



SCOTTISH VETERANS HOUSING ASSOCIATION LIMITED

APPLICATION FORM FOR ROSENDAEL

Confidential

**YOUR DETAILS**

Name.....

Date of Birth...../...../.....

Home Address:.....  
.....  
.....  
.....  
..... Post Code.....

Tel No.....

Occupation.....

National Insurance Number.....

Married  Widowed  Single   
 Separated  Divorced  Partner

**Your Military Service Details**

Branch of Service.....

Service Number.....

Enlistment Date.....

**Details of where you served and rank.....**

Decorations.....

Do you have a War Pension Yes/no  
 If 'Yes' what percentage?.....  
 For what disability do you receive this war pension?  
 .....

**Current Address**  
*(if different from above, eg. Hostel, Hospital, etc*

.....  
 .....  
 ..... Post Code.....

Tel No.....

Do you have contact with a Social Work Department? Yes/No

If 'yes' can you give the name of your case worker and the address of the office?  
 Name of Social Worker.....  
 .....  
 ..... Post Code.....

Tel No.....

Have you asked for a Community Care Assessment? Yes/No

**Next of Kin**

Name:.....

Address:.....  
 .....  
 ..... Post Code.....

Tel No.....

Do you have	YES	NO
State Retirement Pension?	<input type="checkbox"/>	<input type="checkbox"/>
Physical limitations preventing you from looking after your own needs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from any of the following disabilities?		
Blindness?	<input type="checkbox"/>	<input type="checkbox"/>
Fits?	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>

**Your Doctor**

Name:.....

Address:.....  
 .....  
 ..... Post Code.....

Tel No.....

**Have you resided in SVHA before?**

Whitefoord House  Rosendael

Who recommended us. How did you find out about us, Friend, Doctor, Magazine, etc.  
 .....  
 .....  
 .....

If necessary, we may wish to obtain further information from your Doctor, your signature is taken as permission to contact your Doctor.

If you have any queries or difficulties with this form please contact the Manager on 0131-556-0091.

Signature of Applicant.....

Date.....

I understand that providing false, inaccurate or misleading information will lead to my application being cancelled.

Has anyone included in this application been evicted for Anti-Social Behaviour in the last 3 years?

YES  NO

If yes, please provide details:

Name of person Evicted.....

Evicting Landlord: .....

Has anyone covered by this application been the subject of an Anti-Social behaviour Order (ASBO) under Section 19 of the Crime & Disorder Act 1998, on or after, 30th September 2002?

YES  NO

If yes, please provide details:

Name of person subject to ASBO?.....

Are you, or any other person noted on this application form required to register with police under the Sex Offenders Act 1997?

YES  NO

Please sign the following declaration:

I declare that to the best of my knowledge, the answers given to the questions on this application are true and accurate. I/We understand that any false information provided may result in my/our application being cancelled, or if I/we are rehoused by the Association, may result in legal action being taken against us. I/We authorise the Association to make any necessary enquiries to verify the accuracy of the information provided.

I confirm that I will notify the Scottish Veterans Housing Association immediately of any changes in my circumstances as related in this application.

I understand that the issue of this form does not guarantee an offer of housing by Scottish Veterans Housing Association.

Signature (1) ..... Date:.....

Signature (2) ..... Date:.....