**PRIVATE & CONFIDENTIAL**

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| **Tenancy No:** | OFFICE USE Applicant No |
| **Tenancy Start Dateat 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 homeFloor 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 needY/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 DeclarationFor 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 BangladeshiAny other Asian background. Please write . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Mixed Please also tick one of the boxes below White and Black Caribbean White and Black African White and AsianAny other mixed background please write \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Black  |  Black British  Black Caribbean Black AfricanAny other black background please write \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Chinese |  |
| South East Middle Eastern |  |
| Other Ethnic Group | Please write |
|  |  |
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| 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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Physical Disability** | Hearing impaired |
|  | Sight impaired |
|  | Mobility  |
| Other requirements please specify |  |