



GUILDFORD
BOROUGH

DATE STAMP

MAIL REF:

COMPUTER CHECK:

E - A

KEYFILE

OTHER

DATE DECISION LETTER SENT:

APPLICATION FOR TRANSFER

PLEASE COMPLETE GIVING AS MUCH INFORMATION AS POSSIBLE

AND TICKING APPROPRIATE BOX WHERE INDICATED

Please note that incomplete applications will be returned

APPLICANT'S FULL NAME

PARTNER'S FULL NAME

ADDRESS

.....POSTCODE

TELEPHONE NUMBERS:

APPLICANT: HOME:

WORKMOBILE.....

PARTNER: HOME:

WORKMOBILE.....

E-MAIL:

ARE YOU JOINT TENANTS? YES NO

If Housing Association tenant(s) please give details:

Name of Housing Association.....

Address.....

..... Telephone Number:

GUILDFORD BOROUGH COUNCIL WORKS IN PARTNERSHIP WITH THE FOLLOWING HOUSING ASSOCIATIONS:

Apex Housing Group
Barnwood Cooperative
Kingston Churches Housing Association
London & Quadrant Housing Trust
Mount Green Housing Association Limited
New Downland Housing Association
Pavilion Housing Association
Pinecroft Housing Association
Retirement Lease Housing Association
Rosebery Housing Association
Rosemary Simmons Memorial Housing Association Limited
Thames Valley Housing
Home Group Limited (formerly Warden Housing Association Limited)
Windsor Housing

APPLICATION FOR TRANSFER

IMPORTANT - PLEASE READ BEFORE COMPLETING THE APPLICATION FORM

You need to provide the following documents with your completed transfer application form (copies are acceptable):

- **Proof of identity for all household members (e.g. passports, birth certificates - copies are acceptable, but originals will need to be seen prior to rehousing)**
- **Proof of your current address (e.g. recent gas or electricity bill)**
- **Evidence of your right to reside in the UK if you are NOT a British Citizen (e.g. passport and other relevant documents from the Home Office)**

If you do not provide us with the documents required your application may be accepted onto the housing register but will be awarded the lowest priority. Once the documents are received your application will be assessed and placed in the appropriate band from the date the documents are received.

Prior to being offered a property you will be asked to provide further documents to support your application. The documents required will depend on your individual circumstances but may include evidence of:

- A clear rent account.
- Residence at the property of those included on the transfer application.
- Previous addresses.
- A Property Inspection will also be carried out.

PEOPLE REQUIRING ACCOMMODATION

MR/MRS/ MISS/MS	FORENAME(S)	SURNAME	SEX	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	LIVING FULL TIME AT THE PROPERTY
				APPLICANT		Yes / No*
						Yes / No*
						Yes / No*
						Yes / No*
						Yes / No*
						Yes / No*

*** IF NO PLEASE GIVE DETAILS**

IS ANY PERSON AN EXPECTANT MOTHER?

NAME.....

DATE BABY DUE: / /

PLEASE PROVIDE EVIDENCE OF ESTIMATED DATE OF DELIVERY

PLEASE LIST THE PAST ADDRESSES OF YOU AND YOUR PARTNER FOR THE LAST 15 YEARS.
IT IS IMPORTANT TO ESTABLISH ANY LOCAL CONNECTION YOU MAY HAVE WITH GUILDFORD BOROUGH SO THAT YOU MAY BE BANDED CORRECTLY.
PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY.

APPLICANT

Examples of Tenure: Private Rented/Family/Owner/Lodgings/Hostel
Council/Housing Association

ADDRESS	REASON FOR LEAVING	TYPE OF TENURE	FROM MONTH/ YEAR	TO MONTH/ YEAR

PARTNER

ADDRESS	REASON FOR LEAVING	TYPE OF TENURE	FROM MONTH/ YEAR	TO MONTH/ YEAR

Should you have spent any time in this period outside the Guildford Borough Area but have close family (parents, adult children, brother or sister) who have lived in the Borough for at least 5 years and continue to do so please include their details below.

NAME	RELATIONSHIP	ADDRESS	TIME AT THIS ADDRESS

Why do you wish to move?.....

YOUR PRESENT ACCOMMODATION

PLEASE DESCRIBE WHERE YOU LIVE
 BY TICKING THE APPROPRIATE BOX;

- | | |
|---|---|
| <input type="checkbox"/> BEDSIT | NO: OF BEDROOMS: Bedroom/living room <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> |
| <input type="checkbox"/> BUNGALOW | NUMBER OF LIVING ROOMS : 1 <input type="checkbox"/> 2 <input type="checkbox"/> |
| <input type="checkbox"/> FLAT | SEPARATE DINING ROOM? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <input type="checkbox"/> HOUSE | DOES THE PROPERTY HAVE A GARDEN YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <input type="checkbox"/> MAISONETTE | DO YOU HAVE ANY PETS YES* <input type="checkbox"/> NO <input type="checkbox"/> |
| <input type="checkbox"/> SHELTERED | *IF YES, PLEASE GIVE DETAILS |
| <input type="checkbox"/> SUPPORTED HOUSING | |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY) | DO YOU HAVE A GARAGE? YES <input type="checkbox"/> NO <input type="checkbox"/> |

.....
 (IF FLAT) FLOOR LEVEL:

GROUND 1ST 2ND 3+

IS THERE A LIFT: YES NO

PLEASE GIVE DETAILS ABOUT WHO HAS USE OF EACH ROOM

ROOM	WHO USES EACH ROOM	AGE IF UNDER 18
LIVING ROOM		
DINING ROOM		
KITCHEN		
BATHROOM		
W.C.		
BEDROOM 1		
BEDROOM 2		
BEDROOM 3		
BEDROOM 4		

RENT AND TENANCY DETAILS

HOW MUCH RENT DO YOU PAY PER WEEK?

ARE YOU IN RECEIPT OF HOUSING BENEFIT? YES NO

DO YOU HAVE ANY ARREARS ? YES* NO *IF YES, HOW MUCH?

PLEASE GIVE DETAILS OF ANY ARRANGEMENT YOU MAY HAVE FOR PAYING OFF ARREARS

.....
 HAVE YOU RECEIVED A NOTICE OF SEEKING POSSESSION OR TO QUIT? YES NO

IF YES, DO YOU HAVE A DATE FOR A COURT HEARING ? YES* NO

*IF YES, WHEN?.....

ARE YOU SUBJECT TO A POSSESSION ORDER MADE BY A COURT? YES* NO

*IF YES, WHAT ARE THE TERMS OF THE ORDER? (AMOUNT YOU ARE PAYING TO CLEAR THE ARREARS).....

FINANCIAL DETAILS

(Please state amounts and if income is weekly/monthly/yearly)

INCOME	APPLICANT	PARTNER
WAGES / SALARY BEFORE TAX		
INCOME SUPPORT		
INCAPACITY BENEFIT		
JOB SEEKERS ALLOWANCE		
TAX/PENSION CREDIT <small>(Working Tax Credit & Child Tax Credit)</small>		
PENSION		
CHILD BENEFIT		
OTHER INCOME		
SAVINGS		
DISABILITY LIVING ALLOWANCE		

Please tick which of the following applies:

EMPLOYMENT	APPLICANT	PARTNER
FULL-TIME EMPLOYMENT		
PART-TIME EMPLOYMENT		
SELF-EMPLOYED		
RETIRED		
UNEMPLOYED		
FULL-TIME EDUCATION		
UNABLE TO WORK DUE TO SICKNESS/ DISABILITY		

EMPLOYERS DETAILS

APPLICANT: EMPLOYER'S NAME AND ADDRESS

..... DATE STARTED

PARTNER: EMPLOYER'S NAME AND ADDRESS

..... DATE STARTED.....

OTHER OPTIONS TO A TRANSFER

You may wish to consider:

MUTUAL EXCHANGE SCHEME

- ❖ DETAILS OF YOUR PROPERTY CAN BE ADVERTISED IN THE HOUSING ADVICE CENTRE.
- ❖ YOU MAY BROWSE THROUGH THE ADVERTS YOURSELF AND SELECT A PROPERTY OR WAIT FOR SOMEONE TO CONTACT YOU.
- ❖ YOU MAY EXCHANGE TO A PROPERTY THAT IS ONE BEDROOM LARGER THAN YOUR REQUIREMENTS UNDER THE TRANSFER SCHEME. PLEASE NOTE THAT A SECOND LIVING ROOM CAN BE CLASSED AS A BEDROOM.
- ❖ ONCE YOU HAVE FOUND A POSSIBLE EXCHANGE WITH ANOTHER TENANT, YOU WILL BOTH NEED TO APPLY USING THE APPLICATION FORM AVAILABLE FROM HOUSING ADVICE. ONCE AGREED BY GUILDFORD BOROUGH COUNCIL, A MUTUAL EXCHANGE CAN PROCEED FAIRLY QUICKLY SUBJECT TO CERTAIN CONDITIONS BEING MET. IF YOU ARE A HOUSING ASSOCIATION TENANT YOU WILL NEED THEIR CONSENT TO EXCHANGE TENANCIES.

LOW COST HOME OWNERSHIP

THIS SCHEME ENABLES THOSE IN EMPLOYMENT, WITH SAVINGS, OR EVIDENCE OF REGULAR INCOME, TO PURCHASE A 'PERCENTAGE' OF A PROPERTY. THE OTHER 'PERCENTAGE' NOT PURCHASED IS RENTED FROM THE COUNCIL OR HOUSING ASSOCIATION. THIS IS SOMETIMES REFERRED TO AS 'PART- RENT PART- BUY'.

IF YOU DECIDE TO JOIN THIS SCHEME, AS AN EXISTING TENANT YOUR APPLICATION WILL BE GIVEN PRIORITY.

SHOULD YOU WISH TO BE INCLUDED ON THE SHARED OWNERSHIP REGISTER NOW PLEASE TICK BOX:

IF YOU REQUIRE MORE INFORMATION ABOUT EITHER OF THE ABOVE SCHEMES YOU MAY OBTAIN THE RELEVANT FORMS AND ADVICE FROM THE HOUSING ADVICE CENTRE AT GUILDFORD BOROUGH COUNCIL OFFICES OR BY TELEPHONING HOUSING ADVICE ON 01483 444244.

SPECIAL NEEDS

THIS SECTION RELATES TO MEDICAL PROBLEMS / CONDITIONS AFFECTED BY YOUR PRESENT ACCOMMODATION

(Please tick appropriate box)

IS ANYONE IN THE HOUSEHOLD REGISTERED DISABLED? YES* NO

* IF YES, PLEASE GIVE THEIR NAME

DETAILS OF THEIR DISABILITY.....

DO YOU REQUIRE GROUND FLOOR ACCOMMODATION? YES NO

DO YOU REQUIRE PARKING NEAR YOUR ACCOMMODATION ? YES NO

DOES ANYONE ON THE APPLICATION REQUIRE A WHEELCHAIR? YES* NO

* IF YES, PLEASE GIVE DETAILS

ARE ANY AIDS/ADAPTATIONS REQUIRED?

DO YOU REQUIRE ACCOMMODATION WITH A TOILET ON THE GROUND FLOOR?
YES NO

DO YOU OR ANYONE ON THE APPLICATION HAVE CONTACT WITH:

SOCIAL WORKER YES NO NAMETEL:.....

HEALTH VISITOR YES NO NAMETEL:.....

COMMUNITY MENTAL
HEALTH TEAM WORKER YES NO NAMETEL:.....

LEARNING DISABILITY
WORKER YES NO NAMETEL:.....

OTHER SUPPORT WORKER YES NO NAMETEL:.....

ADDITIONAL INFORMATION

USE THE SPACE BELOW TO GIVE ANY ADDITIONAL MEDICAL INFORMATION TO SUPPORT YOUR APPLICATION.
PLEASE USE A SEPARATE SHEET IF NECESSARY.

.....
.....
.....
.....

TYPES OF ACCOMMODATION AND AREAS YOU WILL CONSIDER

PLEASE NOTE: To assist your choice, not all areas have every type of property. If you require further information, please ask at the Advice Centre for a Property Guide.

TYPE OF ACCOMODATION	PLEASE TICK CHOICE	GROUND FLOOR ONLY (PLEASE TICK)	ANY FLOOR (IF PREFERENCE PLEASE SPECIFY)
BEDSIT			
FLAT			
HOUSE			
BUNGALOW			
SUPPORTED ACCOMODATION			
SHELTERED			
JAPONICA COURT (EXTRA CARE)			
DRAY COURT (EXTRA CARE)			

PLEASE TICK WHICH AREAS ARE ACCEPTABLE. IF YOU WISH TO EXCLUDE ANY STREETS WITHIN YOUR CHOSEN AREA PLEASE GIVE DETAILS.

	AREA	ACCEPTABLE	STREETS NOT ACCEPTABLE IN YOUR CHOSEN AREA
ASH ASH VALE TONGHAM	ASH		
	ASH VALE		
	TONGHAM		
RURAL WEST	COMPTON		
	HURTMORE		
	NORMANDY		
	PIRBRIGHT		
	PUTTENHAM		
	SEALE		
	WOOD STREET		
	WORPLESDON		
RURAL EAST	ALBURY		
	BRAMLEY		
	CHILWORTH		
	CLANDON EAST		
	CLANDON WEST		
	EFFINGHAM		
	GOMSHALL		
	HOLMBURY ST MARY		
	HORSLEY EAST		
	HORSLEY WEST		
	RIPLEY		
	SEND		
	SHALFORD		
SHERE			

PLEASE TICK WHICH AREAS ARE ACCEPTABLE. IF YOU WISH TO EXCLUDE ANY STREETS WITHIN YOUR CHOSEN AREAS PLEASE GIVE DETAILS

	AREA	ACCEPTABLE	STREETS NOT ACCEPTABLE IN YOUR CHOSEN AREA
TOWN CENTRE	ARTINGTON		
	BEDFORD HOUSE		
	BISHOPS/MOUNT COURT		
	FRIARY HOUSE		
	OTHER TOWN AREAS		
	STOKE ROAD		
GUILDFORD URBAN	BELLFIELDS		
	BURPHAM		
	GUILDFORD PARK		
	MERROW		
	PARK BARN		
	SLYFIELD		
	STOUGHTON		
	TILEHOUSE		
	WESTBOROUGH		

PLEASE TICK IF YOU ARE INTERESTED IN SUPPORTED HOUSING FOR PEOPLE UNDER PENSIONABLE AGE

PLEASE TICK IF YOU ARE INTERESTED IN ANY OF THESE SHELTERED (WARDEN ASSISTED) SCHEMES:

COUNCIL		HOUSING ASSOCIATION	
MILLMEAD COURT (TOWN)		ADDISON COURT (TOWN)	
ST MARTHAS COURT (CHILWORTH)		ELEANOR COURT (TOWN)	
ST MARTINS COURT (E.HORSLEY)		GUILDFORD SUNSET HOMES (MERROW)	
TARRAGON COURT (TILEHOUSE)		HILLIER HOUSE (TOWN)	
VICTORIA COURT (TOWN)		MATHON COURT (TOWN)	
		RACKS COURT (TOWN)	
		THE WILLOWS (MERROW)	

CONNECTION WITH RURAL VILLAGES

DO YOU HAVE A CONNECTION WITH ANY OF THE RURAL VILLAGES? CONNECTION SHOULD BE VIA IMMEDIATE FAMILY I.E. PARENTS OR CHILDREN, EMPLOYMENT OR FORMER RESIDENCE. PLEASE GIVE DATES.

AREA: CONNECTION DETAILS..... DATE.....

AREA: CONNECTION DETAILS. DATE.....

AREA: CONNECTION DETAILS DATE.....

ADDITIONAL INFORMATION

PLEASE USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION YOU WISH US TO CONSIDER IN RESPECT OF YOUR APPLICATION.

IF YOU ARE HAPPY FOR US TO DISCUSS YOUR TRANSFER APPLICATION WITH ANOTHER PERSON, FOR EXAMPLE A FRIEND OR RELATIVE, PLEASE GIVE THEIR NAME, ADDRESS AND TELEPHONE NUMBER.

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DECLARATION

I/We declare that to the best of my/our knowledge that the information on this form is correct and complete. I/We accept that any false or misleading information provided on this form will result in my/our application for rehousing being refused and may result in the termination of any tenancy which has been granted. I/We understand that providing false information is a criminal offence. I/We agree to inform Guildford Borough Council of any change in my/our circumstances relevant to my/our application for rehousing.

I/We give permission for Guildford Borough Council to contact any relevant agency (including my/our present landlord, Social Services, Housing Benefit departments) for information in the course of reassessing my/our application.

Checks will be made to verify/confirm the information provided prior to and during any offer of accommodation made to you/your household.

SIGNED APPLICANT:	PLEASE PRINT FULL NAME:
DATE:.....	

SIGNED APPLICANT:	PLEASE PRINT FULL NAME:
DATE:.....	

PLEASE RETURN COMPLETED FORM TO:

**HOUSING ADVICE CENTRE
GUILDFORD BOROUGH COUNCIL
MILLMEAD HOUSE, MILLMEAD
GUILDFORD, SURREY
GU2 4BB**

The purpose of this question is to help us discover the extent to which racial discrimination prevents households gaining equal access to Council Accommodation. The statistical evidence gathered from the question will be used to help us combat racial discrimination by improving the quality of our services.

If you do not wish to answer this question, you have the option to refuse. The answer to this question will not be kept on your application.

If applicant and partner are of different ethnic origin please specify both.

APPLICANT

To which of the following groups would you say you belong. Please tick one box only.

White

- British Irish Other

Mixed

- White & Black Caribbean White & Black African
 White & Asian Other

Asian or Asian British

- Indian Pakistani Bangladeshi Other

Black or Black British

- Caribbean African Other

Chinese or Other Ethnic Group

- Chinese Other

Question Refused

PARTNER

To which of the following groups would you say you belong. Please tick one box only.

White

- British Irish Other

Mixed

- White & Black Caribbean White & Black African
 White & Asian Other

Asian or Asian British

- Indian Pakistani Bangladeshi Other

Black or Black British

- Caribbean African Other

Chinese or Other Ethnic Group

- Chinese Other

Question Refused

