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| **Transfer Application Form** | **NANPF1A** |
| **PRIVATE & CONFIDENTIAL** |  |

**How we will use your information**

As housing providers we require the information on this form to register your details on our data base and maintain accurate records for you. We will use the information provided to assess your situation.  Where we ask for more sensitive personal information, we do so to ensure we are complying with our public obligations of equality of opportunities and treatment. We will not share this information with anyone outside of SW9 unless required to do so by law and this information will be kept on your file for 6 years, after your tenancy ends. Please see our Privacy Statement at <https://www.sw9.org.uk/privacy-statement/> to read more about how we use your data responsibly and in compliance with Data Protection and what rights you have.

**Next Generation Criteria**

Applicants must meet the following qualifying criteria:

• Tenants who are the sons or daughters of existing social housing tenants

• Offspring has a 1 bed or studio need

• The offspring must have been living in the property for the preceding 3 years except for those who have been living away for study, work experience or the armed forces.

• The offspring must be able to afford the rent and will be subject to the usual financial checks undertaken for prospective tenants.

• We reserve the right to ask for a guarantor

• We reserve the right to carry out a credit check on all applicants

***THE APPLICANTS MUST COMPLETE THIS FORM. THE FORM SHOULD BE RETURNED TO THE NEIGHBOURHOOD TEAM AT THE ADDRESS BELOW***

**SW9 Community Housing**

**6 Stockwell Park Walk**

**London**

**SW9 0FG**

**ALLOCATIONS & LETTINGS – Next Generation**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tenancy No:** | | | | | | | | | | | | | OFFICE USE Applicant No | | | | | | | | | | |
| **Tenancy Start Date at current property** | | |  | | | | | | | | | | Trans | | | Decant | | | U/OCC | | | Mgt | |
| No beds | | | | | | No Persons | | | | |
| **Mr/Ms/Mrs:** | | | **First Name:** | | | | | | | | | |
|  | | |  | | | | | | | | | | Other Re-housing Options Considered | | | | | | | | | | |
| **Last Name:** | | |  | | | | | | | | | | Mutual Exchange | | | HOMES | | | Reciprocal | | |  | |
| **Current Address:**  **Tel:** | | | | | | | | | | | | |
| Recommendation | | | | | | | | | | |
| Tell us about your current home Floor level | | | | | | | | | | | | |
|
| Basement:  Ground  1st  2nd  3rd  4th | | | | | | | | | | | | | **Preferred number of bedrooms:** Single  Bedsit | | | | | | | | | | |
|
| Other features or amenities | | | | | | | | | | | | | Do you have any pets if yes please state**:** | | | | | | | | | | |
|
|
| Tell us about where you wish to live on the estate | | | | | | | | | | | | | | | | | | | | | | | |
| **Floor level** | | | | | | | | | | | | | **Garden** | | | | | | **Central heating** | | | | |
| Basement | Ground | | | 1st | 2nd | | | 3rd | | 4th | | | Necessary | | | Preferred | | | Necessary | | | Preferred | |
| Please state other requirements | | | | | | | | | | |
|
| Members of household currently living with including yourself | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Gender** | | | **Date of Birth** | | **Age** | | | **Relationship to applicant** | | | **Employment status** | | | **Medical Needs Y/N** | | | **Vulnerable need**  **Y/N** | |
| Applicant | | | | |  | | |  | |  | | |  | | |  | | |  | | |  | |
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| Is anyone in your household registered disabled or a wheelchair user? Yes  NO | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting documentation presented to confirm “medical need”, “vulnerability”, “disability” or “wheelchair user”. Provided: yes  no  If yes, please indicate what report/letter is provided: (over leaf) | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor | | | Solicitor | | | | Social Worker | | | | | Police | | | Probation | | | Court order | | | Nuisance Log | | |
| To be provided: yes  If supporting documentation is not to be provided, please state why not. | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly tell us your main reasons for wanting to move home. *(use additional sheet if necessary)* | | | | | | | | | | | | | | | | | | | | | | | |
| **Data Protection Declaration** For the purpose of the Data Protection Act 2018, I consent to the information contained in this form, and any information received by or on behalf of Network Homes relating to my application for rehousing to be processed in accordance with the Act.  I/we declare that all the information on this application form is true and correct. I acknowledge that any false or misleading statements made on this form may, if they subsequently come to light, be taken to justify withdrawal of the offer of a property or the termination of a tenancy in the event of one having been subsequently created. | | | | | | | | | | | | | | | | | | | | | | | |

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| **Name and signature of applicant** | | | |
| Applicant’s signature: |  | Name: |  |
| Interviewing Officer: |  | Name: |  |
|  | | Date: |  |

**For us to provide you with an efficient service please complete the following sections on this form.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What best describes your ethnic group?** | | | | | |
| o White | o White British.  o White Irish  o Eastern European  o Western European  Any other white background please write \_\_\_\_\_\_\_\_\_\_\_\_ | | | o Asian | o Asian British  o Indian  o Pakistani  o Bangladeshi  o Chinese  Any other Asian background. Please write\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| o Mixed | Please also tick one of the boxes below  o White and Black Caribbean  o White and Black African  o White and Asian  Any other mixed background please write \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | o Black | o Black British  o Black Caribbean  o Black African  Any other black background please write \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Arab | o |
| Other ethnic group | o  Please write |
| **Question Refused** o | | | | |  |
| Do you have any special requirements? | | | **Communication** **(please tick)**  I require a signer  I require Translation services  I require Interpretation services  Please state which language you wish to use: | | |
| **Physical Disability** | | Hearing impaired o |
|  | | Sight impaired o |
|  | | Mobility o |