

# Application for Housing

Building affordable homes: growing rural communities



App ref no:		Name:	
<b>Initial Processing</b>			
Received:	Date:	Acknowledged by:	Date:
Pointed by:	Date:	Checked by:	Date:
Input by:	Date:	Number of bedrooms:	

Amendments and Review					
	Initial/date	Initial/date	Initial/date	Initial/date	Initial/date
Repointed					
Checked					
Input					

	Date	Date	Date	Date	Date
<b>1. Insecurity of tenure (award one category only)</b>					
Statutory homeless - 70 (no other needs points-LC only)					
Domestic abuse/harassment - 40					
NTQ/NTL - 40					
Demolition/repossession order - 35					
Tied acc/HM forces <6 months - 60					
Staying with f&f - 25					
Relationship breakdown - 25					
Owner occupier - unable to access home - 35					
Caravan/chalet/houseboat - 20					
Private let/HM forces/tied acc - no NTQ - 20					
<b>2. Condition of property (max 40)</b>					
BTS - 40					
No central heating - 10					
No inside WC - 10					
No HCW at WHB - 10					
No HCW at sink - 10					
No HCW at bath or shower - 10					
No perm water supply - 10					
Serious condensation or damp - 10					
Major disrepair - 10					
<b>3. Overcrowding (max 40)</b>					
Statutory overcrowding - 40					
Each bedroom lacking (max30) - 10 each bedroom					
Overnight access - 10 (flat rate)					
Sharing kitchen - 5					
Sharing bathroom - 5					
Sharing livingroom - 5					
Sharing WC - 5					
<b>4. Unsatisfactory housing conditions (max 40)</b>					
Medical A - 40					
Medical B - 15					
Medical C - 10					
Fostering - 20					
Households living apart - 20					
Children in communal close - 5 per child under 16 (max 10)					
<b>5. Making best use of stock - social rented tenants, Scotland</b>					
Underoccupation - 60					
2:1 tenancies - 20					
Adapted properties - 20					
<b>6. Local connection (max 20)</b>					
Residency or employment - 10					
Support - high - 15					
Support - medium - 10					
Support - low - 5					
Local connection areas:					
<b>Totals</b>					



## Rural Stirling Housing Association

### Information and Help

We are happy to offer any help you may need to complete this form:  
simply call us on 01786 841101.



HAPPY TO TRANSLATE

#### Communication requirements

The information in this publication can be made available on request in other formats and languages. For more information contact us on 01786 841101 or email [enquiries@rsha.org.uk](mailto:enquiries@rsha.org.uk)

عند الطلب، يمكن العمل على توفير المعلومات الواردة في هذه النشرة بلغات و صيغ مختلفة. لمزيد من المعلومات،  
قم بالاتصال بنا على هاتف رقم 01786841101 أو عنوان البريد الإلكتروني  
[enquiries@rsha.org.uk](mailto:enquiries@rsha.org.uk)

若有需要，我們可為閣下提供本出版物中資訊之其他格式或語言。更多資訊請致電  
01786 841101 或發電子郵件到 [enquiries@rsha.org.uk](mailto:enquiries@rsha.org.uk)

Niniejsza publikacja może zostać udostępniona w innych formatach lub językach.  
W celu uzyskania więcej informacji, prosimy o kontakt pod numerem  
01786 841101 lub pod adresem mailowym [enquiries@rsha.org.uk](mailto:enquiries@rsha.org.uk)

ਬੇਨਤੀ ਕਰਨ ਤੇ ਇਸ ਪ੍ਰਕਾਸ਼ਨ ਦੀ ਜਾਣਕਾਰੀ ਹੋਰ ਫਾਰਮੈਟ ਅਤੇ ਭਾਸ਼ਾ ਵਿੱਚ ਉਪਲਬਧ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਹੋਰ ਜਾਣਕਾਰੀ  
ਵਾਸਤੇ 01786 841101 'ਤੇ ਸੰਪਰਕ ਕਰੋ ਜਾਂ [enquiries@rsha.org.uk](mailto:enquiries@rsha.org.uk) 'ਤੇ ਈਮੇਲ ਕਰੋ।

اس طباعت کی معلومات درخواست کرنے پر دوسری شکل اور زبان میں دستیاب کرائی جاسکتی ہیں۔ مزید معلومات کے لیے  
01786 841101 پر ہم سے رابطہ کریں یا پر [enquiries@rsha.org.uk](mailto:enquiries@rsha.org.uk) ای میل کریں۔

Please state the first language of:

The main applicant:

The joint applicant:

Do you require any of the following options to aid you with your application?

- ☐ Large print text ☐ Language interpreting service ☐ Braille text  
☐ A signer or lip speaker ☐ Audio version

**PLEASE PRINT AND ANSWER ALL THE QUESTIONS ON THIS FORM AS FULLY AS POSSIBLE.  
FAILURE TO DO SO MAY RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.**

The information you provide will allow us to assess your application and will be treated confidentially.

Please answer ALL parts of the form so that we can assess your application and work out your priority for housing. We operate a POINTS system and we will award points to reflect your housing circumstances. You can find out more in our booklet 'Applying for a Rural Stirling Housing Association Home – A Guide for Applicants'.

## 1. About you

**If more than one adult is applying we will normally give a joint tenancy. If you are applying jointly, please complete the joint applicant details.**

### APPLICANT

Surname:	Title (Mr, Mrs, Miss, Ms):
First names:	Date of birth:
National Insurance No.:*	
Address:	
Postcode:	
Home tel:	Work tel: Mobile tel:
Email:	

### JOINT APPLICANT

Surname:	Title (Mr, Mrs, Miss, Ms):
First names:	Date of birth:
National Insurance No.:*	
Address:	
Postcode:	
Home tel:	Work tel: Mobile tel:
Email:	

*\*Please tell us your national insurance number. We need it because it is unique to you. It will help us process your application quickly and allocate you a tenancy. If you become a tenant we may use it to help us manage any rent arrears that may arise.*

**Do you want us to write to you at a different address? If so please give details.**

Address:
Postcode:

**If you have no fixed address or are living between addresses, please give us a postal address where we can contact you.**

Address:
Postcode:

<b>Do you want someone to act on your behalf about your application?</b> <b>Please note this may mean sharing confidential information with them.</b>		
Name:		Title (Mr, Mrs, Miss, Ms):
What is this person's relationship to you?...relative/social worker/support worker:		
Address:		
		Postcode:
Home tel:	Work tel:	Mobile tel:
Email:		

## Eligibility for housing: asylum and immigration

<b>Are you or anyone on your application subject to any form of immigration control?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please give details:

## Management of Offenders (Scotland) Act 2005

<b>Are you or anyone to be housed with you required to register with the police under the Sex Offenders Act 1997 and the Sexual Offences Act 2003?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, you must provide us with details of the person registered. Failure to do so could prevent you from being offered a tenancy or you could lose any tenancy offered or accepted by you.
Name of person registered:
Current address:
Postcode:

<b>Have you or anyone who you want to be rehoused with you been evicted for anti-social behaviour or subject of an Anti-Social Behaviour Order (ASBO)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which person was this?

## Property and Land Ownership

<b>Do you own property/land in Scotland, the UK or abroad?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please give details:

## 2. Your household

**Please give details of everyone living at your current address.**

*A separate application form must be completed if the joint applicant is living at a different address from the main applicant.*

Full name	Sex	Date of birth	Relationship to you	Will this person move with you? Please tick
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please add details of anyone else with whom you wish to be housed with but is currently living elsewhere (e.g. fiancé(e)) and not already named as a joint applicant.**

Full name	Sex	Date of birth	Relationship to you	Address
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			

**Please tell us why the people listed above are not living with you just now:**

**Are you or anyone needing to be rehoused with you pregnant?**

☐ Yes ☐ No

If yes, who is pregnant and when is the baby due?

Name:

Baby due date:

### 3. Your current housing situation

Please tick the box that best describes your current housing situation.

- |   |   |
|---|---|
| <input type="checkbox"/> I rent my home from a council            | <input type="checkbox"/> I rent from a housing association                |
| <input type="checkbox"/> I live with friends or relatives         | <input type="checkbox"/> I rent from a private landlord                   |
| <input type="checkbox"/> I live in a caravan/a chalet/a houseboat | <input type="checkbox"/> I rent from my employer/am in tied accommodation |
| <input type="checkbox"/> I am a lodger/subtenant                  | <input type="checkbox"/> I live in temporary homeless accommodation       |
| <input type="checkbox"/> I am an owner occupier                   | <input type="checkbox"/> I am a sharing owner                             |
| <input type="checkbox"/> I am in HM Forces accommodation          | <input type="checkbox"/> I am in hospital or residential care             |
| <input type="checkbox"/> Other (please describe)                  |   |

**Are you homeless or likely to become homeless in the next 2 months?**

☐ Yes ☐ No

If yes, please tell us the date you have to leave:

**IF YOUR ANSWER TO THIS QUESTION IS YES, PLEASE CONTACT STIRLING COUNCIL HOMELESSNESS TEAM ON 01786 237900 (DURING OFFICE HOURS) or 01786 404040 (24 HOURS A DAY). THE HOMELESS TEAM WILL ASSESS YOUR HOUSING SITUATION AND GIVE YOU ADVICE ON YOUR HOUSING OPTIONS.**

**If you have already spoken to the council about your situation, have they told you that you have been assessed as statutorily homeless?**

☐ Yes ☐ No

#### Tell us more about your current home

Tick the box which best describes the type of property where you live at present.

- ☐ House ☐ Flat ☐ Caravan ☐ Bedsit  
☐ Other (please specify):

**If flat or bedsit, which floor is it on?**

**If it is a flat or bedsit, is it in a close/is there a communal entrance?**

**How many bedrooms are there in the property?**

**How many bedrooms do you and the people who will be moving with you have use of?**

#### The condition of your home

**Has your home been assessed as falling 'Below the Tolerable Standard' by environmental health?**

☐ Yes ☐ No

*Tick which of these apply to your home:*

- |   |   |
|---|---|
| <input type="checkbox"/> It has no central heating                                    | <input type="checkbox"/> It has no inside WC                      |
| <input type="checkbox"/> It has no hot and cold water at the wash hand basin          | <input type="checkbox"/> It has no hot and cold water at the sink |
| <input type="checkbox"/> It has no hot and cold water at the bath or shower           | <input type="checkbox"/> It has serious condensation or dampness  |
| <input type="checkbox"/> It is structurally unstable or in need of substantial repair |   |

**Do you share any of the above facilities with members of another household?**

- ☐ Kitchen ☐ Bathroom ☐ WC ☐ Livingroom

## Why do you need a new home?

Please tick the box which describes best why...

- you have to leave your current home or;
- you want to leave your current home or;
- why it doesn't meet your needs

- |   |   |
|---|---|
| <input type="checkbox"/> I need a larger property                     | <input type="checkbox"/> I have been asked to leave my family/friends home        |
| <input type="checkbox"/> I need a smaller property                    | <input type="checkbox"/> I been asked to leave the house I rent from my employer  |
| <input type="checkbox"/> It has adaptations that I do not need        | <input type="checkbox"/> I am living in temporary accommodation                   |
| <input type="checkbox"/> I have to leave because of marital breakdown | <input type="checkbox"/> I am ready to leave supported accommodation              |
| <input type="checkbox"/> I am leaving the armed forces                | <input type="checkbox"/> My current home doesn't meet my health or mobility needs |
| <input type="checkbox"/> I need to leave because of domestic violence | <input type="checkbox"/> I am an owner occupier unable to access my home          |
| <input type="checkbox"/> I have received a Notice to Quit/Leave       | <input type="checkbox"/> I live with family/friends and want a home of my own     |
| <input type="checkbox"/> Other (please give details)                  |   |

If you currently rent your home please give us details

Landord's name:

Landlord's address:

Postcode:

Landlord's tel no:

How much rent do you pay:

Monthly:

Weekly:

Do you have any rent arrears or other outstanding debt to your current landlord?

☐ Yes ☐ No

If so, how much? £

Have you agreed a repayment plan with your landlord?

☐ Yes ☐ No

If so please give details:

Are you in receipt of any tax credits or benefits?

☐ Yes ☐ No

If so please give details:

## 4. Your housing history

We need details of where you and the joint applicant have been staying for the **last 5 years**. You have already given us details of your current home and why you want to leave. Please tell us when you moved in. If this was less than 5 years ago please give us previous addresses.

<b>MAIN APPLICANT</b>
Date moved in to current address:
Please tick if: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Tied to job <input type="checkbox"/> Living with friends/relatives
Name/address/contact details of landlord:
Reason for leaving:
<b>Previous address (1):</b>
Date moved in: to:
Please tick if: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Tied to job <input type="checkbox"/> Living with friends/relatives
Name/address/contact details of landlord:
Reason for leaving:
<b>Previous address (2):</b>
Date moved in: to:
Please tick if: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Tied to job <input type="checkbox"/> Living with friends/relatives
Name/address/contact details of landlord:
Reason for leaving:
<b>Previous address (3):</b>
Date moved in: to:
Please tick if: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Tied to job <input type="checkbox"/> Living with friends/relatives
Name/address/contact details of landlord:
Reason for leaving:

*Please continue on a separate sheet if required.*

## 4. Your housing history continued

<b>JOINT APPLICANT</b>	
Date moved in to current address:	
Please tick if: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Tied to job <input type="checkbox"/> Living with friends/relatives	
Name/address/contact details of landlord:	
Reason for leaving:	
<b>Previous address (1):</b>	
Date moved in:	to:
Please tick if: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Tied to job <input type="checkbox"/> Living with friends/relatives	
Name/address/contact details of landlord:	
Reason for leaving:	
<b>Previous address (2):</b>	
Date moved in:	to:
Please tick if: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Tied to job <input type="checkbox"/> Living with friends/relatives	
Name/address/contact details of landlord:	
Reason for leaving:	
<b>Previous address (3):</b>	
Date moved in:	to:
Please tick if: <input type="checkbox"/> Tenant <input type="checkbox"/> Owner <input type="checkbox"/> Tied to job <input type="checkbox"/> Living with friends/relatives	
Name/address/contact details of landlord:	
Reason for leaving:	

*Please continue on a separate sheet if required.*

## 5. Your housing requirements

*To help us consider you for housing that meets all of your needs, we need to know if there are particular health and support needs. If you want to be rehoused because your current home is no longer suitable for health or mobility reasons, we will send and ask you to complete a 'Health and Housing Needs Self-assessment Form'.*

<p><b>Do you or anyone who is to be re-housed with you have a health or mobility condition which makes your current home unsuitable?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Does this mean that you will only consider ground floor accommodation?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Does this mean you require wheelchair accessible accommodation?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Do you or any joint applicant require any assistance or support in order to sustain a tenancy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(For example, do you have particular needs to help you fully understand written documents such as a tenancy agreement and letters from staff or require help applying for welfare benefits, dealing with household bills and money, shopping, setting-up home and its upkeep.)</i></p>	
<p>If so, please give details of the type of support you require and (if applicable) the name, address and contact details of any organisation(s) that provide you with support:</p>	

## 6. Your choices and preferences

**CHOICE OF BEDROOM SIZE**  
*Please note that the number of bedrooms we can offer will be based on the occupancy standard as laid out in our 'Applying for a Rural Stirling Home – a Guide for Applicants'.*

**How many bedrooms would you prefer?**

☐ 1 bedroom
 ☐ 2 bedrooms
 ☐ 3 bedrooms
 ☐ 4 bedrooms
 ☐ 5 bedrooms

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**Do you or anyone who will move with you require an extra bedroom?**
☐ Yes
 ☐ No

If yes, please give details and why you need another bedroom

☐ To receive support from a carer
 ☐ For fostering reasons  
☐ For medical reasons
 ☐ To allow child access visits  
☐ Other reasons (please give details):

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**If you have access to a child/children who regularly stays with you overnight, please give details**

Full name	Address	Date of birth	Relationship to you	How often do they stay overnight with you each week?

## 6. Your choices and preferences continued

### CHOICE OF PROPERTY TYPE

Please tick the type of property you would prefer

☐ House ☐ Bungalow ☐ Any flat ☐ Ground floor flat ☐ All property types

### CHOICE OF AREA

Please indicate the areas you wish to be considered for by ticking the relevant boxes below - you can choose as many areas as you wish:

Please note that we currently do not have any properties in the areas marked with\*. If you would be interested in these areas please tick them - it will help us plan for the future.

<input type="checkbox"/> Aberfoyle	<input type="checkbox"/> Balfron	<input type="checkbox"/> Balmaha*	<input type="checkbox"/> Buchlyvie	<input type="checkbox"/> Callander
<input type="checkbox"/> Crianlarich*	<input type="checkbox"/> Croftamie	<input type="checkbox"/> Deanston	<input type="checkbox"/> Doune	<input type="checkbox"/> Drymen
<input type="checkbox"/> Fintry*	<input type="checkbox"/> Gargunnoch	<input type="checkbox"/> Gartmore	<input type="checkbox"/> Killearn	<input type="checkbox"/> Killin
<input type="checkbox"/> Kinlochard	<input type="checkbox"/> Kippen	<input type="checkbox"/> Lochearnhead	<input type="checkbox"/> Strathyre	<input type="checkbox"/> Strathblane
<input type="checkbox"/> Stronachlachar	<input type="checkbox"/> Thornhill*	<input type="checkbox"/> Tyndrum	<input type="checkbox"/> Other area not included:	<input type="text"/>

Please identify your 1st area of choice:

(Please note that this will not reduce your chances of being offered accommodation in other areas)

You are also advised to apply to Stirling Council for re-housing. Have you done so?

☐ Yes ☐ No

## 7. Local connection

We aim to give some additional points to people who already live or work in the rural Stirling area; or who need to move their for work; or because they want to be near to friends or family to give or receive support.

### SUPPORT

Do you give support to relatives or friends living in the Rural Stirling area? ☐ Yes ☐ No

Do you receive support from relatives or friends living in the Rural Stirling area? ☐ Yes ☐ No

I need to be near the person/s below for support reasons:

Name: Title (Mr, Mrs, Miss, Ms):

Relationship: Address:

Postcode: Tel:

Name: Title (Mr, Mrs, Miss, Ms):

Relationship: Address:

Postcode: Tel:

Please tell us what type of support:

How often (e.g. daily, weekly, monthly)?

## 7. Local connection continued

### EMPLOYMENT

**Are you or another household member employed?**

☐ Yes ☐ No

*If yes, please provide employer details including name, address and the area where your employment is situated.*

Name of household member:

Title (Mr, Mrs, Miss, Ms):

Employer's name:

Address:

Postcode:

Tel:

In which area do you work?

How many hours per week:

Job title:

*We give 'local connection' points for two Community Council areas only – please let us know which areas you would like 'local connection' points for: please use the 'Applicants Guide' for reference .*

Your local area 1:

Your local area 2:

### OTHER HOUSING OPTIONS

*Unfortunately we have many more people applying to us for housing than we can provide and we urge applicants to look at other housing options. Please let us know if you'd be interested in low cost ownership or mid market rent: this may help us plan for the future.*

**Are you interested in low cost home ownership housing?**

☐ Yes ☐ No

Please read the relevant section in the booklet 'Applying for a Rural Stirling Home – a Guide for Applicants' for more information. You can also get information by logging on to **[www.rsha.org.uk](http://www.rsha.org.uk)** or from our office.

**Would you be interested in 'mid-market' or intermediate rented housing?**

☐ Yes ☐ No

**If you already are a housing association or council tenant, would you be interested in swapping homes with someone else, known as mutual exchange?**

☐ Yes ☐ No

## 8. Other information

*We recognise that the application form may not cover all possible circumstances that apply to you. Is there any other information you feel is relevant to your housing application that you would like to tell us?*

## 9. Relationship to staff/Board of Management members

*Please note that special procedures have to be followed before an offer of a tenancy can be made to a close relative of a Board Member or employee of RSHA.*

**Are you or anyone who wants to be housed with you, related to an employee of RSHA, or a Member of our Board of Management, or to someone who has been a Board Member or employee within the last 12 months?**

☐ Yes ☐ No

If yes, please state who you are related to and what the relationship is:

## 10. Data protection and declaration

*We process the information you provided in connection to this application in accordance with Data Protection laws.*

*All information you provide to us in this form will be used to assess your housing needs. If your application is successful and you become a tenant of ours, the details you have provided in this form will be retained by us on your housing file. Further details of why we collect your information requested in this form or what we do with it can be found in our Fair Processing Notice.*

*Before returning this form to us, please read through the following statements and sign and date in the boxes below, to show that you understand and agree with them. We will not process your application without it.*

- I/we are 16 years of age or over.
- I/we understand that Rural Stirling Housing Association must protect public money and may use this information to prevent and detect fraud. I/we understand that the information may also be shared for the same purposes with other organisations handling public funds.
- I/we agree that you or your authorised representative may process, use and disclose any information which I have given on this form for social rented housing and the compiling of statistical information on housing needs.
- I/we agree that Rural Stirling Housing Association may share information with other third parties from whom you may seek information about me/us.
- I/we agree that rural Stirling Housing Association may contact my/our previous landlords for a reference or further information.
- I/we agree that all the information given by me/us on this form is true. If I/we supply any false information or keep back any relevant information my/our application may be suspended.
- I/we understand that if a tenancy is granted on the basis of incomplete, false or misleading information made by me/us, then Rural Stirling Housing Association may take legal action to end the tenancy.
- I/we agree that if I/we do not respond to written communication then Rural Stirling Housing Association will remove my/our application form from its housing list.

Signature of applicant:

Date:

Name (Block Capitals):

Signature of joint applicant:

Date:

Name (Block Capitals):

Please send your completed Application Form:

**By post to: Rural Stirling Housing Association Ltd, Stirling Road, Doune, Perthshire FK16 6AA**

**By email to: [enquiries@rsha.org.uk](mailto:enquiries@rsha.org.uk)**

***Thank you for completing the form.***

## Voluntary Monitoring Information

We are committed to equal opportunities and it is our policy to allocate our housing without discrimination, and to ensure that everyone has fair access to housing. The information in this part of the form is used for statistical purposes only. You do not have to provide this information and it will not affect your application if you do not.

Please tick the box that best describes your ethnic background:

<b>MAIN APPLICANT</b>			
<b>White:</b>			
<input type="checkbox"/> Scottish	<input type="checkbox"/> Other British	<input type="checkbox"/> Irish	<input type="checkbox"/> Gypsy/traveller
<input type="checkbox"/> Polish	<input type="checkbox"/> Other white background		
<b>Asian, Asian Scottish, Asian British</b>			
<input type="checkbox"/> Indian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other Asian background			
<b>Black, Black Scottish, Black British</b>			
<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Black	
<input type="checkbox"/> Any other black background			
<b>Arab, Arab Scottish, Arab British</b>		<input type="checkbox"/>	
<b>Any other ethnic background</b>		<input type="checkbox"/>	
<b>Mixed ethnic background</b>		<input type="checkbox"/>	
<b>What is your nationality?</b>			

<b>DISABILITY</b>			
Do you consider yourself to have a disability?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes (please tick where appropriate)			
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Visual impairment
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Other (please specify):		

## Contact Details

**Stirling Road, Doune, Perthshire FK16 6AA**

**Tel: 01786 841101**

**[enquiries@rsha.org.uk](mailto:enquiries@rsha.org.uk)**

**[www.rsha.org.uk](http://www.rsha.org.uk)**

Registered as a Scottish Charity No. SC037849.

Rural Stirling Housing Association is a registered society under the Co-operative and Community Benefit Societies Act 2014 No. 2376(s)

Registered with the Scottish Housing Regulator No. HAL232

Property Factor No. PF000330

Venachar Letting Agent Registration No. LARN1904083



**Rural Stirling**  
Housing Association