/Orchard Crt (Sheltered Housing)		Hillcrest Rd	
Causewayside St		Inzievar Terr	
Corbett Crt		Liddell St	
Corbett St		Lloyd Ave	
Corbett Place		1949-1971, 2253-2418 London Rd	

Carmyle (4)	✓		✓
Corbett Gate		Mansionhouse Ave	
Corbett Wynd		Montrose Ave	
Clydeview Terr		Naismith St	
Cross St		Neuk Way	
Dalbeth Pl		Noldrum Ave	
Dalbeth Rd		Noldrum Gardens	
Drumshaw Dr		Park Rd	
Duffus Pl		Park Way	
Duisdale Rd		River Rd	
15-95 Easterhill Pl		958 Tollcross Rd	
Easterhill St		Toronto Walk	
Estate Quad			

Braidfauld, Lilybank & Newbank (5)	✓		✓
Benholm St		MacDuff Pl	
Birnam Rd		MacDuff St	
194-234 Braidfauld St		52-122 Maukinfauld Rd	
Canmore Pl		134-242 Maukinfauld Rd	
Canmore St		Methven St inc Very Sheltered Housing	
Downfield St		Methven St	
Dunkeld St		Potter Close	
Finhaven St		Potter Path	
Glamis Rd		Potter Pl	
Glenisla St		Potter St	
Glenshee St		Potter Grove	
Helenvale St		Prosen St	
1359-1945 London Rd		Ratray St	
1737-1891 London Road		Strathbran St	
Lundie St			

2b. Please tick which floor level(s) you would prefer:

	✓
Ground	
First	
Second	
Third	
No preference	

2c. Do you need an apartment that has been specially adapted (for example, accommodation adapted for a wheelchair user)?

Yes ✓	No ✓

If 'Yes', please provide details:

Not all areas have adapted properties please see guide book for those that do.

Section 3 – Current Housing

3a. Please tell us your current accommodation arrangements. (Tick one box only)

Tenure	✓	Tenure	✓
Council tenant		Staying with family	
Housing Association/ Co-op tenant		Tenant of a private landlord	
Sharing owner		In supported accommodation	
Owner-occupier		Prison	
Lodger		In Homeless accommodation	
Tied accommodation		No fixed address	
Staying with friends		Other	

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

Name: _____

Address: _____

Postcode: _____ Telephone No: _____

If you are renting accommodation please provide a copy of your tenancy or occupancy agreement that you have with your landlord

If you have ticked 'Tied accommodation', please give employer's details:

Name: _____

Address: _____

Postcode: _____ Telephone No: _____

Employment end date: _____

If you are in Tied accommodation please provide a copy of your contract of employment or written confirmation from your employer that your house is tied to your job. If a date has been set for the termination of your employment please provide confirmation.

If you are in prison please provide confirmation of your release date. If you have no fixed address please advise our staff so that we can discuss your application further.

3b. Are you, or anyone included in your application form, currently homeless? (i.e. you have been assessed by the Council as being homeless)

Yes ✓	No ✓

If 'Yes', please provide a copy of the letter confirming you as homeless

3c. Have you been asked to leave your current accommodation?

Yes ✓	No ✓

3d. Have you been given written notice to leave?

Yes ✓	No ✓

If 'Yes', please provide a copy of the notice to quit

3e. Has a Court Order for Possession been granted?

Yes ✓	No ✓

If 'Yes', please provide a copy of the Order.

We will accept you are homeless if you provide a letter from your local council stating that you have been accepted as a homeless person whether in priority need or not or if you are staying in temporary accommodation or with family or friends.

3f. Please tick if your current accommodation has any of the following problems:

	Yes ✓	No ✓
Extensive dampness/water penetration		
Structural problems		
Closing Order served on property		

If you have answered 'Yes' to 'Closing order', please provide a copy.

3g. Do you have the following in your current accommodation?

Facilities	Yes	No	Shared	Facilities	Yes	No
Cold water supply			N/A	Kitchen (bed-sit)		
Hot water supply			N/A	Kitchen (recessed)		
Inside toilet			N/A	Separate living room		
Bathroom				Cooking facilities		
Shower room				Dampness		
Kitchen				Condensation		

3h. Please indicate on the table below where everyone who live in your current accommodation sleeps (whether they are moving with you or not):

Room	Name	Date of Birth	Relationship to you
Living Room			
Kitchen			
Bedroom 1			
Bedroom 2			
Bedroom 3			
Bedroom 4			
Other Rooms			

3i. How many bedrooms are there in your current accommodation?

Single Bedrooms	Double Bedrooms

3j. Please list your addresses for the last 5 years. Please begin with the most recent first and continue on a separate sheet if necessary.

Address including floor level	Date from	Date to	Name and address of landlord/owner	Reason for leaving

3k. Why do you wish to be re-housed? Please tick all that apply

Overcrowding	<input type="checkbox"/>	Relationship breakdown	<input type="checkbox"/>
Under occupied	<input type="checkbox"/>	Health/Disability	<input type="checkbox"/>
Harassment	<input type="checkbox"/>	To live independently	<input type="checkbox"/>
For employment/study	<input type="checkbox"/>	Poor Property Conditions	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	To give/receive support	<input type="checkbox"/>
Potentially Homeless	<input type="checkbox"/>	Domestic abuse	<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

Please explain briefly

Section 4 – Harassment and Abuse

4a. Are you experiencing any violence, harassment or threats of violence or harassment in your home?

Yes ✓	No ✓

If 'Yes', is it: (tick all that apply)

	<input checked="" type="checkbox"/>
Anti-social behaviour (e.g. noise or vandalism)	<input type="checkbox"/>
Domestic abuse or physical assault	<input type="checkbox"/>
Harassment (e.g. disturbance or threatening behaviour)	<input type="checkbox"/>
Racial Harassment	<input type="checkbox"/>

How often does it happen?

	✓
Mild problems less than once a week	
Mild problems at least once a week	
Severe problems less than once a week	
Severe problems at least once a week	
Severe problems most days	

Where possible please provide confirmation that you have reported the harassment/violence to an official agency such as the police.

Section 5 - Social Factors

5a. Do you want to move to Tollcross to be nearer your place of work or for education reasons?

Yes ✓	No ✓

If 'Yes', please state the name of the place you work/study and the address below:

Name of Organisation: _____

Address: _____

5b. Do you or any member of your household consider yourself to be disabled?

Yes ✓	No ✓

5c. Are you or any member of your household registered as disabled?

Yes ✓	No ✓

5d. Do you, or any member of your household, have any health/disability reasons for wishing to be re-housed?

Please ensure that you fill in the health/disability self assessment form on page 12 if you want to be considered for medical points. You may also be asked to provide additional written evidence from your GP, Consultant, Social Worker, etc.

5e. Are you seeking re-housing in order to receive support from relative/friend/care agency within the Tollcross Area?

Yes ✓	No ✓

If 'Yes', please state name and address of relative/friend/care agency and give a brief description of the nature of support you receive.

Name _____

Address: _____

Support received: _____

5f. Are you seeking re-housing in order to provide support to a relative or friend within the Tollcross Area?

Yes ✓	No ✓

If 'Yes', please state name and address of person and nature of support you provide.

Name: _____

Address: _____

Support provided: _____

5g. Do you or any member of your household have or require a support package to help sustain a tenancy?

Yes ✓	No ✓

If 'Yes', is the support package in place?

Yes ✓	No ✓

If 'Yes' support package is in place or required, please give details:

Section 6 – Medical

Only complete this section if someone in your household has a medical condition. If no one in your household has any medical issues please go to the declaration page.

6a. Please give details of person for whom medical points are being sought.

Name: _____

Describe in your own words what health problem or disability you have:

6b. Do you have any difficulty walking?

Yes ✓	No ✓	Some Difficulty ✓

If 'Yes' or 'Some Difficulty', do you use any of these to help you get around?

	✓
Crutches	
Walking stick	
Walking frame	
Other	

If 'Other' please state: _____

6c. Do you use a wheelchair?

Yes ✓	No ✓

If 'Yes' do you use it:

	✓
Indoors	
Outdoors	
Both indoor and outdoors	

6d. Is your current home wheelchair adapted?

Yes ✓	No ✓

6e. Would a wheelchair be used inside your home, if your home was suitable?

Yes ✓	No ✓

6f. Do you have difficulty with stairs inside or outside your home?

Yes ✓	No ✓	SomeDifficulty ✓

6g. How many stairs are there:

To your front door	
To your back door	

6h. How do you manage these stairs?

	✓
Have no problems with stairs	
Can manage with difficulty	
Need help to manage stairs	
Cannot manage stairs at all	

6i. Do you have internal stairs?

Yes ✓	No ✓

If 'Yes', how many: _____

6j. How do you manage these stairs?

	✓
Have no problems with stairs	
Can manage with difficulty	
Need help to manage stairs	
Cannot manage stairs at all	

6k. Do you reach any of the following rooms by using internal stairs?

	Yes ✓	No ✓
Bedroom		
Bathroom		
Only toilet		

6l. Have there been any adaptations made to your house?

Yes ✓	No ✓

If 'Yes' please describe the adaptations: _____

6m. Do you need further adaptations to your existing home?

Yes ✓	No ✓

If 'Yes' please describe the adaptations required: _____

6n. Do you require adaptations to any property offered by the Association?

Yes ✓	No ✓

If 'Yes' please describe the adaptations required: _____

6o. Does your home have dampness?

Yes ✓	No ✓

If 'Yes', does it affect your health, if so please describe how?: _____

6p. What type of heating do you have?

	✓
Gas Central heating	
Electric Storage heaters	
No central heating	

6q. What type of heating would you prefer? _____

6r. Does your current heating cause you health problems?

Yes ✓	No ✓

If 'Yes', please describe how?: _____

6s. Does your illness or disability mean you need an extra bedroom?

Yes ✓	No ✓

If 'Yes', please tell us why?:

If your health problem is not covered by any of the questions above, please tell us how your housing affects your illness or disability, and how you feel a move would help (continue on separate sheet if necessary):

Please give the name and address of your GP and that of any other health care professional with whom you have had recent contact. We may need to contact them.

G.P's name: _____

Address: _____

Telephone No: _____

Other Medical Professional name: _____

Address: _____

Telephone No: _____

Do we have your permission to contact any of the above people if we need more information about your health?

Yes ✓	No ✓

You may also be asked to provide additional written evidence from your GP, Consultant, Social Worker, etc.

Thank you for completing this application.

Please check that you have answered all the questions, which apply to you and have attached copies of all the papers we need to see. Please do not send originals. Now please read and sign the declaration overleaf:

Declaration

Tollcross Housing Association is registered under the Data Protection Act 1998 and is duty bound to comply with the conditions set out in this Act.

I/We give our consent to processing of personal data, including sensitive personal data, in this application form. The Association will process the information contained in this application form and any other relevant information it obtains in connection with the application in a number of ways. They will process the information for the purposes of your application for housing. They may also use this information to provide statistical data to their Management Committee. The Scottish Housing Regulator and other interested parties. In addition, if you are successful in obtaining accommodation the Association will use the information as history notes. I/We understand that, under the Data Protection Act 1998, I/we have the right to examine this data, and request amendments if it is not correct.

By signing this application form I give consent to Tollcross Housing Association to process the information in the above way.

I/We understand that to the best of my knowledge the details I have given on this application form are true and correct and that I will tell you about any changes in my circumstances.

I/We declare that the particulars given in this Application Form and the Medical Self Assessment Form are true. If the information is found to be false or misleading or if relevant information is withheld, I understand that the Association may withdraw offers of Housing as a result. If a tenancy has been offered as a result of false information in a housing application, I understand that the Association may begin legal action to end that tenancy.

I/We give permission to Tollcross Housing Association to make any necessary enquiries in connection with my application for housing to verify the circumstances stated on the form and the medical self-assessment form or to obtain details relating to former tenancies and undertake to pay for any charges this may incur.

I understand and agree to the conditions noted in the declaration.

Signatures if more than one applicant then both applicants must sign.

Applicant: _____ **Date:** _____

Joint Applicant: _____ **Date:** _____

Please ensure you have enclosed the proof required (where applicable):

- Proof of Date of Birth and National Insurance Number (if applicable) for all applicants wishing to be housed.
- Proof of residence for yourself and all those that live with you
- Proof of residence for all named applicants wishing to be housed.
- Confirmation of pregnancy
- Legal documents to confirm access to children
- Copy of Anti-social Behaviour Court Order
- Letter from the Home Office or NASS to confirm Leave to Remain
- Copy of Tenancy Agreement or Lease, if in Tied Accommodation a letter from your employer
- If in prison a letter confirming your release
- Letter from the Local Authority confirming that you are homeless
- Confirmation of harassment e.g. Police Incident numbers
- Letter confirming the support you receive or provide for a relative/friend/care agency
- Medical letters to confirm need for re-housing
- Confirmation of your employment details

Office Use only

Points Category	Points	Points Category	Points
Overcrowding		Sharing a kitchen	
Under occupation (RSL tenants)		Sharing a bathroom	
Medical Emergency		Sharing a shower room	
Medical Essential		Homelessness – confirm letter received	
Medical Advisable		Insecure Accommodation	
Harassment (Emergency)		Property Condition – Dampness	
Harassment (Racial/domestic abuse)		Property Condition – Condensation	
Harassment (Social problems)		Property Condition – Serious Disrepair	
No inside WC		Overcrowding due to Pregnancy	
No bath or shower		Relationship breakdown (THA)	
No hot water to bathroom		Travel to Work/study	
No hot water to kitchen		Support - Transfer/General	
No cooking facilities		Social Reasons	
Cooking/sleeping One Room		Partner Agency Referrals	
		Total	

	Initial	Date		Initial	Date
Points Assessed by			Re-assessed		
Points Verified by			Re-assessed		
Input by			Re-assessed		
Re-assessed			Re-assessed		
Re-assessed			Re-assessed		
Re-assessed			Re-assessed		

Action	Date Request	1 st Reminder	2 nd Reminder	Received
Information to confirm points				
Proof of residence				
Tenancy Ref -Current/Former				
Tenancy Agreement/Notice To Quit				
Tied Accommodation				
Homeless confirmed				
Employment/Study				
Further Info required H.O. to list below				
Medical Letter				
Support Letter				
Confirmation of harassment				
Confirmation of pregnancy (E.D.D)				

Further info:

Section 7 - Equal Opportunities Form

Tollcross Housing Association is committed to equality of opportunity for the whole community and we would like to monitor our performance in this area. We would therefore be grateful if you could assist us by answering the following questions. You do not have to provide this information if you do not wish to, and the information will not affect your application.

7.1 Questionnaire refused

7.2 Gender - are you?

	Male ✓	Female ✓
Applicant		
Joint Applicant		

7.3 Age - are you between?

	Applicant ✓	Joint Applicant ✓
16 to 24 years old		
25 to 39 years old		
40 to 49 years old		
50 to 59 years old		
60+ years old		

7.4 Ethnic Origin - How would you describe your household's ethnic origin?

	Applicant 3	Joint Applicant 3
White Scottish		
White English		
White Welsh		
White Northern Irish		
White British		
White Irish		
White Gypsy/Traveller		
White Polish		
Other White Background		
Any Mixed Background		
Asian Scottish		
Asian British		
Pakistani		
Bangladeshi		
Indian		
Chinese		
Other Asian Background		
Black Scottish		
Black British		
African		
Caribbean		
Other Background		

7.5 Disability

Do you consider anyone in your household to have a disability? By this we mean a condition, which has a long term and substantial effect on your ability to carry out normal day to day activities

	Male ✓	Female ✓
Applicant		
Joint Applicant		

If 'Yes', is it:

	Applicant ✓	Joint Applicant ✓
Physical		
Mental ill health		
Visual impairment		
Hearing impairment		
Learning Disability		
Other		

If 'Other' please specify: _____

HOW WE USE YOUR PERSONAL INFORMATION (HOUSING APPLICANTS)

We, Tollcross HA, are the controller of the personal information that we hold about you. This means that we are legally responsible for how we hold and use personal information about you. It also means that we are required to comply with data protection laws when holding and using your personal information. This includes providing you with the details contained within this statement of how we hold and use your personal information, who we may share it with and your rights in relation to your personal information.

We have appointed a Data Protection Officer (DPO), who ensures that we comply with data protection laws. If you have any questions about this statement or how we hold or use your personal information, please contact the DPO at: dpo@tollcross-ha.org.uk

You can also contact us by: e-mail at info@tollcross-ha.org.uk; telephone on 0141 763 1317 or writing to: Tollcross Housing Association Ltd, Freepost GW7508, Glasgow, G32 6BR.

Your attention is particularly drawn to section 2 of this statement, which confirms that you consent to your personal information and sensitive personal information being held and used by us as described in section 1 of this statement.

1. What personal information do we hold and use about you and why?

We may need to hold and use the personal information that you provide to us as part of your housing application and / or other personal information that we may obtain about you from you (for example, during a meeting with you) and from third parties (including your previous landlords, if applicable).

We hold and use this personal information to:

- process and manage your housing application;
- verify the information provided by you as part of your housing application;
- comply with legal requirements that apply to us as a registered social landlord in Scotland;
- comply with our equal opportunity monitoring obligations;
- compile anonymous statistical information on housing needs;
- communicate with and inform you of the outcome of your housing application;
- allocate housing in accordance with our allocations policy;
- obtain references about you from your previous landlords (if applicable);
- prevent and detect fraud and take steps to terminate your tenancy (if you are successful in your application and allocated a property), if fraud is later discovered; and
- otherwise protect and defend our legal rights in the case of a dispute between us.

2. What is our legal basis for holding and using your personal information?

Data protection laws require us to have a legal reason for holding and using your personal information. Our legal reasons for holding and using your personal information include:

- complying with the laws that apply to us as a registered social landlord in Scotland;
- taking steps to enter into a tenancy agreement with you, if your housing application is successful; and
- protecting our legitimate interests – in the highly unlikely event that we do not have another legal reason, we may have a legitimate interest in handling and using your personal information. In those circumstances, we will always consider your legitimate interests in the protection of your personal information, and will balance those against our own legitimate interests in handling and using your personal information for the purposes described in section 1 of this statement.

In very limited circumstances, we may rely on your consent as the legal reason. By providing us with your personal information and sensitive personal information (including your racial or ethnic origin, sexual orientation, your physical and / or mental health, religious or other similar beliefs and / or political opinions) and the personal information and sensitive personal information of other individuals (including other members of your household), you:

- Consent to it being used by us as described in section 1 of this statement; and
- Confirm that you have informed the other individuals if they are of 12 years old and above of the content of this statement and they have provided their consent to their personal information and sensitive personal information being used by us as described in section 1 of this statement.

You and the individuals have the right to withdraw your consent to us holding and using your and their personal information and sensitive personal information by contacting us. Once you / they have withdrawn your / their consent, we will no longer use your / their personal information and sensitive personal information for the purpose(s) set out in section 1 of this statement, which you originally agreed to, unless we have another legal reason for doing so.

3. Who do we share your personal information with?

We may share your personal information with the following organisations for the purposes described in section 1 of this statement:

- law enforcement and fraud prevention agencies; third parties from whom we may seek more information about you and to verify the information provided by you as part of your housing application, including your previous landlords; Scottish Housing Regulator; our consultants, advisers and IT service providers; and our solicitors.

4. How long do we keep your personal information?

We will only keep your personal information for as long as we need to for the purposes described in section 1 of this statement, including to meet any legal, accounting, reporting or regulatory requirements. More information is contained in our data retention policy, which is available by contacting our DPO.

5. What rights do you have in relation to your personal information that we hold and use?

It is important that the personal information that we hold about you is accurate and current. Please keep us informed of any changes. Under certain circumstances, the law gives you the right to request:

- A copy of your personal information and to check that we are holding and using it in accordance with legal requirements.
- Correction of any incomplete or inaccurate personal information that we hold about you.
- Deletion of your personal information where there is no good reason for us continuing to hold and use it. You also have the right to ask us to do this where you object to us holding and using your personal information (details below).
- Temporarily suspend the use of your personal information, for example, if you want us to check that it is correct or the reason for processing it or to stop us from using your personal information altogether if we have committed a breach of data protection laws
- The transfer of your personal information to another organisation

You can also object to us holding and using your personal information where our legal reason is a legitimate interest (either our legitimate interests or those of a third party).

Please contact our DPO if you wish to make any of the above requests. When you make a request, we may ask you for specific information to help us confirm your identity for security reasons. You will not need to pay a fee when you make any of the above requests, but we may charge a reasonable fee or refuse to comply if your request for access is clearly unfounded or excessive.

6. Feedback and complaints

We welcome your feedback on how we hold and use your personal information, and this can be sent to our DPO.

You have the right to make a complaint to the Information Commissioner, the UK regulator for data protection, about how we hold and use your personal information. The ICO's contact details are as follows:

Telephone: 0303 123 1113

Website: <https://ico.org.uk/concerns/>

If you would like to receive this statement in alternative format, for example, audio, large print or braille, please contact us.

7. Updates to this statement

We may update this statement at any time, and we will provide you with an updated version when required to do so by law.

Last updated: May 2018

