

## [L&TTRAN2]

# Transfer application form

About you

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

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

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

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| --- |
| 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 |  |  |
|  |  |  |  |  |  |  |
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Is someone in your household disabled? Yes □ No □

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| 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

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| 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? □

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| 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 □

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

Why you want to move

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| 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 □

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| --- |
| 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: |

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| 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.