

Private and confidential
Reference number



Runnymede Civic Centre, Station Road
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Housing Transfer Form

Part one – your details

This part of the form should include everyone who will be living in the house with you

	Applicant 1	Applicant 2
Title		
Last name		
First name		
Date of birth		
National Insurance number (N.I number) You can find your NI number on your NI card, letters from social security/DWP or payslips		

Please give details of your current housing circumstances

	Applicant 1	Applicant 2
Current address		
Date moved in		
Home phone number		
Mobile number		
Work number		
E-mail address		
Relationship to you		

Current circumstances

	Applicant 1	Applicant 2
What is your nationality?		
Are you a British citizen? Yes or no	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are not a British citizen, under which passport do you travel?		
If you are not a British citizen what is your immigration status? (i.e. indefinite leave to remain or no recourse to public funds) You can find this out by information in your passport or immigration papers You must provide original documentation		

Please give details of all the people that would move into your new home with you

Last name	First names	Sex F/M	D.O.B.	NI number	Nationality	Relationship to you	Place of work/school	Do they live with you now? Yes/No
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					
			/ /					

Do you want this application to be joint with Applicant 2? (If yes you will be offered a joint tenancy should you be given housing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or any other person that will be living with you pregnant?	Yes	No
If yes please give name of person who is pregnant		
What date is the baby due?		
Does anyone on this application have any pets?	Yes	No
If yes please provide details		
Does anyone on this application have any contact with either: Social Services, Probation, Mental Health Services, Drug and Alcohol Services or Police (other than traffic offences) or have done so in the past five years?	Yes	No
If yes, please provide details		

Part two – your current housing circumstances

Please tick the box that best describes your current housing circumstances

Type of accommodation – Please tick the box that best describes the type of property that you currently occupy

	Applicant 1	Applicant 2 (if not living together)
Bedsit/studio or room		
Boat		
Bungalow		
B&B/Lodging house/hotel		
Caravan or mobile home		
Flat		
Hostel		
House		
Maisonette		

Part four – owner occupiers

Has anyone on this application ever owned a property in the United Kingdom or Abroad? (If “no” go to part 5)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the address is different from where you are currently living please give details		

Please complete the following details even if you do not live in the accommodation that you own

	Applicant 1	Applicant 2
When did you purchase the property?		
How much did you pay for it?		
Have you sold the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much was it sold for?		
If yes, what year did you sell the property?		
Do you still own the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so how much is your outstanding mortgage?		
How much do you think the property is worth now?		
What are the monthly repayments? (If applicable)		
Are you behind with your payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how much do you owe?		
Reason for not occupying it (if applicable)		

The following details are for Applicant 1, please provide details below of the rooms you and your current household have the right to use

	In the whole building	Just for you and your household	Rooms shared with other people
Bedrooms			
Living rooms			
Kitchen			
Bathroom			

Please give details of the sleeping arrangements in your current home

	Name of people sleeping there (even if they will not be moving with you)	Size of room (in metres)
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		
Living room		
Living room 2/dining room		

Important: Applicants that have given up accommodation within the last five years that was suitable for their needs and by doing so, have knowingly worsened their housing circumstances will be placed in Band E (low or no housing need). Therefore any supporting information, about why you have moved, such as letters from the bank, landlord, social services should be submitted as soon as possible.

Part five – your previous accommodation

Please list all of your previous addresses for the past five years. You will need to provide documented evidence of this such as tenancy agreements/mortgage statements/utility bills

Part six – Nuisance/Antisocial behaviour/Tenancy details

Have you, any member of your household or person intending to live with you ever received a Notice Seeking Possession on any of the following grounds:

Rent arrears or Breach of Tenancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nuisance or annoyance to neighbours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Illegal or immoral use of property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Deterioration in the condition of the property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenancy obtained by a false statement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Subletting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part seven – Your housing need

Please tell us what types of property you would be prepared to consider by ticking the boxes

Room with shared facilities	
Bedsit or studio flat	
Flat	
Maisonette	

House	
Bungalow	
Sheltered (with a warden/scheme manager)	
Elderly Persons Housing	
Supported Housing	

<p>If you would like/need sheltered accommodation or supported housing please explain why here</p>	
<p>Please state the highest floor level you would consider living on: without a lift</p>	
<p>Please state the highest floor level you would consider living on: with a lift</p>	

What Borough(s)/areas would you be interested in living in (please tick)

Spelthorne

Any	
Ashford	
Ashford Common	

Stanwell Moor	
Staines	
Stanwell	

Laleham	
Sunbury	
Upper Halliford	

Shepperton	
Lower Sunbury	

Elmbridge

Any	
Walton	
Hersham	

Cobham	
Esher	
Dittons	

Oxshott	
Claygate	
Molesey	

Stoke D'Abernon	
Weybridge	
Oatlands	

Runnymede

Any	
Addestone	

Englefield Green	
Egham	

New Haw	
Virginia Water	

Chertsey	
Rowtown/Ottershaw	

Part eight – Your employment, Income, Bank Accounts/Savings and Household expenses

	Applicant 1	Applicant 2
Employer's name and address		
Hours worked per week		
What town do you actually work in?		
Is your employment permanent or temporary? (Please give details)		
Your job title		
If you consider yourself to be a key worker – please state occupation	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes occupation _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes occupation _____
How long have you worked there?		
Net earnings (after tax)	£ *per week/month	£ *per week/month
Income Support	£ *per week/month	£ *per week/month
Job Seekers Allowance		
Incapacity Benefit/Employment Support Allowance	£ *per week/month	£ *per week/month
Disability Living Allowance	£ *per week/month	£ *per week/month
Attendance Allowance	£ *per week/month	£ *per week/month
Housing Benefit	£ *per week/month	£ *per week/month
Carers Allowance	£ *per week/month	£ *per week/month
Mobility Allowance	£ *per week/month	£ *per week/month
Family Tax Credits	£ *per week/month	£ *per week/month
Working Tax Credits	£ *per week/month	£ *per week/month
Child Benefits	£ *per week/month	£ *per week/month
State Pension	£ *per week/month	£ *per week/month
Private Pension	£ *per week/month	£ *per week/month
Child Maintenance	£ *per week/month	£ *per week/month
Other Income	£ *per week/month	£ *per week/month
*please delete those that don't apply		

Please give details of any Bank/Building Society Accounts etc

	Applicant 1	Applicant 2
Accounts held with		
Other Savings/Investments		
Total Balance Held	£	£

Please give details of your regular monthly outgoings (per household)

	Applicant 1	Amount outstanding	Date commitment ends
Rent/mortgage payments	£ *per week/month	£	
Credit cards	£ *per week/month	£	
Loan repayments	£ *per week/month	£	
Child Support payments	£ *per week/month	£	
HP payments	£ *per week/month	£	

	Applicant 2	Amount outstanding	Date commitment ends
Rent/mortgage payments	£ *per week/month	£	
Credit cards	£ *per week/month	£	
Loan repayments	£ *per week/month	£	
Child Support payments	£ *per week/month	£	
HP payments	£ *per week/month	£	

Part ten – Your health

Please note that medical information will only be considered if it is supported by a relevant professional, e.g. doctor, consultant, health visitor, social worker and it is your responsibility to provide the relevant information. The Council cannot write to any outside agencies on your behalf.

Do you or anyone who is going to live with you have a medical condition or disability which should be taken into account?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “yes” please state who	
Please state, giving as much detail as possible, what the medical condition is. (Please include any hospital admissions or outpatient treatment with dates)	
Please list any prescribed medication or treatment being used to treat the medical condition. (Please give dosage where possible and date you started taking the medication)	

Please give details of your doctor or health professional

	Applicant 1	Applicant 2
Doctor's – name		
Doctor's – address and telephone number		
Health visitor's – name		
Health visitor's – address and telephone number		
Social worker's – name		
Social worker's – address and telephone number		
Support worker's – name		
Support worker's – address and telephone number		
Probation worker's – name		
Probation worker's – address and telephone number		
Drug/alcohol worker's – name		
Drug/alcohol worker's – address and telephone number		
Other agencies – name		
Other agencies – address and telephone number		

Are you or anyone included in this application currently receiving any services to live independently in the community?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" please indicate which services you are receiving		
Do you or anyone who will live with you use a wheelchair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" please state who		
Is the wheelchair used in the house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or anyone who will live with you have difficulty climbing stairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes" please state who	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is ground floor accommodation needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or anyone who will live with you have any adaptations or aids to help with mobility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or anyone who will live with you have a problem with mobility? If "yes" please specify E.g. breathlessness, walking, leg and back problems etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have mobility problems/health problems please state how rehousing you will help you or anyone who will be living with you		

All applicants must read this statement and sign confirming that it is understood what is expected from you, and from the Council/ housing association.

- The information given on this form is true. If it is later found that you have knowingly made a fraudulent application either by giving false information or by omitting relevant facts your application may be cancelled. In addition if you are rehoused on the basis of false information, it could lead to you losing your home.
- You will notify this organisation of any change in circumstances.
- You understand that the information in this form will be processed in line with the Data Protection Act 1998. For the purpose of the Act, this organisation is the “Data Controller” and so is responsible for the information we hold.
- You authorise this organisation to search information held by credit reference agencies.
- You authorise this organisation to seek information and obtain copies of relevant documents, and give permission for other parties who hold this information to provide it to us.
- You agree to meet the requests for information, such as requests to see tenancy agreements, notices, court papers, bank account details etc by the specified dates.
- All information you give on this form (and information resulting from contact with your landlord and/or employer) may be shared with the same but only in relation to this application.

This organisation is required Under Section 6 of the Audit Commission Act 1998 to participate in the National Fraud Initiative (NFI) data-matching exercise.

This organisation may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature for the prevention and detection of fraud.

Sensitive personal data such as racial or ethnic origin, offences (including alleged offences) and physical and mental disabilities are required under the Equal Opportunities Monitoring statute.

Any data provided may be disclosed in accordance with the Freedom of Information Act.

Signature _____
(Applicant 1)

Signature _____
(Applicant 2)

Date _____

Date _____

Please return this form to:

Equal Opportunities

This organisation is committed to promoting equality and diversity. We are required to keep a record of the ethnic origin of everyone applying for housing. We monitor this information to make sure that housing is equally available to everyone. We keep this information confidential and it will not affect your housing application.

Please tick the box which you feel best describes the ethnic origin of your household as a whole. If you do not want to complete this section please tick the "I do not want to answer this section" box.

Asian	Asian or Asian British Bangladeshi	<input type="checkbox"/>	Please specify:
	Asian or Asian British Indian	<input type="checkbox"/>	
	Asian or Asian British Pakistani	<input type="checkbox"/>	
	Asian or Asian British Other	<input type="checkbox"/>	
	Asian Other	<input type="checkbox"/>	
Black	Black or British Black African	<input type="checkbox"/>	Please specify:
	Black or British Black Caribbean	<input type="checkbox"/>	
	Black or Black British Other	<input type="checkbox"/>	
Chinese		<input type="checkbox"/>	
Mixed	White and Black African	<input type="checkbox"/>	Please specify:
	White and Black Caribbean	<input type="checkbox"/>	
	White and Asian	<input type="checkbox"/>	
	White Other	<input type="checkbox"/>	
White	English	<input type="checkbox"/>	Please specify:
	Scottish	<input type="checkbox"/>	
	Welsh	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	
I do not want to answer this section		<input type="checkbox"/>	

We also are required to keep information about individual circumstances and would ask you to complete the following:

Marital Status	Single	
	Living with partner	
	Separated	
	Divorced	
	Widowed	
Sexuality	Heterosexual	
	Bisexual	
	Homosexual	
Religion		
I do not want to answer this section		

Do you need help completing this form?

If you need help to complete this form or require further information, please contact the relevant housing team either by telephone on the numbers listed below, or in person at our offices. Translation can be provided, but you may need to give us some time to arrange a translator.

- Spelthorne Borough Council: 01784 446380
- Runnymede Borough Council: 01932 838383
- Elmbridge Borough Council: 01372 474474
- A2dominion Housing Group: 0845 408 6666
- Elmbridge Housing Trust: 01932 235700

You can ask someone else to complete the details for you but you should still sign it.

If completing this form on-line all supporting information and original documents must be seen by the organisation to which you are applying.

List of Documentation Required (original documents must be presented):

Identification for each person on your application, for example:

- A full birth certificate;)
- A driver's licence;) At least one of these
- A passport;)

In addition to the above proof of ID:

- An ID card;
- A medical card; or
- A marriage certificate.

Proof of employment, income and savings, for example:

- A letter from your employers;
- A P60 or P45;
- A bank or building society statement or book;
- Benefit books or proof of benefit claims;
- Wage slips.

If threatened with homelessness the following documents will also be required:

Proof of priority need, for example:

- An antenatal card or pregnancy certificate;
- Correspondence from your doctor or hospital regarding any medical conditions;
- Full birth certificates for children;
- Proof of Child Benefit;
- A residence order or other documents relating to the care of your children;
- Documents from your child's school or college showing that they are in full time education;
- Proof of a pension;
- Probation reports; or
- Social worker's reports.

Proof of homelessness, for example:

- An eviction notice;
- A notice to quit;
- A letter from your landlord;
- A bailiff's warrant; or
- A Court order or summons.

All applications are subject to credit checks

Permission To Share Your Information

All the information you give **us in the housing Benefit and Housing Services at Runnymede Borough Council** is confidential. However, to give you the best possible service based on your needs, it may be necessary on occasion to share certain information about you, with external agencies.

Runnymede Borough Council follows strict rules regarding confidentiality and data protection and we would only share your information with other organisations that follow these rules.

We cannot share your information without your permission and we want to be sure that you understand what this means.

You can change your mind at any time, whether your circumstances change or not.

The Housing Benefit section will not give out any financial information to anyone listed below without your specific permission.

The Housing Benefit and Housing Services staff work with these organisation with whom we might need to share your information:

- Social services and related agencies;
- NHS Staff;
- Your Doctor or associated Doctor's surgery staff;
- Housing Associations;
- Rent Start;
- Age Concern;
- Landlord (private);
- Runnymede Borough Council departments;
- Citizens Advice Bureaux;
- Voluntary Agencies.

The list is not exhaustive, and if there are other agencies we need to speak to we will explain to you who they are, and add it to the above list.

The following is another agency/organisation we wish to share information with

a)

If you permit us to share your information, please sign this form overleaf. Thank you.

Customer declaration:

I agree that Runnymede Borough Council Housing Benefit, Council Tax Services, Housing Services departments may share information they hold about me with each other and other organisations providing services and assistance to me. This is in accordance with the Data Protection Act 1998.

Signed Date of Birth

Print Name Address

.....

Postcode

Telephone Number

National Insurance Number

Date

Staff Declaration:

I have explained this form to (insert customer's name).....

To the best of my knowledge as a (insert your job title)

While employed by Runnymede Borough Council.

Signed

Print Name

Contact Details

Date