

CO-OP HOMES (SOUTH) LIMITED

For Voids & Lettings use only

App. Type

Registration No.



TRANSFER REGISTRATION FORM

Please complete this form if you wish to be registered for a transfer.

Please try to complete all sections as fully as possible. If you would like help to do this, or are unsure about any part of the form, please contact your local Housing Office (details below) and someone will be happy to help you. You should also contact your Housing Office if you require this form in an alternative format, such as Braille, large print, audio tape, or another language.

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The Market Building
195 High Street
Brentford
Middlesex
TW8 8LB

Phone: 020 8568 4112

homes@coophomes.coop

Co-op Homes
The Meeting Room
Hartland Road
Reading
Berks
RG2 8DW

Phone: 0118 987 5985

kathy@coophomes.coop

Data Protection Act 1984

We will enter all the information you complete onto the Co-op Homes database. It will only be available to Co-op Homes. You may ask to see all the information we hold on the database that relates to your application.

CO-OP HOMES

TRANSFER REGISTRATION FORM

Section 1 You and your family

1.1 Please complete the details below

Surname:	First name:	Title:	Male/Female
Address: Postcode:		Date of birth:	
		Home telephone:	
		Work telephone:	
		Mobile:	
Email address:			

1.2 Please list the members of your household who wish to be transferred with you

Surname	First Name	Date of Birth	Relationship to tenant	Male or Female	<i>Office use only - Occupation confirmed & authorised?</i>

1.3 Are you, or is anyone needing to be transferred with you pregnant? Yes No

If yes, please state who is pregnant and provide the date the baby is due:

1.4 Have you been served with a Notice Seeking Possession/Notice Requiring Possession?

Yes No

Are you currently in rent arrears?

Yes No

Please note that only tenants with a clear rent account will be eligible for a housing transfer

1.5 What date did your tenancy start at this address? _____

1.6 Do you have any pets? Yes No

If 'Yes', please give details _____
 Please note: If you have a dog you will only be allowed to move to a home with direct access to its' own garden. As there is a shortage of such properties you should be aware that this will delay your application. Please indicate if you are prepared to make arrangements for your dog to be cared for elsewhere if necessary. This does not apply if you have a guide / hearing dog.

Section 2 Reasons for transfer

Please explain why you wish to be transferred:

(You may tick as many boxes as you need to)

Domestic violence	
Physical abuse	
Racial harassment	
Other types of harassment	
Relationship breakdown	
Problems with neighbour	
Need for a larger property	
Need for a smaller property	
Cannot afford present housing	
To be near friends or relatives	
Emergency transfer (i.e. flood/fire)	

Co-op Homes redevelopment	
In poor quality accommodation	
Property in need of remedial repair	
** Medical reasons	
** Welfare reasons	
<i>** If you tick any of these boxes you should first make contact with your Housing Officer so a visit can be arranged or a special form sent out.</i>	

Section 3 Medical, welfare or social needs

It is important you complete this section so we have a better picture of your physical needs.

3.1 Does anyone in your household need a wheelchair in the home? Yes No

What is their name?

3.2 Does anyone in your household have impaired mobility? Yes No

What is their name?

3.3 Does anyone in your household have a hearing impairment? Yes No

What is their name?

3.4 Is anyone in your household blind or partially sighted? Yes No

What is their name?

3.5 If anyone in your household considers themselves to have a disability which is not listed above, please describe in the box below:

Name	Nature of disability

Section 4 Staff and Board Members

Are you, your partner or any member of your family, related to a member of staff or a Board Member of Co-op Homes?

Yes No

If 'Yes', who are you related to and how?

Section 5 About your home

5.1 How would you describe your current home?

House Bungalow Maisonette
 Bedsit Flat
 Room in a shared house If you live in a flat, which floor is it on?
 Is there a lift? Yes No

5.2 Condition / suitability of your home

Do you think the physical or structural condition of your home is affecting your health or the health of anyone included in this application? Yes No

If 'Yes', please describe how this is affected:

5.3 How many bedrooms do you have?

1 2 3 4

Please state who sleeps in each bedroom

Bedroom 1	
Bedroom 2	
Bedroom 3	
Bedroom 4	

5.4 Other rooms in your home

Room	Is this room used as a bedroom?	If 'Yes', who sleeps in it?
Living Room	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dining Room	Yes <input type="checkbox"/> No <input type="checkbox"/>	

5.5 Please give us details of your present accommodation

Do you have heating? Yes No If 'Yes', what type?
 If 'Yes', is it in every room? Yes No

If not, which room is it in?

Has your property been adapted for wheelchair use? Yes No

Have any other adaptations or aids for the disabled been made? Yes No

If yes, what type? Level access Ramped access Widened doorways Stair lift

Hoists Lowered units Raised electrical sockets Adapted bath/shower Other

Have you made any modifications yourself to the property?

This could include erecting a shed, laying a patio, re-wiring, etc Yes No

If yes, please specify:

Section 7 Transfer List Eligibility

Once your application has been processed, you will be registered on our Transfer List.

Customers should note that their chances of being transferred will depend on the length of time they have been registered on the transfer list. Those with priority need of re-housing will hold a priority pass. (Priority need is determined by adverse social, welfare or medical grounds.)

Those with rent arrears will not be offered a transfer. If you would like to check your rent account and make arrangements for clearing any arrears, please contact your local Housing Office.

Section 8 Your Choices

What type of property would you like to be registered for?

(Please tick one or more boxes of your choice)

House

Maisonette

Flat

Bedsit

Is a garden essential?

Yes

No

Do you need ground floor accommodation only?

Yes

No

What is the highest floor level you would consider? With lift ____ Without lift ____

Which locations are you interested in?

Section 9 Other Information

Is there anything else not covered on this form that you wish to tell us about or anything you feel might support your application?

Section 10 Fair Treatment in Housing

Please complete the following section to help us ensure that we are delivering a fair housing service. If you choose not to provide us with the information, it will not affect your application.

What is your household's ethnic origin?

African*	<input type="text"/>	Irish*	<input type="text"/>
Asian*	<input type="text"/>	South-East Asian*	<input type="text"/>
British*	<input type="text"/>	Western European*	<input type="text"/>
Caribbean*	<input type="text"/>	Combination of any of the* above	<input type="text"/>
Eastern European*	<input type="text"/>	Other*	<input type="text"/>

* **In all cases please specify your country of origin**

Black	<input type="text"/>	White	<input type="text"/>	Mixed	<input type="text"/>	Other	<input type="text"/>
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How do you describe your sexuality? (first applicant only)

Heterosexual	<input type="text"/>	Bi-sexual	<input type="text"/>	Lesbian	<input type="text"/>	Gay	<input type="text"/>
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Section 11 DECLARATION

- 1 I / We declare that the above information is correct to the best of my / our knowledge at the time of this application.
- 2 I / We understand that it is an offence knowingly to provide false information in support of an application for a tenancy with a registered social landlord and could result in prosecution and eviction from any housing accommodation offered.
- 3 I / We understand that any information given by me / us relating to my / our housing application will be placed on Co-op Homes Transfer List and may be viewed by any landlord who takes part in the scheme either now or in the future.
- 4 I / We understand that Co-op Homes may make any enquiries from other people that are relevant to the information I / we have provided on this form and which is relevant to my / our transfer application.
- 5 I / We understand that I / we will inform Co-op Homes if any circumstances relevant to my / our transfer application change.

Signed: Customer(s) _____ Date _____
