

HOUSING TRANSFER FORM



By filling out this form, you are helping us assess your housing needs, please see www.chp.org.uk/privacy for more information on how we look after your data. All the information you give on this form will be held on an external database. The information will only be accessed if you have been asked to be re-housed.

Please complete this form and return it with the appropriate documents to:

Myriad House, 33 Springfield Lyons Approach, Chelmsford, Essex CM2 5LB

You must answer all questions.

Title:	First name:	Surname:
Address (please include postcode):		

1. HOUSEHOLD DETAILS

Starting with yourself, please provide details of everyone currently living in your household.

First name:	Surname:	Relationship to applicant	Date of birth:

Please note: CHP will check household composition against information on our database and update accordingly.

Please provide us with the following contact details:

Home telephone:	Mobile telephone:
Work telephone:	Email:



Please describe your current property type (please tick one):

Bedsit Bungalow Maisonette House Apartment in block

Floor level (if applicable):

How many bedrooms are there?

One Two Three Four Five

Is there a dining room? Yes No

Do you have steps leading to your front door? Yes No

If yes, how many? Number of stairs inside the property:

Is there a lift available? Yes No

Are there any adaptations? (e.g stair lift, walk in shower, ramp)

2. ADULTS AT ANOTHER ADDRESS (PERSONS AGED OVER 16)

Please provide details of all adults that do not currently live with you but will live with you when you move.

Name: Relationship to tenant:

Address (including postcode):

How long at this address: Date of birth: Sex (M/F):

Reason they will be living with you:

Name: Relationship to tenant:

Address (including postcode):

How long at this address: Date of birth: Sex (M/F):

Reason they will be living with you:

CHP will assess household members according to their dependency with the lead or joint tenant. CHP will not recognise household members who are not dependent on the lead or joint tenant when determining accommodation size and type required.

3. CHILDREN AT ANOTHER ADDRESS (PERSONS AGED UNDER 16)

Visiting children – due consideration will be given to transfer applicants who can prove they have joint custody of children for four days or more each week. Proof must be provided in the format of a court order or solicitors letter. However, if the child has housing provision elsewhere CHP may not take them into consideration as part of the household.

We collect this information in order to satisfy our legal obligations to understand and assess your housing needs.

Name: Date of birth:

Address (including postcode):

How long at this address: Sex (M/F):



Name:	Date of birth:
Address (including postcode):	
How long at this address:	Sex (M/F):
Name:	Date of birth:
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Name:	Date of birth:
Address (including postcode):	
How long at this address:	Sex (M/F):

4. WELFARE REFORM ACT 2012

Under the welfare reform bill all working age tenants living in a property which has more bedrooms than are required according to government legislation will be required to pay between 14% and 25% of their rent that may have previously been paid by housing benefit.

Please advise if you are in receipt of housing benefit: Yes No

If yes, CHP can assess if you are likely to be subject to this reduction in housing benefit payments from the details you have provided on this form and ensure you receive additional band priority because of this.

5. PREGNANCY

If anybody mentioned in sections one, two or three is pregnant please provide proof of pregnancy (such as an antenatal card or letter).

Name:	Baby due date:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

6. DISABILITY

We need this information to satisfy our legal obligations to ensure that the appropriate housing is provided to individuals.

Are you registered disabled? Yes (please provide proof) No

Are you in receipt of Disability Living Allowance, Personal Independence Payment or Attendance Allowance? Yes (please provide proof) No

Is your current home adversely affecting your medical condition? (please give details below):



What type of property do you feel would best meet your needs?

About the medical condition

What is the diagnosis or diagnoses of the medical condition(s) you would like to be taken into consideration?
This should be as diagnosed by your GP or hospital consultant.

How long have you had this condition and what is the prognosis?

Please give details of any medicines you are taking or any treatment you are receiving

Doctor and Hospital details

What is your hospital Doctor's name and address?

Name:

Address (including postcode):

Have you attended a hospital or clinic because of your condition? Yes No

If yes, please give consultant's name and the name of the hospital you attend.

Consultant's name:

Hospital:

Your home




Are you waiting for any adaptations? Yes No

If yes, please give details:



8. MOBILITY

To ensure we are aware of your housing needs, please advise us if any of the three options below apply to any persons named in sections one, two and three.

Options:	Name of person(s) with mobility needs:
 A member of my household needs to use a wheelchair both inside and outside my home.	
 A member of my household is unable to manage steps and stairs and may use a wheelchair some of the day.	
 A member of my household is only able to manage one or two steps or stairs.	

9. ADDITIONAL SUPPORT

Please tick the box(es) below if they apply to you. Please note, if you tick any of the boxes we may contact you for further information.

- | | | |
|---|---|---|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Serious illness | <input type="checkbox"/> History of rough sleeping |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Previous victim of violence |
| <input type="checkbox"/> Previous victim of abuse | <input type="checkbox"/> Mental health issue | <input type="checkbox"/> Communication difficulties |
| <input type="checkbox"/> Literacy issues or English is not first language | <input type="checkbox"/> Previous victim of a crime | <input type="checkbox"/> Visually impaired |
| <input type="checkbox"/> Evicted from previous home | <input type="checkbox"/> Under-25 | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Homeless with support needs | <input type="checkbox"/> Ex-offender | <input type="checkbox"/> Deaf and blind |
| <input type="checkbox"/> Recently bereaved | <input type="checkbox"/> Problems with alcohol | <input type="checkbox"/> Young person leaving care |
| | <input type="checkbox"/> Drugs misuse | <input type="checkbox"/> Single parent / teenage parent |

Name(s) of any person providing support:	Relationship to resident or occupation	Contact number:

Do they receive carers allowance for you? Yes No

10. PLEASE GIVE DETAILS OF THE REASON YOU WOULD LIKE TO MOVE



11. MUTUAL EXCHANGE

We currently subscribe to one web-based mutual exchange register to help you identify possible exchange partners, which can be used free of charge: www.homeswapper.co.uk. If you would like more information about this service please tick the box below – ticking the box does not commit you to a mutual exchange.

I would like to be sent details about the Mutual Exchange Register

Yes

DECLARATION

I/We hereby confirm that the information given in this application is true. I/We understand that any misleading or false statements may result in the cancellation of this application.

I/We agree to inform CHP about any changes within my household that would affect my transfer application.

I hereby authorise CHP to request the disclosure of information from my doctor and / or other medical practitioner involved in my treatment in relation to my request for a transfer on medical grounds.

I/We agree to allow other registered social landlords and local authorities to access information supplied in this application for re-housing purposes.

I/We have just completed and signed a CHP Housing Transfer form and agree that CHP may:

- Share information with local authorities regarding my / our application for housing, including copies of verification documents and identification;
- Contact previous landlords regarding my / our tenancy history.

We need this information to ensure that our properties are appropriately let.

If you complete this form CHP will store and process your data in accordance to the requirements of its Data Protection Policy and in keeping with the Data Protection Act.

CHP may supply information to other organisations such as contractors working for CHP, the police or local authorities in order to manage your tenancy and help us manage our neighbourhoods.

CHP maintains a register of vulnerable or potentially violent individuals in their properties. You will be informed if you are placed on this register. This information may be shared with concerned parties without your consent.

I undertake to notify CHP of any changes to these details;

I understand that the completion of this form does not mean my application for mutual exchange will be confirmed;

I understand that I will be required to verify the information supplied by my on this form;

I understand that landlord references will be required.

Applicants signature:	Print name:	Date:
Joint applicant's signature:	Print name:	Date:



Please complete your name and address in the space below. CHP will send this page back to you as confirmation that your form has been received.

Title:	First name:	Surname:
Address (please include postcode):		

Dear

Thank you for your transfer application received on

The housing options team will contact you if we require any further information.

Transfer applications are processed within 14-28 days of receipt. You will then receive your login details and information regarding how to express an interest in properties advertised for transferring tenants.

Yours sincerely
Housing options team



CHP Privacy notice

CHP is committed to protecting your privacy and this Privacy Notice explains how we use information about you and how we protect your personal data.

Please view our full privacy notice here: www.chp.org.uk/privacy

Our Promises to you

We take the issue of your privacy extremely seriously and we promise to:

- Respect your personal data and keep it secure on your behalf;
- Allow you to access the data that we hold about you;
- Let you know how we use your data. We may update this notice, or contact you directly, from time to time to provide you with more information about how we use your data and protect your privacy;
- Keep your data accurate and up to date by amending your records when you contact us or by asking you, from time to time, if the information we hold on you is still up to date;
- Help you move your data to another landlord, if you want us to do so. If you stop having a tenancy with us, we will delete your data as soon as we are able to (certainly within 6 years) unless you still owe us money or have been evicted for anti-social behaviour, where we may keep your data for longer.

Your rights

The law gives you a number of rights to control what personal data is used by us and how it is used by us. You have the right to:

- Be informed about what we do with your data. This privacy notice (which may be updated from time to time) is the principal way we will do this;
- Access the data we hold about you;
- Object to CHP processing your data (on the basis of our legitimate interests);
- Tell us to correct your data where it is inaccurate and to ask us to stop processing your data until it has been corrected. If you think the data we hold on you is not accurate then please contact our Service Centre on 0300 555 0500 or visit our online portal;
- Ask us to erase your data. We will only do this if we no longer have any contractual obligations to you or there are compelling reasons to retain your data and we promise to explain these to you;
- Ask us to move your data to your new landlord free of charge if you transfer to another property owned by a different landlord.

We have a Data Protection Officer who makes sure that we respect your rights and follow the law. If you have any questions please contact our Data Protection Officer by emailing dpo@chp.org.uk (please put DPO in the email subject line); calling 0300 555 0500 or by writing to: CHP Data Protection Officer, Myriad House, 33 Springfield Lyons Approach, Chelmsford, Essex, CM2 5LB.

If you believe that CHP has not complied with your data protection rights, you can contact the Information Commissioner's Office, which can be contacted on 0303 123 1113 or via www.ico.org.uk



Please contact us if you would like a copy of this document in large print, on CD or in another language.

Proszę się z nami skontaktować, żeby otrzymać ten dokument w wersji dużym drukiem, na płycie CD lub w innym języku. (Polish)

倘若您需要本擋以大字體、音頻格式(CD)或另外一種語言提供,請聯絡我們。(Cantonese)

Bu belgeyi büyük boyutlu baskı olarak, CD ortamında veya başka bir dilde edinmek istiyorsanız lütfen bizimle irtibata geçin. (Turkish)

Kreipkitės į mus, jei norėtumėte gauti šio dokumento kopiją stambiu šriftu, jo garso įrašą kompaktiniame diske arba jei norėtumėte jį gauti kita kalba. (Lithuanian)

আপনি যদি এই নথিটির একটি কপি বড় অক্ষরের ছাপায়, সিডি তে অথবা অন্য একটি ভাষায় পেতে চান, অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন। (Bengali)

IF YOU HAVE ANY QUERIES PLEASE CONTACT US:

Web: chp.org.uk

Email: enquiries@chp.org.uk



[facebook.com/CHPHomes](https://www.facebook.com/CHPHomes)



twitter.com/CHPHomes

Tel: 0300 555 0500

Text relay: 18001 0300 555 050

Write to CHP at:

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33 Springfield Lyons Approach,
Chelmsford,
CM2 5LB



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