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## Transfer / Application Form

Please answer all questions. Where relevant, please tick the box.

### DATA PROTECTION ACT 1998

All information given on this form will be treated in strict confidence and will be placed on the Mount Green Housing Association computer database and our Housing Association and Local Authority Partners may request to see it. You may ask to see all data on computer about your application.

If you do not wish to give your consent to us regarding sections of this application we will carefully consider using other conditions for processing personal data. Such processing should not have an adverse effect on your application.

To help us in considering your application, we are asking you to provide information about the accommodation you require and details about your family, your present housing, income, etc.

### **PART A: Personal details of everyone who is expected to be part of your household**

1. Names of persons requiring housing (Block letters please):

Mr. Mrs. Miss	Surname	First Names	Sex	Date of Birth	Relationship to Applicant

2. Present address of applicant:

.....  
 .....  
 .....

Postcode .....

Tel (Home) .....

Tel (Work) .....

Mobile .....

Email .....

3. Present local authority area:

.....

4. Details of occupation and income:

Please list the present occupation of adult members who will be part of your household.

Name of Applicant and/or Other Family Members	Occupation	Name and Address of Employer	How Long Employed

Please state your income before deductions    Self £ .....     per week     per month     per annum

Partner £ .....     per week     per month     per annum

Do you or your partner have any savings/investments, etc.

SELF

PARTNER

If yes, please state the amount £

£

Do you or your partner pay Maintenance payments?    YES     NO

If YES, which of you and how much? £ .....

Are you or your partner in receipt of any of the following?

Please tick the appropriate box (the first box for yourself and the second for your partner)

Retirement pension from your job	<input type="checkbox"/> <input type="checkbox"/>	Working Family tax credit	<input type="checkbox"/> <input type="checkbox"/>	Disability Living Allowance	<input type="checkbox"/> <input type="checkbox"/>
State Pension	<input type="checkbox"/> <input type="checkbox"/>	Invalidity Benefit	<input type="checkbox"/> <input type="checkbox"/>	Attendance Allowance	<input type="checkbox"/> <input type="checkbox"/>
Unemployment Benefit	<input type="checkbox"/> <input type="checkbox"/>	Severe Disablement Allowance	<input type="checkbox"/> <input type="checkbox"/>	Housing Benefit	<input type="checkbox"/> <input type="checkbox"/>
Income Support	<input type="checkbox"/> <input type="checkbox"/>	Invalid Care Allowance	<input type="checkbox"/> <input type="checkbox"/>	Other benefit/s	<input type="checkbox"/> <input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/> <input type="checkbox"/>			Please specify .....	
				.....	
				.....	

5. Equal opportunities:

The Association operates a policy of equal opportunities in all aspects of its work. Our policy is to provide a good standard of housing for those in greatest need, regardless of race, creed or gender. To ensure that this policy is carried out, we constantly monitor those who apply to us for housing, and those we house, to make sure that applications are treated strictly on the basis of housing need.

Please describe the ethnic origins of your household (tick the appropriate boxes)

a. White	1 <input type="checkbox"/> British	2 <input type="checkbox"/> Irish	3 <input type="checkbox"/> Other
b. Mixed	4 <input type="checkbox"/> White & Black Caribbean	5 <input type="checkbox"/> White & Black African	
	6 <input type="checkbox"/> White Asian	7 <input type="checkbox"/> Other	
c. Asian or Asian British	8 <input type="checkbox"/> Indian	9 <input type="checkbox"/> Pakistani	10 <input type="checkbox"/> Bangladeshi
		11 <input type="checkbox"/> Other	
d. Black or Black British	12 <input type="checkbox"/> Caribbean	13 <input type="checkbox"/> African	14 <input type="checkbox"/> Other
e. Chinese or other ethnic group	15 <input type="checkbox"/> Chinese	16 <input type="checkbox"/> Other	17 <input type="checkbox"/> Refused

If you choose not to complete this section, your application will not be affected.

6. Do you have any pets? YES  NO  If yes, please give details

.....

**PART B: Medical details**

1. Please give details of any ill-health affecting yourself or those to be re-housed with you:

Name .....

Nature of ill-health .....

.....

Does any member consider him/herself to have a disability?  YES  NO  DONT KNOW

If yes, are they registered disabled?  YES  NO  DONT KNOW

Does any household member use a wheelchair?  YES  NO  DONT KNOW

Is any member of the household a registered blind person?  YES  NO

Do you have a social worker/C.P.N.?  YES  NO  DONT KNOW

If the answer to any of the above is YES, please give details, names and addresses below

.....

.....

.....

2. May we contact your Doctor/C.P.N./social worker for any further information if this is required?  YES  NO

If YES, please give your relevant names and addresses below

.....

.....

3. Do you or any member of your household use or receive any of the services listed below?

Name .....

Name .....

Home Care YES  NO  YES  NO

District Nurse YES  NO  YES  NO

Meals on Wheels YES  NO  YES  NO

Day Care in Hospital/  
Residential Home YES  NO  YES  NO

Key Worker/Care Plan YES  NO  YES  NO

**PART C: Details of existing accommodation**

Please tick the appropriate box (the first for yourself and the second for your partner if you live at separate addresses at present)

1. Are you or your partner a:	Owner/Occupier	<input type="checkbox"/>	<input type="checkbox"/>	Sub Tennant	<input type="checkbox"/>	<input type="checkbox"/>
	Housing Association Tennant	<input type="checkbox"/>	<input type="checkbox"/>	Lodger	<input type="checkbox"/>	<input type="checkbox"/>
	Council Tennant	<input type="checkbox"/>	<input type="checkbox"/>	Living with parent(s)	<input type="checkbox"/>	<input type="checkbox"/>
	Tenant of a Private Landlord	<input type="checkbox"/>	<input type="checkbox"/>	Living with other relatives	<input type="checkbox"/>	<input type="checkbox"/>
	In Tied Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	Living with friends	<input type="checkbox"/>	<input type="checkbox"/>
	Hostel, bed and breakfast or Local Authority Temporary Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
				Please specify .....		
				.....		
				.....		

If any member of your household is not living with you at present, please give his/her current address below

.....

.....

.....

2. If you are a tenant of a Local Authority or a Housing Association please give the name and address of your landlord: .....

.....

.....

.....

3. If you are an owner/occupier, how much are you likely to receive from the sale of your property? £ .....

4. What rent or mortgage instalments do you pay? £ .....  
per week/per month/per annum (delete as necessary)

How much Council Tax do you pay? £ .....  
per annum

5. Do you live in a: House  Caravan/Mobile Home  Other

Maisonette  Houseboat  Please specify below .....

Flat  Rented Rooms  .....

Bungalow  Bedsit  .....

6. If you share accommodation with other households, how many people, in total, live at your address? .....

7. Size of Present Accommodation:

Please fill in the following table to show all the living rooms, etc. in the accommodation you occupy. If any of these rooms are shared with or used by other people who would not be re-housed with you, describe the relationship, if any, of the other people (father, friend, stranger, etc.)

ROOMS		No. of Rooms	Shared? Please tick if yes	ROOMS	No. of Rooms	Shared? Please tick if yes
Living Room				Kitchen		
Dining Room				Bathroom		
Bedroom	Double			Toilet		
	Single					
Other				Outdoor Toilet		

Is the property self-contained? eg No shared facilities?  YES  NO

Are any facilities shared with non-family members? eg bathroom, kitchen etc?  YES  NO

8. Is the condition of your property:  GOOD  FAIR  POOR

If poor, please give details:.....

9. Age of property (approximately):.....

10. If you live in a flat or maisonette, please state on which floor(s) it is situated:.....

11. Number of steps/stairs (if any) to your front door:.....

12. Is there a lift to your property?  YES  NO

13. Have you adequate means of heating water?  YES  NO

14. Have you any cooking facilities?  YES  NO

15. How is your accommodation heated? .....

Is this adequate?  YES  NO

16. How long have you lived at your present address? ..... If less than two years, what was your previous address?

.....  
 .....

How long did you live there? .....

Why did you leave? .....

.....

17. Do you have to leave your present accommodation?  YES  NO

If YES, by when and why? .....

.....

If YES and received notice from landlord, please provide copy of notice.

If NO, please state why you want to move, eg work, social factors,etc. ....

.....

.....

18. Do you own any other dwellings?  YES  NO

If YES, please give details .....

.....

**PART D: About the housing you need**

1. Where do you wish to live? Please refer to enclosed listing and list in order of preference:

1. .... 2. ....  
 3. .... 4. ....  
 5. .... 6. ....

2. What are the reasons for choosing these areas?.....  
 .....  
 .....

3. If you wish to move to be near relatives or close friends, please state where they live and give relationship to you. e.g. son, niece, etc. and how frequently you manage to see them at present:

Relationship to Applicant	Address	No. of Visits per Year

4. If you wish to move back to an area where you used to live, please give the location and dates of residence:

.....  
 .....

From..... To.....

5. Accommodation required: Flat  Maisonette  House  with ..... bedrooms  
 Studio Flat  Would you like a garden?  YES  NO  NO PREFERENCE

6. Please tell us any special housing needs that you have:

.....  
 .....

7. Do you require ground floor accommodation?  YES  NO

If so, why? .....

8. Have you applied to be on a Local Authority waiting list?  YES  NO

If not, why not?.....

If yes, to which local authority? .....

Your Registration Number with the Local Authority (if any) .....

How long have you been registered? .....

9. Have you been accepted on the waiting list of any other Housing Association?  YES  NO

If YES, which Housing Association(s) .....

.....

If the answer to questions 8 and 9 is YES, have you any objection to this Association discussing your application with the Local Authority and/or Housing Association?

YES  NO

10. How did you first hear of Mount Green Housing Association?

.....  
.....  
.....  
.....

I understand that the completion of this form does not imply that I will automatically be entitled to a tenancy.

*As far as I know, the answers that I have given on this form are true. I understand that I must tell the Association if there is any change in my circumstances. I understand that if I am housed on the basis of false information, the Association may seek to terminate the tenancy.*

Signature (applicant) ..... Date .....

<b>For office use only</b>	
Entered by: .....	Date: .....
.....	.....
.....	.....
Checked by: .....	Date: .....
.....	.....
.....	.....
.....	.....