**PRIVATE & CONFIDENTIAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **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 | | | | | | | | | | | | | | **Number of bedrooms:** Double  Single  Bedsit | | | | | | | | | | | | | | | |
|
| Other features or amenities | | | | | | | | | | | | | | Do you have any pets if yes please state: | | | | | | | | | | | | | | | |
|
|
| Tell us about where you wish to live | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Floor level | | | | | | | | | | | | | | Garden | | | | | | | | | | | Central heating | | | | |
| Basement | Ground | | | | 1st | | 2nd | | 3rd | | 4th | | | Necessary | | | | | Preferred | | | | | | Necessary | | Preferred | | |
| Please state other requirements | | | | | | | | | | | | | | | |
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| Members to be considered in your household | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | |
| 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. | | | | | | |
| Data Protection Declaration For the purpose of the Data Protection Act 1998, I consent to the information contained in this form, and any information received by or on behalf of SW9 Community Housing relating to my application form re-housing/ housing being 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. | | | | | | |
| Signed (tenant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed (joint tenant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_  Interviewing officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

**We aim to offer an efficient service to all our service users. To enable us to improve our service can you please assist by completing this form.**

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| **What best describes your ethnic group. Please indicate.** | | | | |
| White | White British. Please also tick one of the three boxes below if you wish.  English  Scottish  Welsh  White Irish  Eastern European  Western European  Any other white background please write \_\_\_\_\_\_\_\_\_\_\_\_ | Asian | | Asian British  Indian  Pakistan  Bangladeshi  Any other Asian background. Please write . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Mixed Please also tick one of the boxes below  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background please write \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Black | | Black British  Black Caribbean  Black African  Any other black background please write \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Chinese | |  |
| South East  Middle Eastern | |  |
| Other Ethnic Group | | Please write |
|  | | | |  |
|  |
| Do you have any special requirements?Please indicate | | | **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 | |
|  | Sight impaired | |
|  | Mobility | |
| Other requirements please specify | | |  | |