

# Morrigan Housing Co-operative

*Established in 1979 to provide secure and affordable housing for lesbians and their families.*

---

## **Application form**

### *Information about you*

**Name** .....

**Age** .....

**Email address** .....

**Phone number** .....

**Current address** .....

**How long have you lived at the above address?** .....

**If you have lived at this address for less than 6 months, please state your previous address.**

**Are you:**

<b>In employment</b>	<b>Yes</b>	<b>No</b>	<b>Full time / part time</b>
<b>Self-employed</b>	<b>Yes</b>	<b>No</b>	<b>Full time / part time</b>
<b>In receipt of any benefits</b>	<b>Yes</b>	<b>No</b>	

**Do you have any dependent children who will be living with you? Please give their name and age.**

**Do you have any pets? YES NO**

**How did you hear about Morrigan Housing Co-op?**

**Do you have a disability? YES NO**

**If yes, please specify below:**

**Please use this space to tell us about yourself and what qualities or skills you can bring to help manage the co-op. Please use more paper if you wish and attach to application form.**

--

**Please provide details of two referees, one of which should be from a former landlord.**

<b>Reference 1</b>	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact number / email address</b>	
<b>Relationship to you</b>	
<b>Reference 2</b>	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact number / email address</b>	
<b>Relationship to you</b>	