

EXISTING TENANT

APPLICATION FOR TRANSFER/TRANSFER INCENTIVE SCHEME

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE TELEPHONE HOUSING AND COMMUNITIES ON 01268 882200 FOR AN APPOINTMENT WITH AN OFFICER WHO WILL ASSIST YOU.

NAME (In block letters)	ADDRESS (In block letters)
TEL NO (HOME)	
TEL NO (WORK)	
TEL NO (MOBILE)	
EMAIL ADDRESS	
NAT INS. NO	

DETAILS OF APPLICANT AND FAMILY

	FULL NAMES OF APPLICANT AND FAMILY (In block letters)	RELATIONSHIP	AGE	DATE OF BIRTH
1		YOURSELF		/ /
2		WIFE/HUSBAND/PARTNER		/ /
3				/ /
4				/ /
5				/ /
6				/ /
7				/ /
8				/ /

STATE TYPE OF PRESENT ACCOMMODATION

1 BED 2 BED 3 BED 4 BED
HOUSE BUNGALOW FLAT FLOOR

STATE TYPE OF ACCOMMODATION REQUIRED

1 BED 2 BED 3 BED 4 BED
HOUSE BUNGALOW FLAT FLOOR

STATE AREAS REQUIRED

IS YOUR PRESENT ACCOMMODATION ADAPTED FOR DISABLED PERSONS? YES NO

IF YES, PLEASE DESCRIBE HOW?

DO YOU HAVE RENT ARREARS? YES NO

IF YES, HOW MUCH ARE THE ARREARS IN TOTAL? £

WHAT ARE THE REASONS FOR THE ARREARS?

HAS ANY ACTION EVER BEEN TAKEN AGAINST YOU OR ANY OF THE PEOPLE INCLUDED ON YOUR APPLICATION FOR TRANSFER BECAUSE OF ANTI-SOCIAL BEHAVIOUR? YES NO

IF SO, PLEASE GIVE DETAILS

HAVE YOU BEEN SERVED WITH A NOTICE OF SEEKING POSSESSION FOR ANY REASON? YES NO

WHAT WAS THE REASON FOR THE NOTICE BEING SERVED?

DO YOU HAVE ANY PETS?

YES

NO

PLEASE GIVE DETAILS

OTHER INFORMATION - MEDICAL

DOES ANY PERSON NAMED ON THE APPLICATION
HAVE A DISABILITY?

YES

NO

DOES ANYONE NAMED HAVE A LEARNING DISABILITY
OR MENTAL IMPAIRMENT?

YES

NO

DOES ANY PERSON NAMED ON THE APPLICATION NEED A HOME
WHICH IS ADAPTED FOR THE USE OF A WHEELCHAIR?

YES

NO

IF YES TO ANY OF THE ABOVE, PLEASE GIVE DETAILS.

DOES ANY PERSON NAMED ON THE APPLICATION SUFFER FROM
PHYSICAL OR MENTAL HEALTH PROBLEMS?

YES

NO

IF YES, PLEASE GIVE DETAILS OF PROBLEMS AND MEDICATION TAKEN.

**PLEASE CONTACT THE APPLICATIONS OFFICER AT THE HEALTH AND HOUSING
DEPARTMENT FOR A SUPPLEMENTARY FORM IF YOU WANT ANY MEDICAL
CONDITIONS TO BE ASSESSED. OUR INDEPENDENT MEDICAL ADVISOR WILL
ASSESS THE INFORMATION YOU GIVE US.**

DO YOU NEED GROUND FLOOR ACCOMMODATION?

YES

NO

PLEASE GIVE NAMES AND ADDRESSES FOR ANY OF THE FOLLOWING WHO ARE CURRENTLY HELPING YOU:

DOCTOR

COMMUNITY MENTAL HEALTH TEAM

HEALTH VISITOR

SOCIAL WORKER

OCCUPATIONAL THERAPIST

PROBATION OFFICER

OTHER

ADDITIONAL INFORMATION

PLEASE TELL US ANYTHING ELSE WHICH IS RELEVANT TO YOUR APPLICATION.

DECLARATION

I/WE DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE.

I/WE UNDERSTAND THAT ANY MISLEADING OR FALSE STATEMENTS MAY RESULT IN THE CANCELLING OF THIS APPLICATION. IF I/WE HAVE ALREADY BEEN RE-HOUSED BY THE COUNCIL THEN I/WE MAY BE LIABLE TO POSSESSION PROCEEDINGS AND COULD LOSE THAT HOME.

I/WE UNDERSTAND THAT TO GIVE FALSE INFORMATION, OR WITHHOLD INFORMATION, IS AN OFFENCE AND THAT A PERSON FOUND GUILTY OF AN OFFENCE MAY BE FINED UP TO £5,000.

I/WE GRANT CASTLE POINT BOROUGH COUNCIL PERMISSION TO MAKE ANY ENQUIRIES NEEDED TO CONFIRM THE INFORMATION GIVEN ON THIS FORM.

I/WE ACCEPT THAT THE INFORMATION GIVEN MAY BE STORED AND PROCESSED BY COMPUTER.

IT MAY BE CHECKED WITH OTHER DATA HELD BY THE COUNCIL AND MAY BE DISCLOSED FOR OTHER PURPOSES UNDER THE CONTROL OF THE COUNCIL IN LINE WITH THE DATA PROTECTION REGISTER ENTRY (DATA PROTECTION ACT 1998).

I/WE AGREE TO INFORM THE COUNCIL, IN WRITING, OF ANY CHANGES IN MY/OUR CIRCUMSTANCES.

**FAILURE TO DO SO MAY RESULT IN MY/OUR
APPLICATION BEING CANCELLED**

HOW WE MAY USE INFORMATION ABOUT YOU

WE USE THE INFORMATION YOU GIVE TO ESTABLISH IF YOU ARE ELIGIBLE FOR INCLUSION ON THIS COUNCIL'S TRANSFER REGISTER.

WE MAY ALSO USE IT TO TELL YOU ABOUT COUNCIL SERVICES THAT MIGHT INTEREST YOU OR INVITE YOU TO TAKE PART IN SURVEYS TO HELP US IMPROVE OUR SERVICES.

WE ALSO HAVE A DUTY TO LOOK AFTER PUBLIC MONEY AND PREVENT FRAUD SO WE MAY CHECK THE INFORMATION YOU GIVE US WITH OTHER INFORMATION WE HOLD ABOUT YOU. WE MAY ALSO SHARE THE INFORMATION WITH OTHER BODIES SUCH AS GOVERNMENT DEPARTMENTS. WE MAY USE COMPUTERS TO HELP US.

WE ALWAYS KEEP TO THE REQUIREMENTS OF THE DATA PROTECTION ACT 1998. WE ONLY USE YOUR INFORMATION FOR PURPOSES ALLOWED BY LAW.

APPLICATIONS WILL ONLY BE ACCEPTED IF SIGNED.

IF YOU HAVE A JOINT APPLICATION YOU MUST BOTH SIGN.

SIGNED..... (APPLICANT)

DATE: / /

SIGNED..... (JOINT APPLICANT)

DATE: / /

PLEASE RETURN TO:

CASTLE POINT BOROUGH COUNCIL
HOUSING AND COMMUNITIES
COUNCIL OFFICES
KILN ROAD
BENFLEET
ESSEX SS7 1TF

TEL: 01268 882200