

## Overcrowding Application Form

Priority for Overcrowding is awarded at Silver level where:

- There are insufficient bedspaces/bedrooms to meet your family's needs
- A child reaches the age of 8, they will not be expected to share a room with a child of a different sex
- There is an age gap of more than 8 years, children will not be expected to share a room

Priority applies when there are insufficient bedrooms or bedspaces in an applicant's existing property and they need to move to a larger property that is suitable for their needs. Applicants who are overcrowding their current homes will be awarded priority for each bedroom or bedspace lacking at their present address.

Housing staff may visit you at home to make an assessment if you apply for Overcrowding priority.

**In order to assess your Overcrowding Priority application please complete form in full and attach proof of your (and your partner's) residency at the above address - e.g. 'phone bill, other utility bill, bank statement.**

**APPLICATION:** Homehunt Registration Number \_\_\_\_\_

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Landlord/Property Owner Name \_\_\_\_\_

Landlord/Property Owner address \_\_\_\_\_

Telephone \_\_\_\_\_

Name(s) on Tenancy Agreement for your current address:

How long have you lived at this address    years \_\_\_\_\_ months \_\_\_\_\_

How long have you been overcrowded    years \_\_\_\_\_ months \_\_\_\_\_

What caused your overcrowding \_\_\_\_\_

Previous address: \_\_\_\_\_

Why did you leave your previous address: \_\_\_\_\_

Are there any other people living at your current address who will **NOT** move with you? Yes  No

If you ticked "YES" to the above question, please give details below of those **NOT** moving with you

Name	Date of birth	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many **DOUBLE** bedrooms do you have  How many **SINGLE** bedrooms do you have

What caused your overcrowding? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign here \_\_\_\_\_ Date \_\_\_\_\_

I confirm that the information I have given is correct and that I have not supplied any false or misleading information, or withheld any relevant information. I agree to the use of this information in accordance with the data protection notice as stated in the 'Berwickshire Housing Association Guide' booklet.

**PLEASE TICK WHICH AREAS YOU WOULD LIKE YOUR PRIORITY TO COVER**

You must apply for ALL suitable properties in the areas chosen or your priority will be removed after six months

(please see the BHA Guide Booklet for more information about your priority)

**Coldstream Area**

- Birgham
- Coldstream
- Eccles
- Gordon
- Greenlaw
- Hume
- Leitholm
- Swinton
- Whitsome

**Duns Area**

- Allanton
- Chirnside
- Cranshaws
- Duns
- Gavinton
- Longformacus
- Preston
- Westruther

**Eyemouth Area**

- Ayton
- Cockburnspath
- Coldingham
- Eyemouth Deanhead
- Eyemouth Gunsgreen
- Eyemouth Old Town
- Foulden

**Eyemouth Area (contd)**

- Grantshouse
- Hutton
- Lower Burnmouth
- Paxton
- Reston
- St. Abbs
- Upper Burnmouth

**Sheltered Housing Developments**

If you have indicated a sheltered Housing Requirement on your registration form, please tick to choose the Development(s) you wish your pass to apply to:

**Coldstream**, Gowanlea Court  **Duns**, Boston Court  **Eyemouth**, Linkim Court