

APPLICATION FOR TRANSFER

Name:

Present Address:

Postcode

Telephone Number

Work:

Home:

Mobile:

Email address:

Internet access;

Home

Work

Other

Tick type of your present accommodation:

Number of Bedrooms

House

1

Flat*

2

Maisonette*

3

*Floor level:

.....

4+

5

Features (do you have a stair lift; any adaptations etc);

Details of household composition:

First Name	Surname	Date of birth	Relationship	NI Number
			APPLICANT	

Are any of those listed not living with you? YES / NO

Name:

Reason:

.....

NB: We will require proof of ID e.g: Passports / birth certificates for all members of the household. Plus, address for main applicants: Utility bill, driving licence etc. (Please do not send originals in the post).

Is there a pregnant woman in the household? YES / NO

Name:

Due Date:

Pets:

Do you have any pets? Some properties will not allow pets of any kind so please note all pets below;

How many: Type:..... Age of Pet:

Current Rent: £

Is your rent account up to date? Yes No

***Please note; most transfers can only be approved for applicants who have a clear rent account.*

Which area do you wish to transfer to? (you can tick more than one)

Brent Slough Elmbridge

Richmond Hounslow Ealing

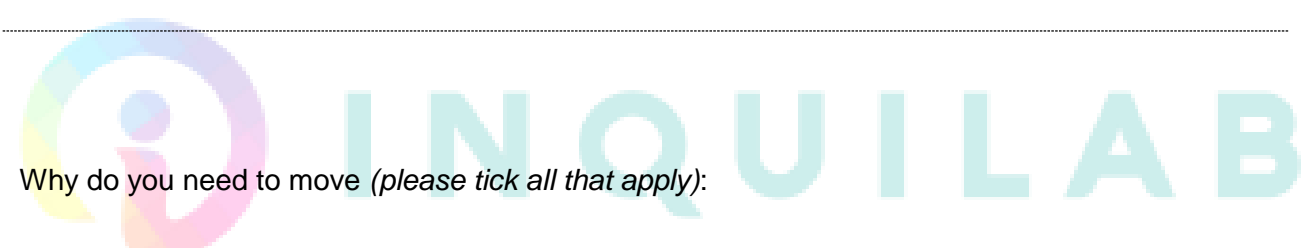
Harrow Hillingdon Kingston

(please note that Slough; Elmbridge; Richmond and Kingston are not part of the LOCATA system and so any transfers requested for these areas will be dealt with by Inquilab separately)

Type of accommodation you are seeking:

Flat House Number of Bedrooms:

Please state reasons for needing the number of Bedrooms stated:



Why do you need to move *(please tick all that apply)*:

Overcrowding Medical reasons*

Disability* Violence or harassment

Domestic Violence Homelessness

Sheltered housing for 60 or over Other reasons (state):

Other reason:

*Please state your disability / Medical condition here:

.....
.....

Please give details behind your reasons for needing to move and attach proof where relevant.
This includes **GP letter, Occupational therapy report, Police report, etc.**

.....
.....

Name and address of next of kin:

(this information is required for emergency purposes only)



Name:

.....

Address:

Postcode:

.....

Telephone Number;

.....

Relationship to you:

.....

Declaration:

I hereby certify that all information on this application form is true in every detail.

If this is a joint tenancy both tenants are required to sign or it may delay your application.

Full Name(s);

.....

Signature(s):



Date:

Please note: Making a false statement on your housing application may lead to your application being dismissed and/or further action being taken.

EQUAL OPPORTUNITIES MONITORING FORM

Name: (1st Applicant)

***please note – we ask this for monitoring purposes only to ensure that our lettings procedure is open and accessible to all. This will not be used as part of the decision-making process for applications.*

****Ethnic Origin:**

White British Irish: Other

Mixed White & Asian White & Black Caribbean White &
 Black African Other

Asian / Asian British Indian Pakistani Bangladeshi.
 Other

Black / Black British Caribbean African Other

Chinese / other ethnic group Chinese Other

Prefer not to say:

****Religion:**

Christian **Muslim** **Hindu** **Jewish**

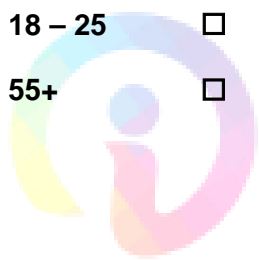
Catholic Buddhist Sikh None
Other (state) _____ Prefer not to say

**** Sexuality:**

Heterosexual Gay Bisexual
Lesbian Transgender Prefer not to say

**** Age Range:**

18 – 25 26 – 35 36 – 45 46 – 55
55+ Under 18 Age:...



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EQUAL OPPORTUNITIES MONITORING FORM

Name: (2nd Applicant)

***please note – we ask this for monitoring purposes only to ensure that our lettings procedure is open and accessible to all. This will not be used as part of the decision-making process for applications.*

****Ethnic Origin:**

White British Irish: Other

Mixed White & Asian White & Black Caribbean White &
 Black African Other

Asian / Asian British Indian Pakistani Bangladeshi. Other

Black / Black British Caribbean African Other

Chinese / other ethnic group Chinese Other

Prefer not to say:

****Religion:**

Christian **Muslim** **Hindu** **Jewish**

Catholic **Buddhist** **Sikh** **None**

Other (state)_____ Prefer not to say

**** Sexuality:**

Heterosexual Gay Bisexual
Lesbian Transgender Prefer not to say

**** Age Range:**

18 – 25 26 – 35 36 – 45 46 – 55
55+ Under 18 Age:.....



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