



FOR OFFICE USE ONLY
Registration Number:
Date of Registration:

TRANSFER APPLICATION

FOR TENANTS OF HOUSING ASSOCIATIONS

This form is for Housing Association tenants to apply for a transfer within the Dover District Council area. You should have received our booklet with this form. It tells you how Dover's Housing Register works. If you have not, and would like a copy, please contact the office which gave you this application form. Please answer all the questions on this form that apply to you, carefully and in full, using CAPITAL LETTERS.

If you need help to complete the form, please contact the Housing Needs Section on (01304) 872265 or ask a member of staff at a local Area Office.

SECTION 1: APPLICANTS PERSONAL DETAILS

Do you already have a transfer registered with us? Yes No

If YES, please give date and registration number

Name, address and telephone number of your present Landlord

	TENANT	JOINT TENANT
Surname		
Title (Mr, Mrs, Miss, Ms etc.)		
Previous Surname (if applicable)		
First Name(s)		
Marital Status		
Date of Birth		
Nationality		
Main Language	/ /	/ /
Sexual Orientation		
Religion		
Current Address		
Postcode		
National Insurance Number		
Home Telephone Number		
Work / Mobile Number		
E-mail Address		

Is any member of the household pregnant? Yes No

If YES, please give their name and the date the baby is due.

Name: Date baby due:

Please provide confirmation of pregnancy. When your baby is born you will need to send us a copy of the Birth Certificate.

EQUAL OPPORTUNITIES MONITORING

It is the Council's policy that all applicants for housing are treated equally and that discrimination on the grounds of race, colour, sex, religion or ethnic origin is both unfair and unacceptable. To ensure that the Council meets its stated aims, ethnic records are maintained. To assist in this monitoring exercise all applicants are requested to complete the questions below. If you do not want to answer this question, please tick the question refused box.

APPLICANT				JOINT APPLICANT			
<u>White</u>				<u>White</u>			
British			<input type="checkbox"/>	British			<input type="checkbox"/>
	Irish		<input type="checkbox"/>		Irish		<input type="checkbox"/>
Other	White		<input type="checkbox"/>	Other	White		<input type="checkbox"/>
<u>Mixed</u>				<u>Mixed</u>			
	White & Black Caribbean		<input type="checkbox"/>		White & Black Caribbean		<input type="checkbox"/>
	White & Black African		<input type="checkbox"/>		White & Black African		<input type="checkbox"/>
	White & Asian		<input type="checkbox"/>		White & Asian		<input type="checkbox"/>
Other			<input type="checkbox"/>	Other			<input type="checkbox"/>
<u>Asian or Asian British</u>				<u>Asian or Asian British</u>			
	Indian		<input type="checkbox"/>		Indian		<input type="checkbox"/>
P	Pakistani		<input type="checkbox"/>	P	Pakistani		<input type="checkbox"/>
	Bangladeshi		<input type="checkbox"/>		Bangladeshi		<input type="checkbox"/>
	Other		<input type="checkbox"/>		Other		<input type="checkbox"/>
<u>Black or Black British</u>				<u>Black or Black British</u>			
	Caribbean		<input type="checkbox"/>		Caribbean		<input type="checkbox"/>
	African		<input type="checkbox"/>		African		<input type="checkbox"/>
	Other		<input type="checkbox"/>		Other		<input type="checkbox"/>
<u>Chinese or Other Ethnic Groups</u>				<u>Chinese or Other Ethnic Groups</u>			
	Chinese		<input type="checkbox"/>		Chinese		<input type="checkbox"/>
	Afghan		<input type="checkbox"/>		Afghan		<input type="checkbox"/>
	Kurdish		<input type="checkbox"/>		Kurdish		<input type="checkbox"/>
	Roma		<input type="checkbox"/>		Roma		<input type="checkbox"/>
Other			<input type="checkbox"/>	Other			<input type="checkbox"/>
Refused			<input type="checkbox"/>	Refused			<input type="checkbox"/>

SECTION 2: YOUR HOUSEHOLD

ONLY LIST CHILDREN THAT LIVE WITH YOU. DO NOT INCLUDE CHILDREN YOU HAVE ACCESS TO. However, you may wish to provide residency details, e.g. parental responsibility order, divorce papers, confirmation from solicitor, in order to apply for a property larger than your permanent household size. A single person with access to children can apply for a two bedroom upper floor flat if proof confirming the access submitted. Persons should only be included if they live in the UK.

Please give details of each person who lives with you now and who will continue to live with you when you are housed. You DO NOT need to supply details for yourself or your partner as they have already been stated.

First Names	Surname	Sex (M or F)	Relationship to you (such as son, niece)	Date of Birth

We may ask for proof that the children included in your application live with you. You may be asked to provide benefit details, eg. Child Benefit, Family Credit, Income Support.

Please give details of any children you have access to.

First Names	Surname	Address	Sex (M or F)	Date of Birth

SECTION 3: YOUR PRESENT HOME

What date did you move into your current home? / /

Please tick the type of home you now live in:

House Flat Maisonette Bedsit Bungalow
 If you live in a flat / maisonette / bedsit, what floor is it on?

What accommodation do you have the use of?:

How many bedrooms do you have?		
Who occupies these bedrooms?		
	Names (including yourself)	Relationship to you
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		

Do you have a garden? Yes No

If YES, do you have sole use? Communal use

Do you have direct access into your garden? Yes No

SECTION 4: HOUSING REQUIREMENTS

The following is a list of the types of properties that are available. In general, families with dependant children will be given first consideration for houses. Families with older children will be considered for upper flats and maisonettes. Ground floor housing is usually allocated to people who cannot manage stairs. **Elderly or disabled people will be considered for bungalows.**

It will assist your rehousing prospects if you are willing to consider more than one type of property.

<u>Property type</u>		<u>Floor level</u>	
Bedsit	<input type="checkbox"/>	Ground	<input type="checkbox"/>
Flat	<input type="checkbox"/>	First	<input type="checkbox"/>
House	<input type="checkbox"/>	Second	<input type="checkbox"/>
Maisonette	<input type="checkbox"/>	Third	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>		

Sheltered Housing Schemes are linked to a 24 hour emergency response alarm system. Applicants are usually over the age of 60. Schemes consist of bedsits, flats and bungalows and some have shared facilities.

Do you wish to be considered for Sheltered Housing? Yes No

If YES, would you consider sharing a: Bath/Shower room WC Both

Exchanges

Would you be interested in exchanging with another tenant living in suitable property? Yes No

If YES, your name will be displayed on our Mutual Exchange Register which could result in you being approached by other tenants wishing to exchange to the area where you live.

SECTION 5: AREAS OF CHOICE

Please tick the areas for which you wish to be considered. There may be very few properties available in some of the areas.

<u>DOVER AREA</u>	<u>DEAL AREA</u>	<u>SANDWICH AREA</u>
Any of this group <input type="checkbox"/>	Any of this group <input type="checkbox"/>	Any of this group <input type="checkbox"/>
Alkham <input type="checkbox"/>	Ashley <input type="checkbox"/>	Ash <input type="checkbox"/>
Capel-le-ferne <input type="checkbox"/>	Kingsdown <input type="checkbox"/>	Aylesham <input type="checkbox"/>
Church Hougham <input type="checkbox"/>	Northbourne <input type="checkbox"/>	Eastry <input type="checkbox"/>
Coldred <input type="checkbox"/>	Ringwould <input type="checkbox"/>	Goodnestone <input type="checkbox"/>
Elvington <input type="checkbox"/>	Ripple <input type="checkbox"/>	Nonington <input type="checkbox"/>
Eythorne <input type="checkbox"/>	Sholden <input type="checkbox"/>	Preston <input type="checkbox"/>
Guston <input type="checkbox"/>	Studdal <input type="checkbox"/>	Staple <input type="checkbox"/>
Langdon <input type="checkbox"/>	Tilmanstone <input type="checkbox"/>	Stourmouth <input type="checkbox"/>
Shepherdswell <input type="checkbox"/>		Wingham <input type="checkbox"/>
St. Margarets-at-Cliffe <input type="checkbox"/>		Woodnesborough <input type="checkbox"/>
Temple Ewell <input type="checkbox"/>		Worth <input type="checkbox"/>
Whitfield <input type="checkbox"/>		
Any of this group <input type="checkbox"/>	Any of this group <input type="checkbox"/>	Sandwich <input type="checkbox"/>
Aycliffe <input type="checkbox"/>	Middle Deal <input type="checkbox"/>	
Buckland East <input type="checkbox"/>	Mill Hill <input type="checkbox"/>	
Buckland South <input type="checkbox"/>	North End <input type="checkbox"/>	
Buckland West <input type="checkbox"/>	St. Richards Road <input type="checkbox"/>	
Canadian Estate <input type="checkbox"/>	Telegraph Road <input type="checkbox"/>	
Green Lane Estate <input type="checkbox"/>	Town Area <input type="checkbox"/>	
Tower Hamlets <input type="checkbox"/>	Walmer <input type="checkbox"/>	
St. Radigunds <input type="checkbox"/>		
Military Road <input type="checkbox"/>		
Folkestone Road <input type="checkbox"/>		
Maison Dieu <input type="checkbox"/>		
Shooters Hill <input type="checkbox"/>		
Stembrook <input type="checkbox"/>		

Do you have a local connection of at least 10 years with any of the villages within the Dover District?

Yes No If YES, please state address(es) and date(s)

Do you want to be nominated to a Housing Association? Yes No
Are you interested in low cost home ownership/shared ownership schemes? Yes No

If YES, you will be contacted with details of schemes as appropriate and your details may be passed to any Housing Associations.

Do you have any pets? Yes No If YES, please give details.....



The above map shows all the towns and villages with council accommodation within the Dover District.
- Map showing how Dover is divided into separate areas.
- Map showing how Deal is divided into separate areas.

SECTION 6: HEALTH / SUPPORT NEEDS

Please provide contact details of anyone who helps you or anyone that you wish to act on your behalf:

Name	
Organisation/ Relationship to you	
Address	
Post Code	
Telephone No.	
Email Address	

Does anyone in your household:

- Use a wheelchair indoors and outdoors all the time?
- Use a wheelchair some of the day, and cannot manage steps or stairs at all?
- Have restricted mobility, and can only manage 1 or 2 steps or stairs?

Do any of the following apply to you or someone in your household?

<input type="checkbox"/> Difficulty reading and writing	<input type="checkbox"/> Isolated – no support
<input type="checkbox"/> Permanent physical disability	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Mental health problems	<input type="checkbox"/> Age related mobility problems
<input type="checkbox"/> Young person leaving care	<input type="checkbox"/> Ex offender
<input type="checkbox"/> Age related mental health problems	<input type="checkbox"/> Issue with drug misuse
<input type="checkbox"/> May need help bidding and have no one to help	<input type="checkbox"/> Issue with alcohol
<input type="checkbox"/> Experiencing violence or harassment	<input type="checkbox"/> English is not my first language

Any other, please give details:

Who has these support needs?

If any member of the household has an illness or disability, which is directly affected by your current housing, please ask the Council for a self-certification medical form.

SECTION 7: OFFENDING HISTORY

Any information supplied in this section will be treated in the strictest confidence, and will only be used when considering the kind of home which would be suitable for your needs.

Do you or any member of your household have any criminal convictions not subject to the provisions of the Rehabilitation of Offenders Act 1974? Yes No

IF YES, PLEASE GIVE DETAILS OF THE OFFENCE:

Has any member of your household been convicted under the Sex Offenders Act 1997 and placed on the Sex Offenders Register? Yes No

IF YES, PLEASE GIVE DETAILS:

Does any member of the household have a Probation Officer? Yes No

IF YES, PLEASE GIVE THE PROBATION OFFICER'S NAME AND DETAILS OF THE OFFENCE:

SECTION 8: OTHER INFORMATION

Is any member of the household related to any employee or Councillor of Dover District Council?

Yes No If YES, please state name and relationship.

Talking to you, listening to you:

Which ways would you prefer us to contact you?

By letter By telephone By email
By personal visit (this would only be carried out in exceptional circumstances)

If we need to visit you are there any special requirements?

No special requirements Please knock loudly Please give me time to answer the door
Please use the back door Please use the side door Please use the front door
Beware of the dog

Please give any other information that you think would help the Council in considering your application.

DATA PROTECTION ACT 1998

This Council complies with the requirements of the Data Protection Act 1998. The information you have given will be held on computer and manual records unless otherwise stated.

Data held by this authority will be used for cross system and cross authority comparison purposes for the prevention and detection of fraud.

It will only be disclosed outside the Authority if we are legally obliged to do so or if you are asking for an exchange or Housing Association tenancy.

DECLARATION AND AUTHORITY TO SEEK INFORMATION

Please read carefully before signing.

I / We certify that the information given in this form is correct to the best of my / our knowledge.

I / We understand that a false statement made knowingly or recklessly may result in the loss of any tenancy that may have been granted to me / us by the Council or a Housing Association.

I / We undertake to notify the Council of any change in my / our circumstances as declared in this application.

I / We authorise the Council to make such enquiries as are reasonably necessary to confirm any details given.

Signature of Tenant:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>
Signature of Joint Tenant:	<input type="text"/>	Date:	<input type="text" value="/"/>	<input type="text" value="/"/>

Please check that you have completed every question. If you have not done so, THE FORM WILL BE SENT BACK TO YOU.

Please return the form to:

**Housing Needs Section
Dover District Council
White Cliffs Business Park
Dover
Kent CT16 3PQ**

or hand it in at your Area Housing Office.

FOR OFFICIAL USE					
1.	2.	3.	4.	5.	6.
7.	8.	9.	10.	11.	12.
TOTAL: _____					

