



For office use only

Name:	
Application No:	QLX Client No:

TRANSFER APPLICATION FORM

We are aware that this is a long form; however it is important that you should answer all of the questions relevant to your application.

A copy of our Transfer Policy is available should you wish to see it before filling in this form or a summary leaflet is provided within the Tenants' Handbook & Information Pack.

- Please complete the form in BLOCK CAPITALS in BLUE or BLACK ink
- Tick the appropriate boxes to answer the questions
- Carefully read the declaration on page 8 and sign the form to show that you have read and understood it. We do not accept unsigned applications
- Please make sure you have filled in your application form correctly and have answered all the questions which apply to you. If you have any queries, please contact your Housing Manager
- Your form will be sent back to you if it is not correctly filled in. This will delay your application being processed

Receipt of your application will be acknowledged within 14 days. Before this application is accepted you will be visited during working hours by your Housing Manager or Agent by prior arrangement, and if your application is approved your name will be added to the transfer register.

Please send the completed form to:

**HAIG HOUSING, ALBAN DOBSON HOUSE, GREEN LANE
MORDEN, SURREY SM4 5NS**

For office use only:

Date received:	
Logged by:	Date:
Checked by:	Date:
Returned to applicant YES / NO	
Date received (second):	
Checked by:	Date:
Visited by:	Date:
Approved by:	Date:

SECTION 1: ABOUT YOU AND THE PEOPLE WHO LIVE WITH YOU

1.A YOUR DETAILS (TENANT)

Title:	Surname:	Previous surname:
First name(s):		Date of birth:
Status: Married / Single / Widow(er) / Divorced / Separated / Civil Partner / Co-habitee		
Home Tel:	Work Tel:	Mobile:
Address:		Email:
		Postcode:
National Insurance Number:		

1.B YOUR PARTNER'S DETAILS

Title:	Surname:	Previous surname:
First name(s):		Date of birth:
Status: Married / Single / Widow(er) / Divorced / Separated / Civil Partner / Co-habitee		
Home Tel:	Work Tel:	Mobile:
Address:		Email:
		Postcode:
National Insurance Number:		

1.C OTHER PEOPLE WHO LIVE WITH YOU

Surname	First Name	Sex	Date of Birth	Relationship to you	Education/Employment Status

NB: We will need a copy of the full birth certificate of each person listed (see check list)

1.D ARE YOU OR IS ANYONE IN THIS APPLICATION PREGNANT?

YES / NO If YES, please give following details:

Name of pregnant person:	
Date baby expected:	

NB: We will need a copy of the MAT B1 – Proof of Pregnancy (see check list)

1.E DO YOU HAVE ANYONE ELSE WHO YOU WANT TO INCLUDE AS A MEMBER OF YOUR HOUSEHOLD?

YES / NO If YES, please state:

Child	Surname	First Name	Sex	Date of Birth	Whose child? (please tick)	
					Yours	Partner's
1						
2						
3						

NB: We will need to see proof of custody/visitation arrangements (see check list)

1.F DO YOU HAVE ANY PETS?

YES / NO If YES, please give details:

Animal	Type (dog/cat etc)	Animal	Type (dog/cat etc)
1		3	
2		4	

IF YOU ARE APPLYING TO MOVE TO A FLAT ARE YOU PREPARED TO RE-HOME YOUR PETS? (We will not move a dog into a flat or property without a garden)

YES/NO

1.G CRIMINAL CONVICTIONS

Do you or any person who will be living with you have any criminal conviction(s) which are not spent as explained in the Rehabilitation of Offenders Act 1974 YES/NO

If yes please give details and dates of the conviction(s)

SECTION 2 – YOUR INCOME

2.A EMPLOYMENT

Are you employed? YES / NO

Is your partner employed? YES / NO

If YES, please give details:

	Applicant	Partner
Full time/Part time (please circle as appropriate for each person)	FT / PT	FT / PT
Name of employer:		
Address of employer:		
Payroll/employee ref no:		
Occupation:		
National Insurance No:		

2.B SAVINGS

	Applicant	Partner
How much money do you have in any bank/building society/savings accounts and investments?	£	£

2.C MAINTENANCE PAYMENTS

Are you or your partner making regular maintenance payments to a former partner, and/or child(ren) not living with you?

YES / NO

If YES, complete the details below

	Applicant	Partner
Name(s) and address(es) of persons to whom maintenance is paid:		
How much are your weekly payments?	£	£
	per week	per week

NB: We will need a copy of the legal arrangements (see check list)

2.D INCOME DETAILS

Give your income on a WEEKLY basis. Multiply monthly income by 12 and divide by 52. Where your income varies from week to week, please give an average over the last 5 weeks.

This information must be repeated for all members of the household over the age of 16 as identified at Section 1.C earlier in this document. Please either photocopy this Section 3.B (Income Details) or telephone us to request additional forms.

	Applicant		Partner	
Gross earned income: (X) (before stoppages)	£	a week	£	a week
Net earned income (after stoppages)	£	a week	£	a week

If you and/or your partner are in receipt of any of the following benefits, please state how much you receive:

	Applicant		Partner	
Means tested Job Seekers Allowance:	£	a week	£	a week
Non-means tested Job Seekers Allowance:	£	a week	£	a week
Income Support:	£	a week	£	a week
Child Benefit:	£	a week	£	a week
Family Tax Credit:	£	a week	£	a week
One Parent Benefit:	£	a week	£	a week
State Retirement Pension:	£	a week	£	a week
Housing Benefit/Housing Allowance:	£	a week	£	a week
Other state benefit:	£	a week	£	a week
Military Service Pension:	£	a week	£	a week
War Pension:	£	a week	£	a week
War Disability Pension: (War Disability Percentage %)	£	a week	£	a week
Retirement pension from employer/pension scheme:	£	a week	£	a week
Other income (DLA, Maintenance, etc)	£	a week	£	a week
Total unearned income: (Y) (ie all listed above, also MUST include interest on savings and maintenance)	£	a week	£	a week
Total Income: (X + Y) (gross earned plus unearned)	£	a week	£	a week

Do you receive Housing Benefit/Housing Allowance?	YES / NO
If YES, is it for all or part of the rent:	ALL <input type="checkbox"/> PART <input type="checkbox"/>

If you claim any of the above State Benefits, please give address of the Benefits Office making payments:

SECTION 3: YOUR CURRENT HOME

3.A Please tell us about your current home (please tick the appropriate boxes)

Type of home:	House <input type="checkbox"/>	Flat <input type="checkbox"/>	Maisonette <input type="checkbox"/>	Bungalow <input type="checkbox"/>
Number of bedrooms:	One <input type="checkbox"/>	Two <input type="checkbox"/>	Three <input type="checkbox"/>	Four <input type="checkbox"/>
Floor level: (if applicable)	Ground <input type="checkbox"/>	First <input type="checkbox"/>	Second <input type="checkbox"/>	Other <input type="checkbox"/>
Is there a lift? (if applicable)	Yes / No			

3.B Why do you need to leave your current home?

Overcrowding	<input type="checkbox"/>	To move nearer family to give or receive support	<input type="checkbox"/>
Under occupation	<input type="checkbox"/>	To move nearer work	<input type="checkbox"/>
Ill health/disability	<input type="checkbox"/>	To move to more suitable property (e.g. garden for young children)	<input type="checkbox"/>
Domestic violence / harassment	<input type="checkbox"/>		
Other (please state):	<input type="checkbox"/>		

3.C Please tell us fully about your present circumstances and why you feel you need to apply to move to a different property

(please use and attach an additional sheet if required)

SECTION 4: THINGS WHICH AFFECT YOUR HOUSING REQUIREMENTS

Medical and/or Special Needs Information

If you, or any person named on the application, have any medical conditions or special needs which would affect the type of housing you need and which you would like us to consider when assessing your transfer application, please complete the details below.

A separate form should be completed for each person. Please either photocopy this section or contact us to request additional forms.

If you do not have any medical conditions or special needs, please go on to Section 5

Name and date of birth of family member with medical condition:		
Details of medical condition/special needs:		
Details of treatment/medication:		
Do you use a wheelchair:	YES / NO	In the home <input type="checkbox"/> outside <input type="checkbox"/> both <input type="checkbox"/>
Do you use a walking aid:	YES / NO	In the home <input type="checkbox"/> outside <input type="checkbox"/> both <input type="checkbox"/>
Can you climb the stairs:	YES / NO / WITH DIFFICULTY (please circle as appropriate)	
Do you need accommodation all on one level:	YES / NO	
Are you registered disabled:	YES / NO	
Are there any other special needs that you would like us to consider when assessing your application? Describe why present accommodation does not meet these needs and how that affects the health of the person? (please use the box at Q3.B or attach an additional page if you need more room)		

SECTION 5: WHERE YOU WOULD LIKE TO LIVE

First Choice Location:	
Second Choice Location:	
Third Choice Location:	
Would you be prepared to consider <u>ANY</u> location where Haig Housing has properties suitable for your transfer needs?	YES/NO

SECTION 6: ALTERNATIVE HOUSING ARRANGEMENTS

6.A Have you or your partner applied to a Local Authority or other Housing Association for alternative housing?

YES / NO

If YES, please give details and, if you turned down any offer, please give reasons

6.B Have you or your partner applied to or registered with any Home Exchange or Mobility schemes?

YES / NO

If YES, please give details and, if you turned down any offer, please give reasons

SECTION 7: ADDITIONAL INFORMATION

Do you, or anyone listed on this application, have any connection to any member of staff or Trustee of Haig Housing?

YES / NO

If YES, please give details

SECTION 8: GENERAL DATA PROTECTION REGULATION 2018 / DATA PROTECTION ACT 2018

1. All personal data that Haig Housing Trust (the "Trust") may use will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation ("GDPR") and your rights under the GDPR.
2. For complete details of the Trust's collection, processing, storage, and retention of personal data including, but not limited to, the purposes for which personal data is used, the legal basis or bases for using it, details of your rights and how to exercise them, and personal data sharing (where applicable), please refer to the Trust's Privacy Notice which can be found on our website www.haighousing.org.uk or can be obtained by emailing communications@haighousing.org.uk or by telephoning 020 8685 5777. Beneficiaries have already been provided by post with a copy of this Notice.

Signed

Date

SECTION 9: DECLARATION

Please note: Spot checks will be made on information given on your application for a transfer within Haig Housing. We may not be able to grant you a transfer tenancy if you have made a false statement. If we subsequently find that any information on this application form is false, we may take legal action to repossess any home we have let to you.

- I confirm that, as far as I know, the information I have given in connection with this application for housing is correct
- I will tell you immediately if there is any change in my circumstances
- I give you permission to make any reasonable enquiries to confirm any details I have given on this form
- I have read and understood and agree the personal information provided may be held in computerised form for use as described.

Your signature:

Date:

CHECKLIST

If it is appropriate for your transfer application, please check that you have included:

- Full birth certificates of any children/other people included in this application
- Child Benefit details
- Maternity Certificate form: MAT B1 (Proof of pregnancy)
- Access arrangements of children living with you/details of person with care and control
- Court Orders for maintenance payments
- Copies of your and/or your partner's last three payslips or P60 if employed

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Charity Commission Registration Number: 1125556 Scottish Charity Registration No SC040058