

HHA Application Form



Please list the areas or address of interest

1. Personal Details

Applicant 1.

Title (Mr, Mrs, Miss, Ms, Other)

First Name

Surname

Date of Birth

National Insurance Number

Daytime Phone Number

Mobile Phone Number

Email Address

Current Address

Do you currently have a mortgage

Date moved into current property

Date Application received at hha

Applicant 2.

Title (Mr, Mrs, Miss, Ms, Other)

First Name

Surname

Date of Birth

National Insurance Number

Daytime Phone Number

Mobile Phone Number

Email Address

Current Address

Do you currently have a mortgage

Date moved into current property

Applicant 1.

Landlords Name & Address

if successful in allocation of a property we will request from you a Reference Request Mandate Form to obtain a Landlord Reference

Applicant 2.

Landlords Name & Address

if successful in allocation of a property we will request from you a Reference Request Mandate Form to obtain a Landlord Reference

We require 5 years worth of addresses, you do not need to list your current address

Address and Postcode

From - To.

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Reason for leaving

Address and Postcode

From - To.

--

Reason for leaving

Address and Postcode

From - To.

--

Reason for leaving

Address and Postcode

From - To.

--

Reason for leaving

2. Employment Details

Applicant 1.

Name of main employer

Job Title

Address of employer

Annual income amount (net)

monthly

Time with current employer

Do you have a permanent contract with this employment

We require the following information if you have more than 1 job. If you are selected for a property we will ask you to support the income information by contacting your employer or requesting your P60 and wage slips.

Name of 2nd employer

Address of 2nd employer

Annual income amount (net)

Time with 2nd employer

Applicant 2.

Name of main employer

Job Title

Address of employer

Annual income amount (net)

monthly

Time with current employer

Do you have a permanent contract with this employment

We require the following information if you have more than 1 job. If you are selected for a property we will ask you to support the income information by contacting your employer or requesting your P60 and wage slips.

Name of 2nd employer

Address 2nd employer

Annual income amount (net)

Time with 2nd employer

Applicant 1.

Details of any other income

Applicant 2.

Details of any other income

If Self Employed

Applicant 1.

Name of Trading Name/Company

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Registered Address

Length of Time Trading

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Do you have an Accountant

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Do you complete your own tax return

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Annual income amount

--

Applicant 2.

Name of Trading Name/Company

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Registered Address

Length of Time Trading

--

Do you have an Accountant

--

Do you complete your own tax return

--

Annual income amount

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4. Household Details

In order for HHA to contact you regarding a property suitable to your needs please complete the following information -

People who will be moving with you and living with you permanently (incl. children)

Full Name	
<input type="text"/>	
Relationship to you	
<input type="text"/>	
Date of Birth	Do they live with you now
<input type="text"/>	<input type="text"/>
If No, please tell us their address and postcode	
<input type="text"/>	

Full Name	
<input type="text"/>	
Relationship to you	
<input type="text"/>	
Date of Birth	Do they live with you now
<input type="text"/>	<input type="text"/>
If No, please tell us their address and postcode	
<input type="text"/>	

Full Name	
<input type="text"/>	
Relationship to you	
<input type="text"/>	
Date of Birth	Do they live with you now
<input type="text"/>	<input type="text"/>
If No, please tell us their address and postcode	
<input type="text"/>	

Are you or any person who will be moving with you expecting a baby

Yes or No

If yes, who is expecting a baby

When is the baby due

Do you have residential access to a child or children who do not live with you

Yes or No

If yes, please tell us the arrangements that are in place

Tell us the name/s and permanent address/es of your children

Details of any pets

Do you have any special needs/medical requirements which may affect the type of property allocated to you?

Extra Information

Use this box to tell us why you are applying for one of our properties.

for example - future investment

5. Anti Social Behaviour

Applicant 1.

Have you or any member of your household ever been investigated or evicted for Antisocial Behaviour

Yes/No

Are you or is any member of your household subject to an Antisocial Behaviour Order

Yes/No

Applicant 2.

Have you or any member of your household ever been investigated or evicted for Antisocial Behaviour

Yes/No

Are you or is any member of your household subject to an Antisocial Behaviour Order

Yes/No

Are you currently involved in any criminal investigation or party to any ongoing criminal court process?

Do you have/ever had any criminal conviction?

6. Non UK Citizen

Applicant 1.	
Are you or your partner subject to immigration control	
Yes/No	<input type="text"/>
Are there any conditions or limits to your permission to stay in the UK	
Yes/No	<input type="text"/>
Have you completed a Habitual Residence Test	
Yes/No	<input type="text"/>

Applicant 2.	
Are you or your partner subject to immigration control	
Yes/No	<input type="text"/>
Are there any conditions or limits to your permission to stay in the UK	
Yes/No	<input type="text"/>
Have you completed a Habitual Residence Test	
Yes/No	<input type="text"/>

How did you hear about HHA

If you have registered on the Highland Housing Register please let us know the following information -

Highland Housing Register Ref.

Date Registered

Amount of Points

<input type="text"/>
<input type="text"/>
<input type="text"/>

Are you or anyone who will be living with you related to anyone working or employed by HHA.

If yes please tell us the details of the person you are connected to

Name

Position

<input type="text"/>

<input type="text"/>

Relationship

<input type="text"/>

7. Areas of Interest

To ensure we mail you relevant information please tick the areas of interest to you (if you do not tick an area we will not send you any information regarding any new developments for that area). We will not send you mail on properties that become available on existing developments. Properties that become available on existing developments will be advertised on social media and our website.



Area

tick box **Main villages and towns in the area**

Caithness

for further information on area you require

Sutherland

Ross and Cromarty

Skye and Lochalsh

Inverness

Inverness City Centre

Nairn

Lochaber

Badenoch and Strathspey

This application is for properties managed by HHA who are a registered Landlord/Letting Agent with the Highland Council. Any information for references from your employer, accountant, bank or landlord will require the completion of a separate mandate from or written consent from the applicant.

HHA are members of Landlord Accreditation Scotland, Chartered Institute of Housing, Scottish Association Institute of Housing, Scottish Association of Landlords and the Council of Letting Agents.

HHA will not discuss the information you have given with any other housing provider apart from the Highland Council and the Landlord.

HHA adhere to guidelines published in the Data Protection Act of 1998 and the General Data Protection Regulation (EU) 2016/679 which is applicable from the 25 May 18, together with any domestic laws form subsequently enacted.

HHA will keep your application form on file for a maximum 5 year period after this date your application will be confidentially destroyed.

Please read this declaration carefully

I/We can confirm that the details I have provided on this application form are true and accurate.

I/We understand that if I/we give false or misleading information, or do not provide relevant information, now and at any time, my/our application may be suspended or cancelled.

If I/we get a tenancy based on false or misleading information, I understand and accept that the landlord may take me to court to evict me/us.

I/We understand and accept that if I/we receive a Mid-market tenancy from HHA HHA my/our name(s) will be taken off the Highland Housing Register.

I/We understand and accept that HHA may make such enquires as they deem necessary to verify the information given on this application form is true and accurate.

<u>Signatures</u>	
Applicant 1. Print Name	Your Signature
<input type="text"/>	<input type="text"/>
Date	<input type="text"/>
Applicant 2. Print Name	Your Signature
<input type="text"/>	<input type="text"/>
Date	<input type="text"/>

once complete please return to -
HHA, Fairways, Castle Heather, Inverness IV2 6AA

If you have supplied an email address, we will acknowledge receipt of your application form

HHA is the trading name of Highland Housing Alliance Register No. 279579

