



TRANSFER APPLICATION FORM

Please answer all of the below questions.

SECTION A: PERSONAL DETAILS

Title Mr Mrs Miss Ms Dr
Other

First Name(s):

Surname

Any **two** forms of ID are acceptable, **one** must be an approved photo ID

Proof Provided	Birth Certificate	Driver's Licence (Photocard Only)
	Passport (Valid only)	Marriage Certificate
	Other	

Tenancy Ref:

Current Address

Town

County

Post Code

Any **two** forms of ID are acceptable.

Proof Provided:	Bank Statement (Less than 3 mths)	Utility Bill (Less than 3 mths)
	Drivers Licence (Photocard Only)	

Home Tel No:

Mobile Tel No:

Work Tel No:

Email Address:

N.I. No.

First Language

Ethnicity

Relationship to you

Next of Kin's Name

Next of Kin's
Address:

Tel No:

Do you have any of the below:

Internet Access	Yes	No	Bank Account	Yes	No
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Do you require assistance for with the below:

Using internet or IT	Yes	No	Budgeting your income/expenditure	Yes	No
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Do you run your own business from your home	Yes	If yes what type of business is it?
	No	

SECTION B: TYPE OF HOUSING NEED

What size and type of accommodation are you looking for?

Do you want a supported hostel accommodation?	Do you have or intend to keep any pets?
Yes No	Yes No

SECTION C: INCOME/EMPLOYMENT DETAILS

(We need to know about your employment situation)

Income (if there is more than one income in your family, please give the total amount)

Gross	Wkly	Mthly
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Net	Wkly	Mthly
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Are you employed	Full-time	Part-time
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If Yes, please give
employer's name
and address

If no, are you in receipt of benefits	Yes	No
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If you are a full-time student, please state the name of your course and college/ university

Do you receive a grant? Yes No

If none of the above, what is your source of income

SECTION D: YOUR HOUSEHOLD

Please give details about everyone (including yourself who will live with you).

1. Title	Name	Surname	DOB	MAIN APPLICANT
Mobile No	Email Address	N.I. No.	Economic Status	Disabled

2. Title	Name	Surname	DOB	Relationship
Mobile No	Email Address	N.I. No.	Economic Status	Disabled

3. Title	Name	Surname	DOB	Relationship
Mobile No	Email Address	N.I. No.	Economic Status	Disabled

4. Title	Name	Surname	DOB	Relationship
Mobile No	Email Address	N.I. No.	Economic Status	Disabled

5. Title	Name	Surname	DOB	Relationship
Mobile No	Email Address	N.I. No.	Economic Status	Disabled

6. Title	Name	Surname	DOB	Relationship
Mobile No	Email Address	N.I. No.	Economic Status	Disabled

If anyone named above is pregnant, please give their name and expected due date below

If anyone name above is currently not living with you please list them below with details of their current address:

Do they have their own tenancy?

Yes No

SECTION E: ELIGIBILITY

Please describe the difficulties you are currently facing and why you need alternative housing

Are you registered disabled? Yes No If yes, please give details

Yes No

Do you suffer from any serious illness or addictions?

Yes No

Do you take any prescribed medication?

Yes No

Are there any medical or other reasons for wanting to move from your present accommodation or does any member of your family have a serious illness?

Yes No

If yes, please give details

SECTION F: ADDITIONAL INFORMATION

Is there any other information you feel we need to know when considering your application?

SECTION G: DECLARATION

I hereby certify that all the information on this application form is true in every detail

In order to process your application it is necessary for us to undertake checks with credit referencing agencies. If you do not agree to having a credit check this will impact on your application.

I agree that Shian Housing Association Ltd may undertake checks with credit referencing agencies.

Yes No

Signature:

Date:

Falsification of the above information can result in the loss of any accommodation we may offer you.

Please return this form to:

Shian Housing Association Ltd, 76 Mare Street, Hackney, London E8 3SG
Tel: 020 8985 7120 Email housing@shian.org.uk