

# HOUSING APPLICATION FORM

**Do you know anyone who is registered blind or has a visual impairment?**

If you do and you think that they would like a larger print version or an audio cassette version of the text contact council staff on:

**South Ayrshire Council**  
**0300 123 0900**

**Ayrshire Housing**  
**01292 880120**

**Text only versions of this publication are available in Polish, Chinese and Urdu.**

本出版物還有純文字中文版。

有關更多資訊，請聯絡：

اس اشاعت کے نسخہ کا صرف متن اردو زبان میں دستیاب ہے۔  
مزید جانکاری کے لیے براہ کرم درج ذیل پر رابطہ قائم کریں:

Dostępna jest wersja tej publikacji w języku polskim, zawierająca wyłącznie tekst.

Aby uzyskać więcej informacji, proszę skontaktować się z:

## **SOUTH AYRSHIRE COUNCIL FOR OFFICE USE**

Received Date Stamp:

HL / HO / TL / MEX

Ref No: \_\_\_\_\_

Area Office \_\_\_\_\_

Qualification \_\_\_\_\_

Registered Date \_\_\_\_\_

## **AYRSHIRE HOUSING FOR OFFICE USE**

Change Circ  Transfer

Received Date \_\_\_\_\_

Reference No. \_\_\_\_\_

Date of Application \_\_\_\_\_

Processed by \_\_\_\_\_

Date of Processing \_\_\_\_\_

SDM \_\_\_\_\_

Letter \_\_\_\_\_

**This is a joint housing application form between South Ayrshire Council (SAC) and Ayrshire Housing (AH). Please note that SAC and AH operate separate allocations policies and allocations systems.**

Before completing your application, please refer to the Information Booklet which was issued to you along with this form. For further assistance please refer to the contact details at the back of this form.

**Are you applying to: (Please tick one or both):**

South Ayrshire Council (SAC)       Ayrshire Housing (AH)

**PLEASE COMPLETE THIS FORM USING BLOCK CAPITAL LETTERS**

**1. Applicant(s) Details**

You must enclose **proof** that you are over 16

Applicant	Title	Surname	First Name(s)	Date of Birth	Sex M/F	National Insurance Number
You						
Joint						

Are you and your joint applicant a couple?    Yes     No

**2. Are you, your joint applicant or any member of your household required to register with Police under the Sex Offenders Act 1997?**

Yes     No

If yes please complete the box below:

Name of Person Required to Register	Address of Police Station	Name of Responsible Officer

**3. Have you ever been subject to an anti social behaviour order or been evicted due to anti social behaviour?**

Yes  No

If Yes please provide details

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**4. Current Address  
You MUST include 2 forms of proof confirming your current address**

	You	Joint Applicant
Town		
Address		
Postcode		
Date you moved into property		
Daytime telephone number		
Mobile telephone number		
E-mail address		

**5. Details of everyone living at your address (Proof must be provided for anyone aged 16 or over which shows they are living at your current address)**

**YOU**

Surname	First Name(s)	Date of Birth	Sex M/F	Relationship to You	Are They Moving in With You? Y/N

**5. (continued) Details of everyone living at your current address**

**JOINT APPLICANT**

Name	Address	Date of Birth	Sex M/F	Relationship to You	Are They Moving in With You? Y/N

**Please add details of anyone else to be housed with you but currently living elsewhere**

Surname	First Name(s)	Date of Birth	Sex M/F	Relationship to You

**6. Do you wish letters from us to be sent somewhere other than your current address? Please note – it is your responsibility to notify the householder you have given us their address and to update us with any changes.**

Yes  No

If yes, please provide the details below:

Householders Name			
Address			
Town		Postcode	

**7. Do you, or anybody to be housed on your application own or jointly own a property? i.e. do any of your names appear on the title deeds of a property?**

Yes  No

If yes, please provide the details below:

Householders Name			
Address			
Town		Postcode	

**8. We would also be grateful if you would complete this Equal Opportunities Section. However, it is not mandatory and will not affect your application.**

**Please complete this section as it enables us to ensure that all sections of the community have equal access to housing.**

	You	Joint
White Scottish	<input type="checkbox"/>	<input type="checkbox"/>
White Other British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
White Polish	<input type="checkbox"/>	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	<input type="checkbox"/>
Any Mixed Background	<input type="checkbox"/>	<input type="checkbox"/>
Arab	<input type="checkbox"/>	<input type="checkbox"/>
Arab Scottish	<input type="checkbox"/>	<input type="checkbox"/>
Arab British	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian Background	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other Black Background	<input type="checkbox"/>	<input type="checkbox"/>
Other Background	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<hr/>	
	<hr/>	
	<hr/>	

**Are you or your joint applicant disabled?**

Yes  No

If yes please tick the following which apply to you:

	You	Joint
Physical disability	<input type="checkbox"/>	<input type="checkbox"/>
Mental ill health	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<hr/>	
	<hr/>	
	<hr/>	
	<hr/>	

### 9. Where you are living now?

(If you are a Local Authority, Housing Association or Private Tenant we will request a tenancy reference from your landlord)

Description	You	Joint Applicant	Proof Required
Accommodation tied to your job			✓
Caravan			
Local Authority Tenant			
HM Forces (Army, Navy, Air force)			✓
Home Owner (named on Title Deeds)			
No Fixed Address (If you are unsure if this applies to you please contact a member of staff)			
Housing Association or other Registered Social Landlord Tenant			
In residential/nursing care *see below			
In Hospital *see below			
In Prison *see below			✓
Life Rent (i.e. the right to use and occupy a property during your life?)			
Living with family or friends			
Looked after by Local Authority * see below			
Lodger			
Shared Ownership			
Private Tenant			
Other **see below			

If you MUST leave your home by what date must you leave?	
*If you are in hospital, care, prison or looked after by the Local Authority when are you likely to leave?	
**Other – please provide details	

**10. The type of accommodation you are living in now?**

(If you are a Local Authority, Housing Association or Private Tenant we will request a tenancy reference from your landlord)

Property Description	You	Joint Applicant
End Terraced (2 storey)		
Mid Terraced (2 storey)		
Semi Detached (2 storey)		
Detached (2 storey)		
Bungalow (1 storey)		
2-in-a-block upper flat		
2-in-a-block lower flat		
4-in-a-block upper flat		
4-in-a-block lower flat		
Flat – ground (more than 4 in block)		
Flat – upper (more than 4 in block)		
Maisonette – lower		
Maisonette – upper		
Multi-Storey Flat (high rise)		
Sheltered or Amenity		
Bedsit		
Room or rooms in a house/flat		
Caravan (how long is the caravan in feet & inches)		
Other (please give details)		

**10(a) Has your current home been adapted in any way?**

Yes  No  If yes, please provide details \_\_\_\_\_

**10(b) Do you have an alert community alarm fitted in your home**

Yes  No

**11. Facilities in the accommodation you live in now**

Excluding your kitchen and bathroom, how many rooms does your current accommodation have?	You	Joint Applicant
How many are bedrooms?		
Do you sleep in any room other than a bedroom?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you share any of the following rooms with anyone other than those to be housed with you?		
You		Joint Applicant
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/>	Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/>	Kitchen <input type="checkbox"/> Bathroom <input type="checkbox"/>
Toilet <input type="checkbox"/> Bedroom <input type="checkbox"/>	Toilet <input type="checkbox"/> Bedroom <input type="checkbox"/>	Toilet <input type="checkbox"/> Bedroom <input type="checkbox"/>

**12. Facilities in the accommodation you live in now**

Heating Type	You	Joint	Heating Type	You	Joint
Electric Storage Heating			Solid Fuel – Open Fire		
Electric Warm Air			Solid Fuel – Enclosed Fire		
Electric Wet			Gas Radiators		
Oil Central Heating			Gas Warm Air		
Other, Please Specify					

**13. Lack of facilities or faults in the accommodation you live in now.  
Please tick all that apply**

An Environmental Health Officer may visit your home to confirm the problem(s)

Does your home lack any of the following amenities?	You	Joint	Does your home suffer from any of the following faults	You	Joint
Kitchen			Rising or Penetrating Damp		
Bath or Fixed shower			Structural instability		
Inside Toilet			Inadequate heating		
Hot or Cold water supply			Inadequate ventilation		
			Inadequate natural light		

**14. Property Size (Please see the Applicants Guide for more information)**

We will assess the size of property you **need** against the Department for Work and Pensions (DWP) social housing property size criteria (below):

One bedroom for each person or couple living as part of the household with the following exceptions:

- Children under 16 of the same gender are expected to share
- Children under 10 are expected to share regardless of gender
- A disabled tenant or partner who needs a non-resident overnight carer will be allowed an extra room.



Under South Ayrshire Council's Allocations Policy, the following household types can be considered for 1 bedroom more than they are assessed as needing (subject to stock availability):

- a) Single applicant (no proof required)
- b) Couple (no proof required)
- c) Applicants who are 25 weeks pregnant or more and will require an additional bedroom for the unborn child where this child cannot be paired with another in the household (proof required)
- d) Parents who have shared responsibility for their children (proof required)
- e) Medical reasons (i.e. extra room for carer) – proof of this must be enclosed.
- f) Applicants who have two children, where one child is at least 8 years old, and where the two children are separated by at least a four year age gap.  
(Due to the limited availability of 4 bedroom properties, this choice will not be offered if it would result in the household requiring a 4 bedroom property.)

If you meet any of the above criteria and wish to be held for an extra bedroom you must enclose the relevant proof where asked.

**Please note that:**

- You will only be held for one bedroom size at any time
- Ayrshire Housing applicants will only be considered for an additional bedroom under Category D&E above.

**Do you require an extra bedroom with South Ayrshire Council?**

Yes  No

Proof enclosed?

Yes  No

Reason for requesting an extra bedroom?

A  B  C  D  E  F

**Do you require an extra bedroom with Ayrshire Housing?**

Yes  No

Proof enclosed?

Yes  No

Reason for requesting an extra bedroom?

D  E

**Please carefully read and sign the following disclaimer whether you are applying for an extra bedroom or not**

**Applicant additional bedroom choice disclaimer**

**Welfare Reform Information**

Due to Welfare Reform changes introduced by the Department for Work and Pensions in April 2013, a tenant of a Local Authority, Housing Association, or other social landlord, will have housing benefit reduced where they have 'spare bedrooms' **and are of working age**.

If they have one 'spare' bedroom their housing benefit will be cut by 14% of the rent they pay every week. If they have two or more spare bedrooms, they will lose 25%.

As an example if a tenant currently gets full housing benefit for a rent charge of £65.00 a week, they could lose £9.10 a week in housing benefit if they had one 'spare bedroom', and £16.25 a week if they had two 'spare bedrooms'.

If the main residence of a tenant's child/children is another address, but the tenant has a bedroom for them when they stay, this bedroom will be considered to be a 'spare bedroom'. Housing benefit will be paid to the parent whose home is the main residence for the child/children.

If a tenant has a 'spare' bedroom which is used because the tenant and their partner need to sleep apart because of a medical condition, this will be considered to be a 'spare bedroom'.

There may be other circumstances in which the DWP determine that a tenant has a 'spare bedroom(s)'.

**Applicant disclaimer**

I understand that if I have asked to be considered for an extra bedroom on my application for housing, and accept a Scottish secure tenancy from **South Ayrshire Council**, any housing benefit I claim may be reduced if I have 'spare bedroom(s)' as defined by the Department for Work and Pensions.

I also understand that if my housing benefit is reduced I will have to pay South Ayrshire Council the difference between the amount of housing benefit I actually receive, and the amount of rent I am due to pay.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant (Print Name) \_\_\_\_\_

Joint applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Joint applicant (Print Name) \_\_\_\_\_

**Please now go to Question 15**

### 15. Eligibility (South Ayrshire Council Applicants Only)

For people who don't live in South Ayrshire, you will only be considered for an offer of housing if you can tick one of the boxes below  
(**Proof** may be required):

- You are employed within South Ayrshire
- You have been offered employment within South Ayrshire
- You wish to move to South Ayrshire, are currently unemployed and are actively seeking employment in the area
- You wish to move into South Ayrshire to be nearer a relative or carer
- You have exceptional social or medical reasons for moving to South Ayrshire
- You wish to move to South Ayrshire because of harassment
- You wish to move to South Ayrshire because you are threatened with domestic violence

If you are currently employed or have been offered employment in South Ayrshire, please provide a letter from your employer confirming place of employment and start date and complete the following details:

Applicant	Name and Address of Employer	Date of employment	Place of employment	Permanent or temporary
You				
Joint				

If you are moving to the area to be nearer a relative or carer you must provide their details below: (a letter will be sent to them to confirm their details and support of your application)

Applicant	Name	Address	Relationship	Contact No.
You				
Joint				

**16. Your Landlord Details (If you rent accommodation)**

Applicant	Name	Address	Contact No.
You			
Joint			

Please note tenancy reports will be requested from your landlord.

**17. Details of where you have lived over the past 3 years if different from current address**

Applicant	Address	Tenure (i.e. Owner, Tenant, Lodger)	From	To	Reason for Leaving
You					

(Continue on a separate sheet if necessary)

Applicant	Address	Tenure (i.e. Owner, Tenant, Lodger)	From	To	Reason for Leaving
Joint					

If you were a tenant at any of the above addresses please provide the following information

Address of Property	Landlord/Letting Agent Name and Address

**18. HM Forces**

Are you a current member of HM Forces?

You Yes  No

Joint Applicant Yes  No

If Yes, and you are currently serving in HM Forces you must enclose a letter from your commanding officer confirming:

The date you entered the forces Yes  No

The date you are due to leave the forces (if known) Yes  No

If you are not currently a member of HM Forces have you ever been a member?

You Yes  No

Joint Applicant Yes  No

**19. Employer's Accommodation**

Do you or your joint applicant live in your employer's accommodation?

You Yes  No

Joint Applicant Yes  No

If yes, have you been asked to leave?

Yes  No  Date

Do you have to live in your employer's accommodation as a condition of your employment?

You Yes  No

Joint Applicant Yes  No

You must enclose a letter from your employer confirming the date that you moved into the accommodation and the date you have to leave.

**20. Do you have any pets?**

Yes  No

If yes, what pets do you have? \_\_\_\_\_

### 21. Are you applying for?

SHELTERED HOUSING   
(With warden support)

NON -SHELTERED HOUSING   
(Without warden support)

**(Please tick one only)**

### 22. House Types

(Please tick all the house types you wish to be considered for)

Property Description	✓
End Terraced (2 storey)	
Mid Terraced (2 storey)	
Semi Detached (2 storey)	
Detached (2 Storey)	
Bungalow (1 storey)	
2-in-a-block upper flat	
2-in-a-block lower flat	
4-in-a-block upper flat	
4-in-a-block lower flat	
Flat ground (more than 4 in a block)	
Flat upper (more than 4 in a block)	
Maisonette – lower	
Maisonette – upper	
Bedsit	
Ground Level	

Sheltered Applicants Only – Would you consider	SAC only ✓
Ground Level Property	
Upper property	
Bedsit	

### 23. Heating Types

(Please tick all the heating types you wish to be considered for)

Heating Type	✓
Electric Storage Heaters	
Electric Warm Air	
Electric Wet	
Solid Fuel – Open Fire	
Solid Fuel – Enclosed Fire	
Gas Radiators	
Gas Warm Air	
Oil Central Heating	

### 24. Mutual Exchange

If you are a Council tenant, Housing Association or other Registered Social Landlord tenant would you consider a mutual exchange? (If yes you are authorising us to share your details with other mutual exchange applicants).

Yes

No

Please note that we will assess the size of property you need against the Department for Work and Pensions (DWP) social housing property size criteria as previously explained in Section 14 of this form.

### 25. Would you accept a property from another Housing Association? (such as West of Scotland, Trust etc)?

Yes

No

(Please note if you tick yes you agree to South Ayrshire Council passing your details to the relevant Housing Association)

## 26. South Ayrshire Council

Sheltered Complex Choices - (please tick as many areas as you wish)

<b>Ayr North</b>	✓	<b>Ayr South &amp; Kyle</b>	✓
Elba Court		Mill Street (Trust.)	
Limonds Court/Syms Lane		Forehill (West of Scotland H.A.)	
Morrison Gardens		Arcon Court, Mossblown	
Newton Park Court		John Hodge Court, Coylton	
Whitletts Court			
<b>Prestwick</b>	✓	<b>Troon</b>	✓
Ardfin Road		Bradan Road	
Benmore		Dundonald	
Lichtenfels Gardens		Logan Drive	
Alexandra Court (Hanover H.A.)		Millrock/Panrock	
		Princes Square (Hanover H.A.)	
		Sandhill Gardens	
		St. Meddams Court	
		Walker Avenue	
<b>Maybole</b>	✓	<b>Girvan</b>	✓
Crosne Street		Boyle Court	
		Old Street	

## 27. South Ayrshire Council

Neighbourhood Choices (NON-SHELTERED APPLICANTS)  
(please tick as many areas as you wish)

<b>Ayr North</b>	✓	<b>Ayr South</b>	✓
Annpit		Ayr Rural	
Braehead		Forehill/Glencairn/Holmston	
Craigie		Kincaidston	
Dalmilling		Old Belmont	
Heathfield		South Belmont	
James Brown Avenue		Ayr South Central	
Lochside		Snowdrop Square Flats	
Newton Green			
North Central		<b>Kyle</b>	✓
Riverside Place (ground level/amenity)		Coylton	
Wallacetown		Annbank	
Whitletts		Mossblown	
Woodfield		Tarbolton	
Westoak Flats			

<b>Prestwick</b>	✓
Adamton Estate	
Arran Park Flats	
Prestwick Central	
Craigie Village	
Eastfield	
East Road	
Glenburn	
Marchburn	
Monkton	
Moorfield	
Mossbank	
Pleasantfield Road Flats	
Symington	
Prestwick Toll	
Woodpark Flats	

<b>Maybole</b>	✓
Cairn	
Dailly Road	
Fineview	
Gardenrose	
Hicks Avenue	
High Street	
Kincraig	
Ladywell	
Manse Street	
Murray Gardens	
School Vennel	
St Cuthberts	
The Croft	
The Glebe	
Whitefaulds	

<b>Troon</b>	✓
Barassie	
Barassie Flats	
Troon Central	
Dundonald	
Harbour	
Loans	
Logan Drive	
Muirhead	
Muirhead Flats	

<b>North Carrick</b>	✓
Crosshill	
Dunure	
Kirkmichael	
Kirkoswald	
Maidens/Turnberry	
Minishant	

<b>South Carrick</b>	✓
Ballantrae	
Barr	
Barrhill	
Colmonell	
Dailly	
Old Dailly	
Pinmore	

<b>Girvan</b>	✓
Coalpots	
Girvan North	
Glendoune	
Henrietta	
Montgomerie	
Motehill	

Are there any streets within your chosen areas that you do not wish to be offered?

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**28. Ayrshire Housing**

Neighbourhood Choices - (please tick as many areas as you wish)

	<input checked="" type="checkbox"/>	Kirkmichael	
Ayr	<input type="checkbox"/>	Kirkoswald	
Annbank	<input type="checkbox"/>	Maidens	
Ballantrae	<input type="checkbox"/>	Maybole	
Barr	<input type="checkbox"/>	Monkton	
Coylton	<input type="checkbox"/>	Mossblown	
Crosshill	<input type="checkbox"/>	Prestwick	
Dailly	<input type="checkbox"/>	Symington	
Dalrymple	<input type="checkbox"/>	Straiton	
Dundonald	<input type="checkbox"/>	Tarbolton	
Girvan	<input type="checkbox"/>	Troon	

**29. (Ayrshire Housing Only)**  
**Are you related to any member of staff or the Board of Ayrshire Housing?**

Yes  No

If yes please indicate who it is and your relationship

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**30. Do you or the joint applicant have contact with a Social Worker?**

Yes  No

If yes please provide their details below allowing us to discuss your application if necessary:

Name	Address	Postcode	Telephone	Details of contact

**31. Do you wish to authorise someone else to be able to enquire about your application, e.g. a friend or relative?**

Yes  No

If yes please provide their details below:

Name	Address	Postcode	Telephone	Details of contact

**32. Please tell us why you are applying for housing and give any other information which you think we should know about?**

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If required please continue on a separate sheet.

**33. To be completed if your current accommodation is medically unsuitable and by all Sheltered Applicants and Ground Level Applicants**

Only one person within the household can complete this section so if more than one member of the household has any relevant medical conditions please complete for the person with the greatest medical need. If you are unsure please contact your local office for advice.

**NAME OF PERSON APPLYING**

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**Medical Conditions**

Please list all medical conditions, the medication you take and describe how your current accommodation affects each condition. (If you can please provide a copy of a repeat prescription)

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Medical Condition(s)	Medication	How Would Moving Home Improve This Condition

Continue on a separate sheet if necessary

**Getting around your home**

Do you have difficulty walking?	✓
Yes	
No	

If yes are any of the following used	✓
Walking Stick	
Walking Frame	
Wheelchair	

If you use a wheelchair, do you use it?	✓
Indoors only	
Outdoors only	
Both	

**Is there a lift in your building?**

Yes  No

**Stairs**

Do you have difficulty climbing stairs?	✓
Yes	
No	

Do you have to go upstairs to the following?	✓
Toilet	
Bathroom	
Bedroom	

How many stairs are there in your property?	
Inside	
Outside	

How many stairs can you manage overall?	
Inside	
Outside	

**Bathroom**

Does your bathroom have?	✓
Shower over bath	
Separate shower unit	
Wet Floor Shower	
Bath only	

Do you have difficulty using any of the following?	✓
Bath	
Shower	
Toilet	

Which facilities would best suit your medical needs? Please select only ONE option	✓
Bath only	
Shower over bath	
Separate shower unit	
Wet Floor Shower	

**South Ayrshire Council Tenants Only**

In some cases South Ayrshire Council may be able to adapt your home to make it more suitable for your needs allowing you to remain in your current accommodation. In this case, we would refer your application to our Occupational Therapist.

Do you wish to consider this option?

Yes  No

**Other Health Problems**

If your health problem is not covered by any of the above questions, please describe how your current accommodation affects your health or disability, and why a move would benefit your health


**Doctor/Hospital**

Please provide details of your family doctor and any consultants you see on a regular basis.

Doctor's Name:		Consultant's Name:	
Surgery Address:		Department:	
Tel No:		Hospital:	

**Other Support**

If you get support from anyone else, such as homecare services or assistance with personal care functions, district nurse, psychiatric nurse or occupational therapist, please provide their names and addresses.

Name:		Name:	
Occupation:		Occupation:	
Address:		Address:	
Tel No:		Tel No:	

**Benefits**

Are you currently receiving any disability benefits?	✓	If Yes. please provide details of the type of disability benefits received:
Yes		
No		

### 34. Declaration

If your circumstances change, you must let us know immediately. Otherwise we may cancel your application or you may miss out on an offer of housing.

South Ayrshire Council and Ayrshire Housing are registered under the Data Protection Act 1998. The information collected on this form, and from supporting evidence, will be used by South Ayrshire Council and Ayrshire Housing to process your Housing Application. We may check information provided by you, or information about you provided by a third party with other information held by us. We may also get information from certain third parties, or give information to them to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, as permitted by law. These third parties include Government Departments, Local Authorities, and other Registered Social Landlords.

**This information can be translated into other languages and formats on request. Please contact one of the area offices listed for details.**

Na życzenie klienta, informacje te mogą być udostępnione w innych językach oraz formatach. W celu zasięgnięcia dalszych informacji proszę skontaktować się z jedną z lokalnych placówek zamieszczonych na liście. Informacje te są również dostępne do pobrania na naszej witrynie internetowej.

可按要求將本資訊翻譯成其他語言和轉變為其他格式。請與列出的任何一個地區辦公室聯絡，查詢詳情。也可以從我們的網站上下載獲得本資訊。

درخواست کون پران معلومات کا ترجمہ دیگر زبانوں اور شکلوں میں کیا جا سکتا  
ہر اکرم تفصیلات ک لنکسی مذکور علانی دفتر سے رابطہ کری  
اس معلومات کو ہمارے ویب سائے سے بھی اونی لو کیا جا سکتا

If we give you a tenancy based on false or misleading information, we may take legal action to get our property back.

The information I have given in this form is true and accurate. I agree that South Ayrshire Council and Ayrshire Housing can make any enquiries they need to confirm the details I have given.

Your signature:

---

Date:

---

Joint applicant's signature:

---

Date:

---

**FOR OFFICE USE ONLY**

## Additional Information and Assessments

	PMED	Gen Med	No Medical	Sheltered Priority
Grade Awarded				
Other Requirements				
i.e. Ground Level				
Referral to Housing OT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	
Date of Assessment				
Signature				

**HOUSING OPTIONS TEAM**

80/88 Kyle Street,  
Ayr, KA7 1RZ

**Phone:** 0300 123 0900 (Press option 2, then Option 1 and then say Housing Options)

**Email:** HousingOptionsTeam  
@south-ayrshire.gov.uk

**KYLE (Covers Prestwick and Troon)**

Municipal Buildings South Beach,  
Troon, KA10 6EF

**Phone:** 0300 123 0900 (Press 2, then press 1, then say Troon Housing)

**Email:** Kylehousingmanagement  
@south-ayrshire.gov.uk

**CARRICK (Covers Girvan and Maybole)**

17/19 Knockcushan Street,  
Girvan, KA26 9AQ

**Phone:** 0300 123 0900 (Press 2, then press 1, then say Girvan Housing)

**Email:** Carrickhousingmanagement  
@south-ayrshire.gov.uk

**AYRSHIRE HOUSING**

119 Main Street,  
Ayr, KA8 8BX

**Phone:** 01292 880120

**Fax:** 01292 880121

**Email:** Info@ayrshirehousing.org.uk

**Web:** www.ayrshirehousing.org.uk

 **Ayrshirehousing**

*south*  
**AYRSHIRE**  
COUNCIL

