



## TRANSFER APPLICATION FORM

Tenant Reference Number:	
Transfer Reference:	

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:			
Telephone Home:		Telephone Mobile:	

Other household members who live / will live with you: Please indicate below					
Name:	Date of Birth:	Net Income:	Relationship to you:	Lives with you now:	Will live with you:
1			Tenant		
2			Joint Tenant		
3					
4					
5					
6					
7					

Are you or is anyone living with you pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete the details below.	
Name of Pregnant Person:	
Estimated Delivery Date:	



# TRANSFER APPLICATION FORM Continued

## SECTION 2. YOUR PRESENT ACCOMMODATION ✓ Please tick appropriate boxes

PROPERTY DESCRIPTION	
House	
Flat	
Shared Flat	
Shared Facilities	
Have you applied for any Home Ownership Schemes?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NUMBER OF BEDROOMS	
Bedsit	
1 Bed	
2 Bed	
3 Bed	
4 Bed	
Other	

FLOOR LEVEL	
Basement	
Ground	
First	
Second	
Third	
Other	

## SECTION 3. ACCOMMODATION REQUIRED

Please tick relevant box ✓	
Studio	
1 Bed	
2 Bed	
3 Bed	
4 Bed	
Other	

Will you live on any floor? <input type="checkbox"/> YES <input type="checkbox"/> 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	
Bermondsey	
Surrey Quays	
Camberwell	
Dulwich	

GREENWICH	
Woolwich	
Plumstead	
Charlton	

LAMBETH	
Brixton	
Stockwell	
Streatham	
Crystal Palace	

LEWISHAM	
Deptford	
Catford	
New Cross	

WANDSWORTH	
Southfields	



## TRANSFER APPLICATION FORM Continued

### 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. If YES, please state below how this affects your need to move:

YES  NO

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. Please give details:*

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

YES  NO

Do you need to be nearer to a special school, work or place of worship?  YES  NO If YES, please specify:

#### 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.



## TRANSFER APPLICATION FORM Continued

### SECTION 5. 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:	



## TRANSFER APPLICATION FORM Continued

### 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:

ARE YOU:	
Chinese	
Vietnamese	
Asian	
Caribbean	
African	
British/European	
Irish	
Other	
Combination	



## TRANSFER APPLICATION FORM FOR OFFICE USE ONLY

### FOR OFFICE USE ONLY

Tenant Reference:		
Date Registered:		
Present Size:		
Size Required:		
Area(s):		
Rent Account Balance:	£	at
Condition of flat:		

### ENVIRONMENTAL FACTORS

Does the current property have any of the following? Please tick ✓		
Traffic noise disturbance	<input type="checkbox"/>	YES <input type="checkbox"/> NO
More than 15 minutes walk to the nearest source of public transport	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Building defects/design	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Condensation	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Difficult to heat	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Damp	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Poor sound insulation (which Environmental Health have confirmed)	<input type="checkbox"/>	YES <input type="checkbox"/> NO
The flat/house has a gallery kitchen	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Garden	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Central heating	<input type="checkbox"/>	YES <input type="checkbox"/> NO
Any Other? Please specify below	<input type="checkbox"/>	YES <input type="checkbox"/> NO