

Transfer Application



This form should only be completed if you need or want to move to another home through an internal transfer

Tenancy Details

Tenancy Reference No.		Tenancy Start Date	
Name(s)			
Current Address			
Tel (day)	Tel (eve)	Tel (mobile)	
Email address			

Application Details

Please list all household members included in this application

N.B. It may affect your application if anyone over 16 has been moved into the property without our consent

Full Name	Gender	Age	Date of Birth	Relationship to Tenant
				Tenant

For everyone listed in this application, we will require:

- Photographic proof of ID for those aged 16 and over
- Proof of residence for those aged 16 and over
- Either full birth certificate(s), residency order(s), or proof of receipt of child benefit for all under 16

Is everyone listed in this application living at your current address? YES NO

If **NO**, please state who, where they currently live and the reason(s) for inclusion in this application

Is anyone listed in this application pregnant? YES NO

If **YES**, please provide MATB1 certificate and state expected due date

Please state your reason(s) for needing/wanting to move

- Downsizing due to welfare reform changes
 Downsizing Decanting Overcrowded Harassment/DV
 Medical reasons † Other (please state)

† If you feel there any medical reasons for needing to move please contact L&Q Direct on 0800 015 6536 for a Medical Assessment form.

This will be submitted on to our medical adviser, a registered GP who will use the information supplied to assess whether you; would qualify as a medical priority, need accommodation with level access or adaptations and/or need an additional bedroom.

Please state any area(s) you are interested in/considering moving to

Moving Options

Please remember that L&Q uses Choice Based Lettings for transfers.

All our available homes are **advertised Wednesdays - Mondays** on the Choice Homes website www.ellcchoicehomes.org.uk each week, so if you want to move you will **need to “bid”** on the homes that you are interested in.

As demand for transfers far outweighs our supply, we restrict our transfer list to those residents actively looking for a move.

All residents applying for a transfer will also be expected to register with HomeSwapper the UK’s largest home swap service, which is free to all our residents. We also recommend that you explore all your available options, this may include: other mutual exchange schemes, other rental and ownership products or the private sector.

To show you are actively looking for a move, please provide your username for HomeSwapper

N.B. If you have not registered with HomeSwapper within 1 month of us receiving this form, we reserve the right to suspend or cancel your transfer application.

As these services are predominately internet-based, **please tick here if you do not have access to a computer/internet**

Additional Information

No. of bedrooms in current home

Does your current home contain any of the following major aids and adaptations?

- | | | |
|--|--|--|
| <input type="checkbox"/> Bath hoist | <input type="checkbox"/> Combined toilet/shower | <input type="checkbox"/> Door entry intercom |
| <input type="checkbox"/> Doors widened | <input type="checkbox"/> Downstairs toilet | <input type="checkbox"/> External access ramps |
| <input type="checkbox"/> Internal access ramps | <input type="checkbox"/> Kitchen/bathroom lever taps | <input type="checkbox"/> Level access shower |
| <input type="checkbox"/> Low level/sides/corner bath | <input type="checkbox"/> Shower over bath | <input type="checkbox"/> Stair lift |
| <input type="checkbox"/> Step lift | <input type="checkbox"/> Through floor lift | <input type="checkbox"/> Track hoist |
| <input type="checkbox"/> Other (please state) _____ | | |

Financial Details

This section must be fully completed for everyone listed in this application aged 16 and over

You		Joint Tenant/Partner (if applicable)	
<input type="checkbox"/> Full time work	<input type="checkbox"/> Part time work	<input type="checkbox"/> Full time work	<input type="checkbox"/> Part time work
<input type="checkbox"/> Government training	<input type="checkbox"/> Job seeker	<input type="checkbox"/> Government training	<input type="checkbox"/> Job seeker
<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Long-term sick/disabled	<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Long-term sick/disabled
<input type="checkbox"/> Full-time student	<input type="checkbox"/> Retired	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Retired
<input type="checkbox"/> Other (please state) _____		<input type="checkbox"/> Other (please state) _____	
Occupation _____		Occupation _____	
Hours worked (if part time) _____		Hours worked (if part time) _____	
Weekly income (incl. pensions and benefits) £ _____		Weekly income (incl. pensions and benefits) £ _____	
Other household member (if applicable)		Other household member (if applicable)	
<input type="checkbox"/> Full time work	<input type="checkbox"/> Part time work	<input type="checkbox"/> Full time work	<input type="checkbox"/> Part time work
<input type="checkbox"/> Government training	<input type="checkbox"/> Job seeker	<input type="checkbox"/> Government training	<input type="checkbox"/> Job seeker
<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Long-term sick/disabled	<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Long-term sick/disabled
<input type="checkbox"/> Full-time student	<input type="checkbox"/> Retired	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Retired
<input type="checkbox"/> Other (please state) _____		<input type="checkbox"/> Other (please state) _____	
Occupation _____		Occupation _____	
Hours worked (if part time) _____		Hours worked (if part time) _____	
Weekly income (incl. pensions and benefits) £ _____		Weekly income (incl. pensions and benefits) £ _____	
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<input type="checkbox"/> Government training	<input type="checkbox"/> Job seeker	<input type="checkbox"/> Government training	<input type="checkbox"/> Job seeker
<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Long-term sick/disabled	<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Long-term sick/disabled
<input type="checkbox"/> Full-time student	<input type="checkbox"/> Retired	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Retired
<input type="checkbox"/> Other (please state) _____		<input type="checkbox"/> Other (please state) _____	
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<input type="checkbox"/> Government training	<input type="checkbox"/> Job seeker	<input type="checkbox"/> Government training	<input type="checkbox"/> Job seeker
<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Long-term sick/disabled	<input type="checkbox"/> Not seeking work	<input type="checkbox"/> Long-term sick/disabled
<input type="checkbox"/> Full-time student	<input type="checkbox"/> Retired	<input type="checkbox"/> Full-time student	<input type="checkbox"/> Retired
<input type="checkbox"/> Other (please state) _____		<input type="checkbox"/> Other (please state) _____	
Occupation _____		Occupation _____	
Hours worked (if part time) _____		Hours worked (if part time) _____	
Weekly income (incl. pensions and benefits) £ _____		Weekly income (incl. pensions and benefits) £ _____	

Total Household Weekly income £
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Declaration

By signing this form, I/We* confirm that:

The information given in this application is correct to the best of my/our* knowledge and understand that my/our* application will be cancelled and further action may be taken if any false declaration has been made.

L&Q reserve the right to withdraw any offer to view a property if they deem my/our* current property unsatisfactory following a pre-transfer inspection and may recharge me/us* any costs incurred for any repair works (except general wear and tear) or removing items.

If I am/we are* currently in rent arrears my/our* application may still be accepted, but if the **arrears are £1,000 or more** then I/we* **will not be able to use choice based lettings to bid on a property.**

N.B. All arrears must be cleared before you will be able to move into another L&Q home.

I/we* will inform L&Q if there are any changes in circumstances that affect the information given in this application. (* delete as appropriate)

Signed (tenant)	Signed (joint tenant)
Date	Date

For Office Use Only

Date received

No. of bedrooms required in new home

Is/will resident be affected by size criteria?

YES NO

Is a medical assessment required?

YES NO

Is/has resident registered on HomeSwapper?

YES NO

Is assistance required to access CBL and/or HomeSwapper?

YES NO

<input type="checkbox"/> Application approved	<input type="checkbox"/> Application cancelled please state reason(s)
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Notes

Signed (on behalf of L&Q)	
Position	Date