05 February 2021

Dear

**Transfer Application**

Thank you for your enquiry about applying for a transfer.

Please find enclosed a copy of our application form for you to complete and sign. A copy of our transfer policy has also been included. Please make sure you answer every question on the form and include details about every member of your household.

When you are completing your form, you should avoid reducing your chances of getting a move by opting only for very popular areas or types of home. Remember that getting a transfer can take a very long time, especially if you need to move because your home is now too small. This is because very few family-sized homes become available. Please bear in mind that if you owe rent or other charges to Octavia then you will need to pay these before Octavia will allow any move to go ahead. Even if you are successful in bidding for a property you may not be invited to view depending on the amount you owe.

Medical application process

If you or a member of your household has a medical condition which affects your ability to remain in your home please return the enclosed medical assessment form, giving more details about this medical condition. You should provide as much supporting evidence as you can. We also need you to sign the enclosed consent form, giving us permission to send the details to our medical assessor.

If more than one member of your household has a medical condition or disability, you will need to complete a separate form for each person.

Please note that, unfortunately, medical factors alone will not be enough to give you the highest priority for a transfer. We give the highest priority only to people who have a serious and lasting condition that is severely affected by their current home.

**Please note if you do not return this application form within three months from the date we sent it to you, we will remove your application request from our records and you will need to re-apply again.**

When you have completed the form, you should post it back to us in the pre-paid envelope. If you have any further queries, concerns or wish to discuss the matter further, please contact our Contact Team on 020 8354 5500

Should you have any queries regarding this process, please do not hesitate to contact us on 020 8354 5500.

Yours sincerely

**Contact Team
T** 020 8354 5500 **E** info@octavia.org.uk

**Vacating your property**

All transfer application will be subject to a satisfactory inspection of your current property. This is to ensure that you have maintained your property in accordance with the terms and conditions of your tenancy agreement.

**Before moving out of your property, you need to:**

* pay us all the rent you owe
* make sure your home is in good decorative order and repair, and replace any items that have been damaged and are your responsibility – if you do not do this, we may bill you for putting things right, but if you leave your home in good order, you may qualify for a thank you payment
* tell us about any repairs that need doing
* arrange for a final reading of your gas, electricity and water meters, to avoid paying for any services the next tenant uses
* arrange for your post to be sent on to your next address
* tell the council tax department of your local council that you have moved
* if you claim benefit, tell the benefit offices that you have moved
* take all of your belongings with you and leave your home clean and tidy – if we have to clear out your property, clean it or store your belongings, we will pass the cost on to you
* return your keys to our offices by midnight on the Sunday your tenancy ends – we will continue to charge you rent until you return the keys

**[L&TTRAN2]**

**Transfer application form**

**About you**

|  |  |
| --- | --- |
| First name: | Last name:  |

|  |
| --- |
| Address: Postcode:  |

|  |  |  |
| --- | --- | --- |
| Daytime phone number: | Evening phone number: | Mobile phone number: |
| Email address:  |

|  |
| --- |
| National Insurance number: |
| Tenancy number\*: |

*\*You will find your tenancy number on your rent statements.*

**About your household**

First put in your details as the tenant, then list all the other members of your household who want to be rehoused with you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name | Last name | Sex | Date of birth  | Their relationship to you | How long they have lived with you | Work status (for example working full/part time, training, retired) |
|  |  |  |  | Tenant  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Is someone in your household disabled? Yes □ No □

|  |
| --- |
| If you answered yes, give their name: |
| How are they disabled?: |

Does anyone in your household have a social worker or a support worker? Yes □ No □

|  |
| --- |
| If you answered yes, which household member has this support?: |
| Please give the social worker’s or support worker’s details: |
| Job title: | First name: | Last name: |
| Work address:Postcode: |

**About your current home**

|  |
| --- |
| How long have you lived at your current address?\*: |

*\*You will find your tenancy start date on your tenancy agreement.*

Is your home a: House? □ Flat? □ Maisonette? □

|  |
| --- |
|  If your home is a maisonette or flat, what floor/s is it on?: |

|  |  |  |
| --- | --- | --- |
| How many bedrooms do you have? | Single: | Double: |

Are there any steps inside your home? Yes □ No □

Have we fitted any aids & adaptations to help someone in your home who is disabled Yes □ No □

|  |
| --- |
| If you answered yes, what aids & adaptations did we fit?: |

**Why you want to move**

|  |
| --- |
| Please tell us why you want to move. For example, tell us if your home is now too big or too small. If someone in your household has a medical reason for needing a different home, tell us their name and explain how your current home is making their condition worse. |

**Tell us where you would like to move**

Remember: you may wait a very long time for a transfer. If you only opt for very popular areas or types of home, you may be reducing your chances of a move.

I would consider moving to a: House □ Flat □ Maisonette □

|  |
| --- |
| I would not consider moving to a home if it had (for example, an open-plan kitchen): |
| I would not consider moving to a home if it did not have (for example, central heating): |

|  |
| --- |
| Which areas would you consider living in? |

|  |
| --- |
| If you have told us about a member of your household who is disabled, what kind of home does this person need? |

Would your new home have to be suitable for someone who uses a wheelchair indoors?

Yes □ No □

|  |
| --- |
| If yes, tell us more about this: told us about a member of your household who has a medical need to move, what kind of home does this person need? |

**Other moving options**

We can send you more details about these options.

I would be interested in swapping my home with another social rented tenant:

Yes □ No □

I am over 60 and I would consider a move to sheltered housing:

 Yes □ No □ I am not over 60 □

I am working and I would be interested in buying a home through a low-cost ownership scheme:

Yes □ No □ I would not qualify □

|  |
| --- |
| Signed: |
| Dated: |

**Please send this form back to us in the pre-paid envelope provided.**

**Equal opportunities monitoring**

We collect information about our transfer applicants’ backgrounds, so that we can check that our transfer service is fair to all our residents.

We will detach this information from your form and keep it separate and anonymous.

If you prefer not to complete this section, it will not harm your application.

**Your ethnic group**

|  |  |
| --- | --- |
| **White**□ British □ Irish□ Gypsy or Irish Traveller□ Other  If Other, please specify: | **Mixed**□ White and Black Caribbean □ White and Black African□ White and Asian□ Any other mixed background If Other, please specify: |
| **Asian or Asian British**□ Indian □ Pakistani□ Bangladeshi□ Chinese□ Other Asian background If Other, please specify:   |  **Black or black British**□ Caribbean □ African□ Any other Black background If Other, please specify: |
| **Chinese or other**□ Arab□ Any other background If Other, please specify: |

**Your religion**

|  |  |  |
| --- | --- | --- |
| □ None  | □ Christian | □ Buddhist |
| □ Hindu  | □ Jewish | □ Muslim |
| □ Sikh  | □ Other (please tell us which): |

**Your gender**

|  |  |  |
| --- | --- | --- |
| □ Male | □ Female | □ Transgender |

**Your first language**

|  |  |
| --- | --- |
| □ Spoken English  | □ Other spoken (please tell us which): |
| □ Written English  | □ Other written (please tell us which): |

**Do you have a communication need which means we should contact you using:**

|  |  |
| --- | --- |
| □ Written English  | □ Written translation  |
| □ Verbal summary  | □ Written and verbal translation  |
| □ Braille  | □ Audio cassette  |
| □ Braille and audio cassette  | □ Large print  |
| □ Induction loop  | □ Deaf signer  |

**Disability**

|  |  |
| --- | --- |
| □ Not disabled  | □ Visual impairment (sight problems)  |
| □ Hearing impairment (hearing problems) | □ Speech impairment (speaking  problems)  |
| □ Limited physical mobility  | □ Wheelchair user  |
| □ Learning disability  | □ Mental health condition  |
| □ Other longstanding illness or condition (if yes, please specify: )  |

**Sexuality**

|  |  |  |
| --- | --- | --- |
| □ Heterosexual  | □ Lesbian  | □ Gay man  |
| □ Bisexual  | □ Prefer not to say  |

**Work status of tenant**

|  |  |
| --- | --- |
| □ Work full time (24+ hours per week) (1)  | □ Work part time (-24 hours per week) (2)  |
| □ Government training scheme (3)  | □ Registered unemployed/jobseeker (4) |
| □ Retired (5)  | □ Not seeking work/at home (6)  |
| □ Full-time student (7)  | □ Long-term sick/disabled (8)  |
| □ Other (0)  |

**Protecting your data**

Please sign this statement to show that you understand and agree to our policies about handling your personal information.

**As an Octavia Housing tenant,** I understand that you will use the information in the attached form to help you provide me with a housing service.

I understand that your staff will use the information in their work to provide a housing service and handle my tenancy. They may also use it, for example, to help me with a Housing Benefit claim, to stop unauthorised sub-letting, to make sure I am not breaking the terms of my lease or tenancy agreement, and to deal with nuisance.

I also understand that you may pass on my information to other agencies in some specific circumstances. The agencies include the following.

* **The Police** – You will co-operate with the Police to help them prevent or detect crime and anti-social behaviour. You will always check the reason for any request for information before handing it over.
* My **local authority** – By law, you have to tell my local authority who is living at my address, so that they can bill me for Council Tax. If I live in temporary housing, Octavia Housing may be expected to give my local authority more details about me, my household and any problems we have had in maintaining the tenancy.
* The Benefits Agency and Housing Benefit department – You will share my information when helping me to claim Housing Benefit. By law, you also have to tell the Council if you think I am claiming benefits I am not entitled to.
* Other organisations – You may pass on some of the information to another organisation working on your behalf. For example, you may pass it on to your repairs contractors or to a company carrying out surveys for you.
* Social services/Probation Service or a similar organisation – You may sometimes pass on information, but you will be very careful to find out what use will be made of it.
* Your legal advisors.

I/We agree to allow you to process the information in the application form, passing on details to any of the above agencies if you believe it is necessary to continue to provide me with a housing service.

|  |
| --- |
| Signed:(Tenant) |
| Dated: |

|  |
| --- |
| Signed:(Joint tenant) |
| Dated: |

All joint tenants must sign this form. Please contact Octavia Housing if you would like to see a copy of the policy on confidentiality and data protection.

## [L&TTRAN7]

# Medical assessment form

This form can be completed by the transfer applicant and/or by another member of their household.

Transfer applicant

|  |  |
| --- | --- |
| First name: | Last name: |

|  |
| --- |
| Transfer number (if you have been given one): |

|  |
| --- |
| Household address:Postcode:……………………..  |

Household member who needs a medical assessment

|  |  |
| --- | --- |
| First name: | Last name: |

|  |  |  |
| --- | --- | --- |
| Daytime phone number: | Evening phone number: | Mobile phone number: |
| Email address: |

|  |
| --- |
| Date of birth: |

Are you the tenant? Yes □ No □

|  |
| --- |
| If you answered no, what is your relationship to the tenant?: |

Other people living with you

Please list all the other members of your household.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name | Last name | Relationship to the tenant  | Date of birth | Sex |
|  |  | Tenant |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Your existing home

|  |  |  |
| --- | --- | --- |
| How many bedrooms are there? | Single: | Double: |

Is your home a: house? □ Flat? □ Maisonette? □

|  |
| --- |
| If your home is a flat, what floor is it on? |
| How many stairs do you have to climb to reach your front door? |
| How many stairs do you have to climb inside your home? |
| Does the building have a lift? |
| Where is the bathroom situated in your home?  |
| Do you have to climb stairs to reach it? If so, how many? |

Your medical details

|  |
| --- |
| Please list any medical and/or mental health problems you have: |

|  |
| --- |
| How long have you had this condition? |

|  |
| --- |
| How does your current home make your health worse? |

|  |
| --- |
| Please list any medication you are currently taking and how often you take it. If you have a repeat prescription from your doctor or consultant, send a copy with this form. |

|  |
| --- |
| Give details of any regular out-patient appointments you have at your hospital. How often do you attend and what are the visits for? |

|  |
| --- |
| If you visit a hospital, which hospital is it? What is the name of your consultant? |

**Details of Your Disability**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have difficulty walking indoors  | Yes [ ]  | No [ ]  | A Little [ ]  |
| When indoors do you use:  | A stick? [ ]  | Crutches? [ ]  | A frame? [ ]  |
| Do you have difficulty walking outside?  | Yes [ ]  | No [ ]  | A Little [ ]  |
| When outdoors do you use:  | A stick? [ ]  | Crutches? [ ]  | A frame? [ ]  |
| How far can you walk with or without aids:  | ½ km [ ]  | 100 metres [ ]  | Unable [ ]  |
| Do you use a wheelchair? | Outdoors Only [ ]  | Indoors Always [ ]  | Inside Sometimes [ ]  |

|  |
| --- |
| What type of wheelchair do you use and how long have you had it? |

|  |  |  |
| --- | --- | --- |
| Do you have difficulty climbing one or two stairs? | Yes [ ]  | No [ ]  |
| Do you have difficulty climbing a flight of stairs?  | Yes [ ]  | No [ ]  |

|  |
| --- |
| How many flights of stairs can you reasonably manage? |

|  |  |  |
| --- | --- | --- |
| Can you use a lift?  | Yes [ ]  | No [ ]  |

|  |
| --- |
| If you cannot use a lift, explain why it is difficult. How long has this been a problem? Have you had any treatment for this? |

Do you find it hard to use the bath, shower, toilet or kitchen? Yes □ No □

|  |
| --- |
| Explain your difficulties: |

Do you get any essential care or support from friends or relatives? Yes □ No □

|  |
| --- |
| If you get care or support from friends or relatives, give details: |

Do you have a social worker? Yes □ No □

|  |
| --- |
| Give your social worker’s name: |
| Give your social worker’s phone number: |

|  |
| --- |
| Please tell us anything else you think is relevant: |

Your consent to pass on information

I understand that Octavia Housing may need to make enquiries in support of my application.

I give consent for Octavia Housing to ask for medical or social information about me. I give consent for my doctor, social worker or other relevant professional to pass this information to Octavia Housing.

|  |
| --- |
| Signed: |
| Dated: |

**Please send this form back to us in the pre-paid envelope provided.**