

Transfer Application Form

Please complete ALL sections of this form and provide the necessary evidence as required on last page.

Tenant Details

	Tenant 1	Tenant 2 (If Joint)
Title Mr/Mrs/Ms/Miss		
First name(s)		
Surname		
Date of birth (dd/mm/yy)		
National Insurance Number		
Address		
Postcode		
Telephone Number		
Telephone Number		
Email address		

About your household

List all the other members of your household who want to be rehoused with you.

First name	Last name	Sex	Date birth	of	Their relationship to you

Please give details of anyone not living with you at present but you wish to live with you if you are rehoused.

First name	Surname	Sex	Date of birth	Relationship to you

Please give the reason why they are not living with you and why you want them to be considered.

Is anyone listed above an asylum seeker? Yes No If

yes, you must attach their latest Home Office papers.

Pets

Do you have any pets? Yes No

If Yes, please provide details.

Please note many schemes do not allow pets.

About your current home

What type of property do you live in?

Is your home a: house flat maisonette bungalow

If your home is a maisonette or flat, what floor level is it on?

Are there stairs inside your property? Yes No If yes how many?

How many Bedrooms do you have? Single: Double:

Do you have a separate dining room? Yes No

Do you have a Garden? Shared/Communal Private

No Garden

Adaptations and access

Are any aids & adaptations fitted to help someone in your home who is disabled?

Yes

No

If you answered yes, what aids & adaptations are fitted?:

Is there a lift to your front door

Yes

No

Yours Housing needs

Is someone in your household disabled or in need of long term Medical Care?

Yes

No

If yes give their Name, disability/medical Issue :

Name :

Name:

If we need to make an assessment of your medical needs, we will ask you to fill in a medical form available to download from our website. Alternately you can pick up or request a medical form from us .

Is anyone in your household receiving specialist support? (E.g. Social worker, Community Psychiatric Nurse, Health Visitor, Home Help etc)

Yes

No

If yes please give details below.

Who receives Support?

Name of Specialist support provider

Job Title

Contact Address

Telephone Number

What is the lowest number of Bedrooms you would Accept?

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.

Where you would like to live

Remember you may wait a very long time for a transfer, if you only opt for a few areas.

Brent <input type="checkbox"/>	Camden <input type="checkbox"/>	Enfield <input type="checkbox"/>	Hammersmith and Fulham <input type="checkbox"/>	Haringey <input type="checkbox"/>
Islington <input type="checkbox"/>	Lambeth <input type="checkbox"/>	Lewisham <input type="checkbox"/>	Kensington & Chelsea <input type="checkbox"/>	Newham <input type="checkbox"/>
Southwark <input type="checkbox"/>	Westminster <input type="checkbox"/>	Bromley <input type="checkbox"/>	Tower Hamlets <input type="checkbox"/>	

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

Your ethnic group

<p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other</p> <p style="margin-left: 20px;">If Other, please specify:</p>	<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed background</p> <p style="margin-left: 20px;">If Other, please specify:</p>
<p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background</p> <p style="margin-left: 20px;">If Other, please specify:</p>	<p>Black or black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p> <p style="margin-left: 20px;">If Other, please specify:</p>
<p>Chinese or other</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other background</p> <p style="margin-left: 20px;">If Other, please specify:</p>	

Your religion

<input type="checkbox"/> None	<input type="checkbox"/> Christian	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Other (please tell us which):	

Your gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
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Your first language

What is your first language	
Do you have difficulty in English?	<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Speaking <small style="margin-left: 150px;">***Tick the ones you have difficulty in</small>
Do you require an interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require letters in :	<input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> In your First language

Declaration

Are you or is anyone on this form an employee or related to an Arhag employee or board member?

Yes* No

* IF yes please give details below:

Name of employee or board member:

Job Title:

Relationship:

1. You must tell us immediately if any of the details you have given on this form change.
2. We will check the information you give.
3. Please remember that if you, or anyone acting for you, tell us anything that is not true, we may take legal action against you and you could lose your home.
4. We may use the information you have given us on this form to help prevent and detect fraud.
5. We cannot deal with your application unless you send us the evidence required on page 9
6. We cannot deal with your application unless you sign this declaration.

Please return this form to: -

**ARHAG Head Office
The People's Place
80-92 High Street
Stratford
London E15 2NE**

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

The information I have given on this form is true. I will tell you immediately about any changes in my circumstances.

Signed: (Tenant)	Date
Signed: (Joint tenant)	Date
If someone else has completed this form for you, please ask them to give their details:	
Name :	Relationship to you:
Telephone:	

Documents Needed

Have you attached the following documentation? Without it we will be unable to make a full assessment of your application.

1) Identification

Proof of identity for each person on the application, in the form of a passport or birth certificate.

Those persons born outside of the United Kingdom or Eire must provide a current valid passport as proof of their identity. Those persons who have a passport from a non-EEC country must show evidence that they have leave to remain in the United Kingdom, either in the form of a letter from the Home Office or a valid visa in their passport.

2) Proof of residents

ADULTS

Proof of residence for each adult on the application – we will need to see 2 things which show your name and current address.

Acceptable proof of residence:

GP card, drivers licence, credit agreements, bills, bank or building society statements, pay-slips, DSS letters, benefit books, legal letters, etc.

3) Proof of Children

CHILDREN

Long Birth certificate showing parents and proof of who receives Child Benefit/ child tax credits for each child on the application form.

4) Proof of Medical Needs

A completed medical assessment form with supporting evidence from medical professional or any other relevant medical letters or documents.