**TRANSFER APPLICATION FORM**

A copy of the Transfer Policy can be obtained form your scheme manager or is available on the Harrison Housing website. Please read this before completing the form the ensure that you are eligible.

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| **Date received:** |  | **Assessed by:** |  |

**PERSONAL INFORMATION:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Title:** | Mr | Mrs | Ms | Mx | Miss | Other |
| **Family Name:** |  |
| **Given Names:** |  |
| **Address** **(inc. postcode):** |  |
|  |  |
| **Telephone numbers:** |  |
| **Email address:** |  |
| **Date of birth:** |   | **Age at application:** |  |

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| **REASON FOR APPLICATION (State briefly your main reason for wanting to move):** |

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| Please say which of Harrison’s properties you wish to be considered for and why. Give names and addresses of any relatives living locally. Some evidence of this may be required. Please note we cannot accept requests for specific flats.(Please note our schemes at Greenwoods, Shakespeare Road and Tonge House are for women, including those who identify as women, only)  |

**HARRASSMENT OR DOMESTIC VIOLENCE**

(if this does not apply to you, leave blank and go on to next question)

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| If you are applying for a transfer because you are being harassed, threatened or do not feel safe in your own home, please give details below, or alternatively contact the Head of Operations and request a confidential interview. |

**HEALTH**

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| Please state what your disability or health problems are, including your medical diagnosis if you know it (please provide supporting evidence): |
| Please state how you feel your disability or health problems make your present home difficult to live in: |
| Please state how long since you have had your disability or health problem: |

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| Are you receiving Attendance Allowance?Does anyone receive Carer’s Allowance on your behalf?Do you receive care or support from the local authority? |
| How often do you need to see your doctor? |
| Weekly | Monthly | Every 3 months | Occasionally | Rarely/never |
| Please give details of any prescribed medication you are currently taking for your condition, and other treatments e.g. physiotherapy. |

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| **Support Network**Please provide details of support services, relatives or informal support networks which you believe you would benefit from being nearer to (we may need to see supporting evidence): |

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| **Separating Couples (if applicable)**Please provide details of both members of the couple separating, who must both be resident at the current address (we may need to see evidence e.g. of divorce proceedings): |

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| **Permanent Decant Cases if applicable (to be completed by Head of Operations).** Provide details of property is being decanted and why: |

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| **DECLARATION** |
| Are you related to any member of staff or Trustee working for Harrison Housing, either paid or unpaid? |  |  |  |  |  |
| Yes |  | No |  |  |
| As far as I know, the information on this form is true and complete. I understand that if I give false information it may affect my chances of being rehoused and that the Charity reserves the right to repossess any accommodation which has been obtained by my deliberately providing false information or withholding essential information.I understand that by completing this form I agree to Harrison Housing contacting the health professionals involved in my care if they require any further information to support my request to transfer. |
| Your signature |  | Date |   |