

Transfer / Housing Application form



Please tick: Internal Transfer External candidate

All sections must be completed. Your application will not be processed if any section is incomplete

Personal details

You	Joint applicant
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Other (please state) <input type="text"/>	Other (please state) <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
First name <input type="text"/>	First name <input type="text"/>
Middle name <input type="text"/>	Middle name <input type="text"/>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Date of birth <input type="text"/>	Date of birth <input type="text"/>
National Insurance no <input type="text"/>	National Insurance no <input type="text"/>
Current address <input type="text"/> <input type="text"/> <input type="text"/>	Current address <input type="text"/> <input type="text"/> <input type="text"/>
Postcode <input type="text"/>	Postcode <input type="text"/>
Date moved in to current address <input type="text"/>	Date moved in to current address <input type="text"/>
Telephone number <input type="text"/>	Telephone number <input type="text"/>
Mobile number <input type="text"/>	Mobile number <input type="text"/>
Email address <input type="text"/>	Email address <input type="text"/>
Do you have any specific communication requirements, for example braille, large print? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any specific communication requirements, for example braille, large print? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please state <input type="text"/>	Please state <input type="text"/>

Who is being housed with you (other than any joint applicant named above)?

Name	Date of birth	Gender	Relationship

Please provide copies of all relevant documentation as requested below to support your application and each of your household members.

PROOF OF IDENTITY Please provide <u>any one</u> of these, per household member	Passport, per household member	
	Full Birth Certificate, per household member	
	Driving License, per household member	

PROOF OF INCOME Please provide documents showing your <u>total household income</u> as shown on page 5 on the form	Wage slips (all applicants) if applicable	
	Benefit Entitlement Letter/s (main/joint applicant/s) if applicable	
	Pension Entitlement Letter/s (main/joint applicant/s) if applicable	
	Child Benefit letter (pages 1 and 2) if applicable	
PROOF OF PREGNANCY	MatB1 certificate from your GP/Midwife if applicable	

PROOF OF RESIDENCY –per household member over 18	Bank statement
	University/ College letter
	Council entitlement letter

Ethnic Origin (please identify your household’s ethnic origin under a number of broad headings):

White British/ European
 Black British
 African
 Asian
 Caribbean
 Chinese
 Other

Mixed (any mixed background) specify if you want _____

Pregnancy

Are you or any member of your household who is moving with you pregnant? Yes No

If yes, please provide expected due date

Current circumstances

Do you or any member of your household have any unspent convictions? Yes No

If yes, please provide details

If you have a probation officer, please provide their name and contact details

Name

Contact details

Is your current accommodation inappropriate for any of the following reasons?

Under occupation Overcrowded Living in adapted property that is no longer required

Other – please state

Are either you or the joint applicant currently employed? Yes No

If yes, please provide details

Are you moving from supported housing? Yes No

If yes, please provide details

Conflict of interest

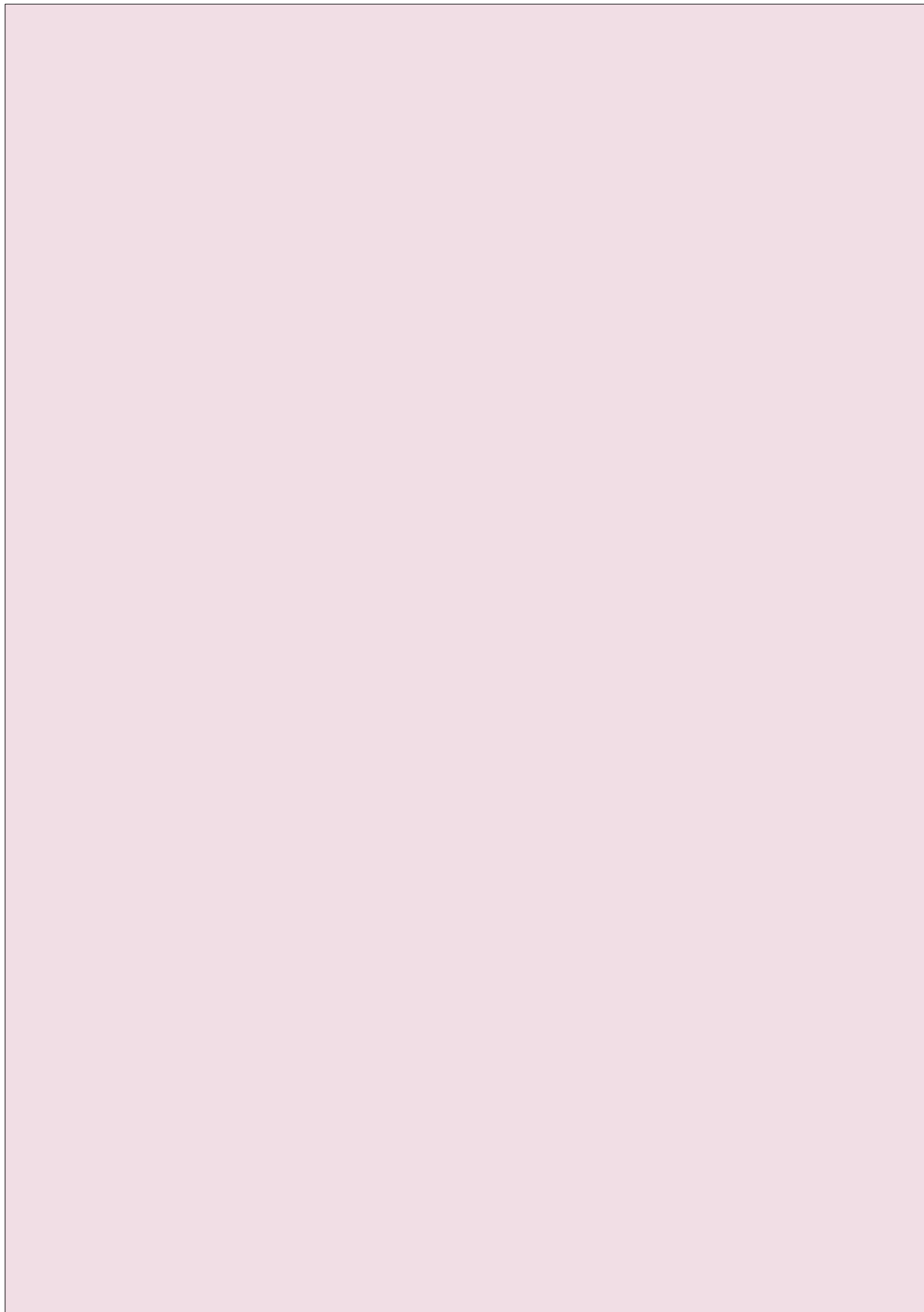
Ekaya Housing and all its subsidiaries have a policy which prevents us granting benefits to its employees, committee members or their close relatives. Please answer the questions below to help us comply with these provisions and assess your application properly.

Do you work or have you worked for Ekaya/HND within the last 12 months? Yes No

If yes, please provide details

Why you want to move

In the space below, please give the reasons why you want to move. This is an important part of the application and will help us in pointing your application.



Are you, or your joint applicant, related to anyone who works for Ekaya now or has done within the last 12 Months? Yes No

If yes, please provide details

Are you, or your joint applicant, related to anyone who is a member of Ekaya's board committees or forums?

Yes No

If yes, please provide details

Housing requirements

Do you need a transfer on one of the following grounds? (You will need to provide proof for this)

Medical grounds over crowded

Do you need a property which is all on one level (i.e no stairs) Yes No

If yes, please provide details

Do you need a lift? Yes No

If yes, please provide details

Maximum floor level you would accept without a lift? Please state

Do you require a property with adaptations? Yes No

If yes, please provide details

Do you want to be considered for (please tick all that apply)

In which areas would you like to be considered for housing?

1.

3.

2.

4.

Medical/disability details

If you or any member of your household want to move due to medical reasons or due to a disability, please complete the boxes below (and continue on the back page). We may also ask you for more information or supporting evidence from a health care professional.

Name of person affected by the condition	Details of medical condition or disability	How does your current home affect the medical condition or disability?	How will rehousing improve the medical condition or disability?	Name and address of doctor or health specialist (we may contact these for further details)

Careers, advocates, support workers, friends and family members

Do you or any member of your household have a social worker, key worker or support worker? Yes No

If yes, please provide details

If you would like someone to deal with your application on your behalf, please give their details below

Name

Address

Postcode

Telephone number

Relationship to you

Their email

address

For security purposes, please provide a password to help us to identify you

Declaration and use of my personal data. In signing this form, I agree to the following:

- I will notify Ekaya Housing of any changes to the details provided on this form
- I understand that in the event of my details being found to be untrue or inaccurate or if I have neglected to notify Ekaya Housing about any changes in my circumstances, my application will be cancelled or I may lose any tenancy offered to me. If the tenancy has commenced, Ekaya Housing reserves the right to take action to terminate this tenancy
- I understand that my details will be held electronically. I give permission for information regarding my application to be shared with and verified by credit reference agencies, statutory and voluntary bodies, including the police, in order to check the details of this application and to provide assistance with rehousing and sustaining any tenancy that may be offered to me. If my application is successful, I also give permission for my information to be shared with contractors who assist with the services Ekaya Housing provides and with private organizations, such as utility companies, so they can provide services and contact me in respect of utility charges
- I consent to references being obtained from my previous landlords during the last three years
- I consent to Ekaya contacting the health professionals listed above to obtain information relating to any medical condition or disability in support of rehousing
- I consent to credit checks being carried out in order to establish my financial status
- I understand that the completion of this form does not mean I will be offered accommodation
- I understand that the details of this application will be used for confidential statistical purposes.

Signed: (Applicant)

Print name:

Date:

Signed: (Joint applicant)

Print name:

Date: