

OFFICE USE ONLY To be completed by the rehousing & void team

Banding history

Banding	Priority date	Input officer's user ID



For office use

Registration No.

h&f
hammersmith & fulham

HFA
H&F Homes

Tenant transfer application

Main applicant

Surname or family name

First or given names

Place passport sized photo of main applicant here

Place passport sized photo of joint applicant here

If you would like any part of this document on audio tape or interpreted in your own language, please phone 020 8753 4040. If you require this form in large print or braille please phone 020 8753 4040.

Albanian

Nëse e dëshironi cilëndo pjesë të këtyre dokumenteve të përkthyer në gjuhën tuaj, ju lutemi telefononi në numrin 020 8753 4040.

Amharic

ማንኛውም ክፍል የዚህ ሰነድ ወደ ምታውቀው ቋንቋ እንዲተርጎምልህ ከፈልግህ፣ እባክህ በቴሌፎን ቁጥር 020 8753 4040 ደውል።

Arabic

إذا كنت ترغب بالحصول على أي جزء من محتويات هذه الوثيقة بلغتك الأم، يرجى الاتصال برقم الهاتف 020 8753 4040.

Bengali

আপনি যদি আপনার নিজের ভাষাতে এই ডকুমেন্টের কোন অংশের অনুবাদ চান তাহলে দয়া করে 020 8753 4040 নম্বরে ফোন করুন।

Croatian

Ukoliko želite prijevod bilo kojeg dijela ovog dokumenta na jezik kojim Vi govorite, molimo nazovite telefonski broj 020 8753 4040.

Farsi

لطفاً اگر مایل هستید هر بخشی از این نوشتار به زبان شما ترجمه گردد، با شماره تلفن 020 8753 4040 تماس حاصل فرمایید.

French

Si vous souhaitez quelconque partie de ce document dans votre propre langue, appelez le 020 8753 4040.

Polish

Jeśli życzą sobie Państwo, aby dowolna część tego dokumentu została przetłumaczona na Państwa język ojczysty, proszę zadzwonić pod numer 020 8753 4040.

Portuguese

Se gostaria de ter qualquer parte deste documento traduzida no seu idioma, por favor telefone para 020 8753 4040.

Serbian

Ако желите да било који део овог документа буде преведен на ваш материњи језик, молимо вас да назовете овај број телефона 020 8753 4040.

Somali

Haddii aad jeclaan lahayd in qayb walba oo kamid ah dukumintigan lagu turjumay luqaddaada, fadlan soo wac telefoonka 020 8753 4040.

Spanish

Si desea que le interpreten alguna parte de este documento en su idioma, por favor llame al 020 8753 4040.

Urdu

اگر اس دستاویز کے کسی بھی حصہ کا ترجمہ آپ اپنی زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی 020 8753 4040 پر فون کریں۔

When completed, please return this form to your local area housing office.

1. DO YOU NEED HELP TO APPLY FOR HOUSING?

If there is someone already helping you with your application, who you want to speak on your behalf in the future, please confirm you would be happy for us to discuss your housing with them.

.....

The council may discuss my housing application with the following person

Name

Telephone or contact details

2. COUNCIL INTEREST

Please let us know if any person included in your application has any connection with Hammersmith & Fulham Council or H&F Homes.

.....

Is any person included in this application an employee of the council or H&F Homes? (please tick ✓)

Yes No

If yes, please give their full name, job title and the department in which they work.

Name

Job title

Department they work in

Is any person included in this application related to, or closely connected with, any employee or elected councillor or board member of the council or H&F Homes? (please tick ✓)

Yes No

If yes, please give their full name, relationship and position held.

Full name

Relationship to applicant

Position held

Department (if applicable)

15. BEFORE YOU SEND THE FORM TO US...

USE THIS LIST TO CHECK YOU HAVE DONE EVERYTHING YOU NEED TO DO.

(please tick ✓)

office
use only

Have you answered every question?

Has every person who is 16 or over signed the declaration at section 14?

Have you attached a passport sized photograph of the tenant or any joint tenant?

Have you enclosed relevant photocopied documents as follows?

Proof of identification for all persons (passport or birth certificate)

Proof of residence for all persons (driving licence or service bill for any adult and child benefit notification for any dependent child)

Confirmation of pregnancy (if applicable)

If the answers to all of these questions are "YES", please send the form to your nearest local housing office.

16. OTHER FACTORS

.....
Please tell us here if there are any other factors you want the council to take into account when we are assessing your transfer application.

When completed, please return this form to your local area housing office.

14. CLIENT CONSENT AND DECLARATION

THIS INFORMATION IS VERY IMPORTANT. PLEASE READ IT CAREFULLY

Everyone listed in this application who is aged 16 years or over must read the following statements and enter, in the boxes below, their name, their signature and the date in their own handwriting.

1. I have read this completed housing application form and, to the best of my knowledge, the information I have given is correct. I understand that it is an offence to knowingly mislead the council, or withhold information which I know to be relevant. The council may take legal action to end any tenancy granted to me as a result, and I may be liable to prosecution.
2. I undertake to tell the council promptly, in writing, of any corrections or changes in my circumstances relevant to my application for housing.
3. I consent to the council sharing any relevant information with third parties, including housing associations or other housing authorities, so they may decide whether I am eligible for housing.
4. I consent to the disclosure to the council of relevant information by other parties, including medical practitioners and community services, to enable the council to verify my request for a transfer.
5. I understand that the council must protect the public funds it administers and may use the information I have given on this form to prevent and detect fraud. For this purpose, the council may share the information I have given with other relevant authorities.
6. If I am an employee of the council and I give false information, withhold information or fail to tell the council of changes in my circumstances which are relevant to my housing application, I understand that I may be subject to disciplinary action under the council's procedures.

Full name	Signature	Date

3. ABOUT YOU (THE TENANT)

By entering details about yourself in this section, you are asking the council to treat you as the main applicant for housing, on behalf of all the people you want to live with.

.....
Title (Mr, Ms, Miss, Mrs, etc)

Surname or family name

First or given names

Your telephone numbers

Home:
Work:
Mobile:

Date of birth

Are you (please tick ✓)

Male Female

National Insurance number

Your present address

Postcode

Your contact address
(if different from above)

Postcode

Are you a joint tenant? (please tick ✓)

Yes No

4. ABOUT YOUR PARTNER

.....
Surname or family name

First or given names

Date of birth

Are you (please tick ✓)

Male Female

National Insurance number

Are you a joint tenant? (please tick ✓)

Yes No

5. OTHER HOUSEHOLD MEMBERS

Give details of all the other people you want to be included in your application for a transfer. Show their relationship to you (eg. child, mother, etc).

.....
Surname or family name

Are you (please tick ✓)

Male Female

First or given names

National Insurance number

Date of birth

Relationship to tenant

.....
Surname or family name

Are you (please tick ✓)

Male Female

First or given names

National Insurance number

Date of birth

Relationship to tenant

.....
Surname or family name

Are you (please tick ✓)

Male Female

First or given names

National Insurance number

Date of birth

Relationship to tenant

.....
Surname or family name

Are you (please tick ✓)

Male Female

First or given names

National Insurance number

Date of birth

Relationship to tenant

13. EQUAL OPPORTUNITIES IN HOUSING

The people living in Hammersmith and Fulham form a multi-racial community and the council is determined to provide equal opportunities for all. The council needs to keep records to check that it is being fair and the information requested in this page will be used to make certain that all ethnic groups and people with disabilities are getting an equal service.

THE INFORMATION WILL REMAIN CONFIDENTIAL. IT WILL NOT BE USED IN MAKING ANY DECISIONS ABOUT YOUR APPLICATION.

.....

If you are not willing to provide information please tick.

Do you (or anyone on your application) have a long term health problem or disability which limits your day to day activities? (please tick ✓)

Yes No

I would describe myself as: (Please tick one box only or write in)

Asian or Asian British

- Indian Pakistani Bangladeshi
 Any other Asian background (please write in)

Black or black British

- Caribbean African
 Any other black background (please write in).....

Mixed race

- White and black Caribbean White and black African White and Asian
 Any other mixed background (please write in)

White or white British

- English Scottish Welsh Irish
 Any other white background (please write in)

Chinese or other ethnic group

- Chinese
 Any other ethnic background (please write in)

Language

My main language is:

- English Other (please state)

10. PROPERTY SIZE

The council has guidelines about how many bedrooms a household needs, but we will offer one less bedroom to larger families as long as this does not cause significant overcrowding. This may apply, for example, if you need a home with four bedrooms and there are no more than six people in the household. This is because the council does not have many properties of this size and you could be rehoused more quickly if you are willing to accept a property with one less bedroom.

.....

If your household needs four or more bedrooms, including more than one single room, would you accept a double room instead of two single bedrooms?

(please tick ✓)

Yes No

If you are a tenant living alone, would you accept a bedsit (studio flat) instead of a one bedroom flat? (please tick ✓)

Yes No

11. SINGLE ADULTS LIVING WITH A TENANT

In view of the shortage of larger properties in the borough, bedsit properties are also available under the community lettings quota to older children or relatives who are at least 18 years of age. Single relatives will be considered for bedsits only and must live in settled residence with a council tenant who is overcrowded and requires at least three bedrooms or more.

.....

Please consider me for a bedsit (studio flat) under the community lettings quota.

Surname or family name

Relationship to tenant

First or given names

12. OTHER HOUSING SCHEMES

Would you like to be sent information about any of the following housing schemes? (please tick ✓)

Mutual exchange scheme: to help tenants who wish to swap homes

Moving out of London or moves to other authorities where you have a local connection

Low cost home ownership or shared ownership schemes

(alternatively, you can contact your area housing office and talk to the rehousing team)

Surname or family name

First or given names

Date of birth

Are you (please tick ✓)

Male Female

National Insurance number

Relationship to tenant

Surname or family name

First or given names

Date of birth

Are you (please tick ✓)

Male Female

National Insurance number

Relationship to tenant

Is anyone included on this form expecting a baby?

Please supply antenatal record or a doctor's certificate confirming due date

Yes No (please tick ✓)

Full name of expectant mother

Date when the baby is due

6. YOUR PRESENT HOME

How many bedrooms do you have in your present home?

State floor level

Does your building have a lift?

Yes No (please tick ✓)

Is your accommodation too large for you?

Yes No (please tick ✓)

The council is short of larger properties and has a beneficial transfer scheme to help tenants who need smaller accommodation and wish to move. To help you, the council offers to arrange and pay your removal charges, and to pay the costs of disconnection and reconnection in your new home. People over sixty years of age will also be given priority if they want to move to sheltered housing. Please ask for information at your area housing office.

7. HEALTH

Please note that a doctor's letter or medical certificate is not required. If the council's medical advisor requires further information for a proper assessment your doctor will be contacted directly. If more than one person has a medical problem that is affected by your housing, please make separate entries below.

.....

Surname or family name

First or given names

Date of birth

Brief details of medical condition & medication taken

Name and address of doctor or consultant

How is this condition affected by your current housing?

I authorise the disclosure of information concerning my health by my doctor or hospital if the council's medical advisor considers it necessary.

Signed

Dated

.....

Surname or family name

First or given names

Date of birth

Brief details of medical condition & medication taken

Name and address of doctor or consultant

How is this condition affected by your current housing?

I authorise the disclosure of information concerning my health by my doctor or hospital if the council's medical advisor considers it necessary.

Signed

Dated

8. ADAPTED OR SHELTERED HOUSING

ADAPTED HOUSING

Do you or anyone in your household have a physical disability that may require adaptations to your housing?

Yes No (please tick ✓)

Do you or anyone in your household use a wheelchair, either inside the home or outdoors?

Yes No (please tick ✓)

If you have answered yes to either of the questions opposite, we will contact you to discuss your housing needs and assess whether you should be considered on the council's disability housing register. Please give details:

Surname or family name

First or given names

Date of birth

SHELTERED HOUSING

If either you or your partner are 60 or over, would you like to be considered for sheltered housing?

Yes No (please tick ✓)

If yes, we will contact you to assess your need for sheltered housing and to give you more detailed information. If you would like more information about sheltered housing before making a decision then please contact the specialist rehousing team on 020 8753 4189.

9. SUPPORT SERVICES

If you receive any of the following services would you like us to contact the person named to help us assess your support needs? If yes please provide details.

	Name of worker	Telephone number
<input type="checkbox"/> Social worker	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Support/resettlement worker	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Community psychiatric nurse	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Occupational therapist	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Probation service	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other _____	<input type="text"/>	<input type="text"/>