

Borders CHOICE·HOMES

The Key to over 5000 affordable homes
in the Scottish Borders



USING
HOMEHUNT®
ALLOCATIONS
PACKAGE



In partnership with Scottish Borders Council and Cairn Housing Association

Registration Form

Welcome to the Borders Common Housing Register – Borders Choice Homes

Berwickshire Housing Association, Eildon Housing Association and Waverley Housing; three major landlords in the Borders, together with Cairn Housing Association, a national housing provider and Scottish Borders Council, have introduced Borders Choice Homes using the *homehunt* allocations package. This makes applying for housing easier.

All that is required for access to Borders Choice Homes is completion of this short form which replaces the traditional lengthy Housing Application Form. On completion this form can be returned to any participating landlord's housing office – details on back page of the guide to Borders Choice Homes booklet. Properties available for rent are advertised each week in the Berwickshire News, the Southern Reporter, at all landlords' offices, on freephone 0800 587 4868, and on the internet at www.homehunt.info.

As it is possible that more than one person will apply for a vacant house or flat, there are some simple rules to help us decide who should receive the first offer of the property.

Borders Choice Homes covers the Scottish Borders area. We hope you like this new approach to letting houses.


Happy homehunting!



Helen Forsyth
Chief Executive,
Berwickshire HA



Peter Lee
Chief Executive,
Eildon HA



Robert Johnson
Chief Executive,
Waverley Housing

Data Protection Notice

Data Protection: Berwickshire, Eildon Housing Association and Waverley Housing (the partnering landlords) are the data controllers, whose registered offices are 53 Newtown Street, Duns, TD11 3AU, Eildon House, Dingleton Road, Melrose, TD6 9QY and 27 North Bridge Street, Hawick, TD9 9BD respectively.

The information you provide on this form and other additional related information you may provide together with any that is obtained from a third party will be held and used in accordance with our Allocations and Data Protection Policies. The partnering landlords will use this information solely for the purpose of operating the Borders Choice Homes service and for administrative and statistical purposes. The partnering landlords will not disclose any information without your written consent unless it is required to do so by law or its regulators.

By returning this form you consent to our processing data about you that is defined by the Data Protection Act as sensitive. Examples include information about health, racial or ethnic origin, religious beliefs, sexual orientation, committed or alleged offences including court proceedings and sentences. This data will only be processed where absolutely necessary.

Please inform us of any changes to your personal information. We will then update them to keep your records up to date and accurate.

You have the right to see and receive a copy of any personal information (for which we may charge a small fee) that is held by the partnering landlords and to have any inaccuracies corrected.

Registration Form

Registration No.
(for official use only)

Your details

Title

Name

Date of Birth

Address

Postcode

Tel (home)

Tel (work)

Mother's Maiden Name

Do you currently hold a tenancy? Yes No

Landlord's name, address & telephone number

Your partner/joint applicant details

Relationship to You: Title:

Name

Date of Birth

Address

Postcode

Tel (home)

Tel (work)

Mother's Maiden Name

Do you currently hold a tenancy? Yes No

Landlord's name, address & telephone number

Please give details of everyone who will move with you (excluding yourself or your partner). Please do not include anyone who currently lives with you that will not move with you. In the case of access to children, please state number of nights they stay with you per week (N/PW).* If anyone is pregnant please include unborn children and estimated date of birth.*

Full Name	Date of Birth	Relationship to you	N/PW*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***Please provide proof of pregnancy/access rights with your registration form.**

Are you related to a participating landlord's employee/Committee member? Yes No

Please tick if you require any of the following features:

Ground Floor Accommodation Wheelchair Access Sheltered Housing

Please complete and sign the following statements. This will help us identify if you (or we) need to do anything else before your Registration for housing can be completed, and you can start applying for houses. In each case, please tick whichever box applies – but if you are unsure about any aspects of this form, please ask a member of staff for advice before signing.

Please indicate if you or anyone that will move with you require housing because of:

Homelessness Overcrowding Health Problems Disrepair

Please answer Yes or No to the following questions:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you, or anyone to be housed with you, been evicted for anti-social behaviour, or been the subject of an Anti-Social Behaviour Order or Criminal Anti-Social Behaviour Order? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you, or anyone to be housed with you, have outstanding rent arrears of more than one month, or any tenancy related debt, e.g. rechargeable repairs, relating to a current or previous tenancy with either Berwickshire Housing Association, Cairn Housing Association, Eildon Housing Association or Waverley Housing, or any other landlord? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2a. If yes ticked above, do you declare that you have outstanding arrears with _____ (name of landlord), and that you have maintained an agreement for at least three months to pay them off and you will continue to meet this agreement until the arrears are cleared and you will inform Borders Choice Homes of any changes to this agreement. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you, or anyone on your application, required to register with the Police under the Sex Offenders Act 1997? | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration

I understand that if I accept an offer of property, general details of the allocation will be published from time to time, for example at www.homehunt.info.

I authorise and request all relevant bodies and persons to supply information reasonably required by Borders Choice Homes in connection with this Registration or subsequent administration of the participating landlords' allocation policies (and to allow Borders Choice Homes to share relevant information with such bodies). This includes any application for a Priority Pass, or any offer or refusal of property. I authorise and request the following bodies to supply and share information:- (1) the Police (2) relevant Local Authorities (3) my landlords or former landlords (4) relevant Government Authorities (5) medical authorities.

I confirm that I have read all the statements on this form. The information I have given is correct. I understand that, if I give any false or misleading information, my registration will be put 'On Hold' for two years; or if I have secured a tenancy, the landlord who provides that tenancy will have the right to take eviction action. I understand that if I abuse or threaten any participating landlord's staff at any time that my Registration may be put 'On Hold' for up to five years. I agree to the use of this information in accordance with the Data Protection statement as stated on this Registration form (please tick box).

Signed (applicant) _____ Date _____

Signed (joint applicant) _____ Date _____

Ethnic/Disability Monitoring

This part of the form is optional. The information is only used for statistical purposes, and to ensure that our Equalities policy is followed.

Please indicate any disability.

Vision Mobility Hearing Other

If Other please indicate _____

Please describe your ethnic origin.

White Scottish	Indian	
White other British	Pakistani	
White Irish	Bangladeshi	
Any other White background	Chinese	
Any mixed background	Other Asian background	
Caribbean	Other Black background	
African	Any other background	

Please return in person or by post to any participating landlord's local housing office.