



Transfer Application

Tenant Ref.:	Transfer Ref.:

Please note that you should have a CLEAR RENT ACCOUNT, and that your property has been kept in good condition.

Please complete all sections

Section 1: About You and Your Family

Mr/Mrs/Miss/Ms	Surname	First Names	Date of Birth

Present Address:

Post Code:
Tel No: Home:
Work:

Other household members who live/will live with you (please delete where applicable)

Name	Date of Birth	Net Income	Relationship To You
1.			Tenant
2.			Joint Tenant
3.			
4.			
5.			
6.			
7.			

Is any member of the household pregnant? If so what is the expected date of birth?

Section 2: Present Accommodation

(Please tick appropriate boxes)

Property description:

House	
Flat	
Shared Flat	
Shared facilities	

Number of Bedrooms	
Bedsit	
1 Bed	
2 Bed	
3 Bed	
4 Bed	
Other please state:	

Floor level	
Basement	
Ground	
First	
Second	
Third	
Other	

Have you applied for any Home Ownership Schemes? Yes/No.

Section 3. Accommodation Required

Please tick relevant box

Size	
Studio	
1 Bed	
2 Bed	
3 Bed	
4 Bed	
Other	

Will you live on any floor level? Yes/No

If No, please state why? -----

The Association has properties in the following areas; please specify the areas you would prefer to move to:

You can list your most preferred area by inserting (1) and your least choice as (3)

Southwark		Greenwich	
Bermondsey		Woolwich	
Surrey Quays		Plumstead	
Camberwell		Charlton	
Dulwich		Lewisham	
Lambeth		Deptford	
Brixton		Catford	
Stockwell		New Cross	
Streatham		Wandsworth	
Crystal Palace		Southfields	

Section 4: Additional Information

A. Medical factors

Do you or any member of your household suffer from any permanent disability or suffer from any serious illness or addiction related problems?

Yes/No

If **yes**, state how this affects your need to move:

So that New World takes this into account when considering your priority for a transfer, we need a Doctors/Consultant Psychiatrist report. *(The cost for any medical certificates is the responsibility of the tenant).*

B. Social Factors

Do you or any member of your household need to move to receive support?

Yes/No

If **yes**, please specify:

Is this request due to nuisance from neighbours? Yes/No

If **yes**, please state briefly the problem(s) you are experiencing and the action you have taken to resolve the noise nuisance.

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Do you need to be nearer to a special school, work or place of worship? Yes/No

If **yes** please specify:

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C. Other Information

Please state any other reasons you wish to move or that you think the Association should take into account in considering your application. You may continue on a separate sheet if required.

Declaration

I/we understand that the completion of this form does not mean that I/we will necessarily be put on a transfer list or offered another home.

I agree to be visited in my own home by an authorised representative of New World and to give any further information, which the association may reasonably ask in connection with this application.

As far as I know the information given on this form is true and complete and I/we undertake to tell the association of any changes.

Signed (applicant): -----

Signed (Interviewing Officer): -----

Date of Application: -----

EQUAL OPPORTUNITIES POLICY

It is the Association's policy to treat all transfer requests equally, regardless of race, sex, colour or ethnic origin.

To assist us in making sure this policy is carried out. We keep a record of the origins of all transfer applicants.

If you choose not to complete this slip, your application will not be affected. This information will be treated as strictly confidential to the Association and will not be given to anyone else or be used in any other way than described above.

Please help us by answering the questions below:

Part 1:	
Chinese	
Vietnamese	
Asian	
Caribbean	
African	
British/European	
Irish	
Other	
Combination	

