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

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**Joint applicant**

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| --- | --- | --- | --- | --- | --- | --- |
| Mr Mrs | Ms | Miss |  | Mr Mrs | Ms | Miss |
| Other (please state) |  |  |  | Other (please state) |  |  |
| Surname |  |  |  | Surname |  |  |
| First name |  |  |  | First name |  |  |
| Middle name |  |  |  | Middle name |  |  |
| Male Female |  |  |  | Male Female |  |  |
| Date of birth |  |  |  | Date of birth |  |  |
| National Insurance no |  |  |  | National Insurance no |  |  |
| Current address |  |  |  | Current address |  |  |

Postcode

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Date moved in

to current address

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Telephone number Mobile number Email address

Do you have any specific communication

requirements, for example braille, large print?

Yes No

Please state

Postcode

Date moved in

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to current address

Telephone number Mobile number Email address

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Do you have any specific communication

requirements, for example braille, large print?

Yes No

Please state

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

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| --- | --- | --- | --- |
| **Name** | **Date of birth** | **Gender** | **Relationship** |
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Please provide copies of all relevant documentation as requested below to support your application and each of your household members.

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| --- | --- | --- |
| PROOF OF IDENTITYPlease provide any one of these, per household member | Passport, per household member |  |
| Full Birth Certificate, per household member |  |
| Driving License, per household member |  |
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| --- | --- | --- |
| PROOF OF INCOMEPlease provide documents showing your total household income 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 |  |

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| --- | --- |
| 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

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| --- | --- |
| Other – please state |  |
| Are either you or the joint applicant currently employed? YesDo you have any pets/animals that you wish to be housed with you? |  |  | 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. 2.

1. 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) |
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# 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

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Address

Relationship to you Their email address

Postcode Telephone number

##  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:

**Ekaya Housing Association**

**145 Stockwell Road, Brixton, London SW9 9TN T:0207 091 1800**