

Transfer Application Form

For office use only

Name

Address

.....

If English is not your first language and you need a translation, we can get one for you.

Arabic

إذا كانت لغتك الأصلية ليست الانجليزية وكنت بحاجة الى ترجمة
فانه بإمكاننا ان نوفرها لك.

Bengali

ইংরেজী যদি আপনার মাতৃভাষা না হয় এবং আপনার একটি অনুবাদের
প্রয়োজন হয় তবে আমরা আপনার জন্য তা সরবরাহ করতে পারবো।

Chinese

如果你主要说用的语言不是英语而需要翻译服务，
我们能够给你安排。

Hindi

यदि अंग्रेज़ी आपकी प्रथम भाषा नहीं है और आपको अनुवाद
चाहिये, तो हम आपके लिए ला सकते हैं।

Italian

Se l'inglese non è la vostra lingua e avete bisogno di
una traduzione, possiamo procurarvene una.

Polish

Osobom nie znającym języka angielskiego możemy
zapewnić tłumaczenie.

Somali

Haddii aanu af Ingiriisigu ahayn luqad-daada kowaad
oo aad u baahan-tahay turjumid, anaga ayaa mid kuu
heli karayna.

Spanish

Si el Ingles no es tu lengua materna y necesitas una
traduccion, nosotros te lo podemos traducir.

Thai

หากภาษาอังกฤษไม่ใช่ภาษาแรกที่ท่านพูดและท่านต้องการ
การให้แปล เป็นภาษาอื่น เราสามารถจัดบริการให้ท่านได้

Urdu

اگر انگریزی آپ کی زبان نہیں ہے اور آپ کو ترجمہ درکار ہے تو ہم آپ کے لیے اس کا بندوبست کریں گے۔

Please ask us if you would like this leaflet in Braille, large print or audio.

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If you need any help completing this form, please call in to one of our Local Service Centres listed below.

Local Service Centres

125 High Street, Midsomer Norton

11 High Street, Keynsham

27-29 Rosewell Court, Kingsmead, Central Bath

Meade House, Wedgwood Road, Twerton

Postal address

Neighbourhood Services
Somerset Community Housing Trust
The Maltings
River Place
Lower Bristol Road
Bath
BA2 1EP

Telephone: 01225 366000

About this form

This application form is for tenants of the Trust who would like to apply to move to another Somer Community Housing Trust home.

If you are not already a tenant of the Trust, you should contact Bath and North East Somerset Council at the address below and apply to join the Homesearch register.

Since 75 per cent of the Trust's vacant homes are passed to the council for a nomination from the Homesearch register, we strongly recommend that all our tenants who wish to move also make a Homesearch application.

You can contact the Homesearch Team at:

Homesearch register
Housing Services
Social & Housing Services
PO Box 3343
Bath
BA1 2ZH

01225 396118
www.homesearchbathnes.org.uk

Data Protection Act 1998

All the information you give us on this form will remain confidential. Your form will be held on file and the details recorded on computer.

This information will be seen by staff of the Trust and it may be shared with other registered social landlords or agencies that are involved with your application to move.

You may ask to see all the details held by us about your application.

Personal details

1. About you and your partner.

Mr Mrs Ms Miss Other (please specify)

Surname

Other names

Address

.....

Postcode

Date of birth

Home telephone number

Work telephone number

Mobile number

Please give your partner's name, address (if different from above) and date of birth in the space below.

Mr Mrs Ms Miss Other (please specify)

Surname

Other names

Address

.....

Postcode

Date of birth

Home telephone number

Work telephone number

Mobile number

Your household details

2. Please list everyone to be housed

Surname	Other names	Sex	Date of birth	Relationship to you

3. Is anyone in the household pregnant? Yes No

If yes, then please give the name of the mother-to-be and the date the baby is due. Please also include a copy of the maternity certificate or note from the doctor or midwife confirming the pregnancy.

Name of expectant mother Date baby is due

4a. Is there anyone listed above who currently cannot live with you because of lack of space or other reason?

Yes No

4b. If yes, please say who and why:

Name(s)

.....

Reasons why they cannot live with you at the moment

.....

.....

.....

Your household details (continued)

5a. Do your children live with you all the time?

Yes

No

5b. If no, do you receive child benefit for them?

Yes

No

6. Do you keep, or intend to keep, pets or animals at home?

Yes

No

If yes, what type of pets do you keep or intend to keep?

.....

.....

7. Has your current home been specially adapted in any way?

Yes

No

e.g. stairlift or is wheelchair accessible.

If yes, please give details

.....

.....

Reasons why you want to move

8. Please give your reasons for applying for a new home.

Tick one or more boxes

Overcrowding

Condition of property

Health factors

In need of sheltered housing

In need of ground-floor accommodation

To escape from threatened or actual domestic violence

To escape threatened or actual racial harassment

To escape any other form of threatened or actual harassment

To escape threatened or actual physical abuse

Present accommodation too large

To be nearer work, school or college

Due to problem with noise or neighbours

To provide support to a relative or close friend

To receive support from a relative, close friend or support agency

Reasons why you want to move (continued)

If you have other reasons for moving, please use the space below to give further information.

.....

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.....

9. Have you left a rural community within the Bath and North East Somerset area as a result of there being no suitable accommodation available? If so, are you now applying for a transfer to return to that community or a neighbouring community?

Yes No

If yes, please give details of the area and reasons why you need to move there.

.....

.....

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.....

10. Do you need to move to a particular area for work, schooling or support?

Yes No

If yes, please give details of the area and reasons why you need to move there.

.....

.....

.....

.....

Specific housing needs

11. Is your current home unsuitable due to a medical condition or disability?

Yes No

If yes, please complete the medical and disability questionnaire on page 17.

Specific housing needs (continued)

12. Do you have a support worker or anyone else we can contact, with your permission, about your application?

For example a social worker, probation officer, community psychiatric nurse or case worker from a voluntary organisation.

Yes No

If yes, please give details.

Name	Job title	Organisation	Telephone number

13. Please use this space to tell us anything else you would like us to know about your current housing situation.

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The type of home you want

14. Please tick all the types of property you would consider.

House Flat Maisonette Bungalow Studio flat

The type of home you want (continued)

15. If you would accept a flat or maisonette, what is the highest floor level you would accept?

	Ground	1st	2nd	3rd	4th+
With a lift					
Without a lift					

Tick this box if you would accept any floor, with or without a lift

16. Do you have difficulty in climbing one flight of stairs?

Yes No

17. If you require special accommodation because of your age, ill health or disability, please indicate which features you require.

- Sheltered housing (accommodation for older people)
- Disabled-adapted property
- Parking for a mobility scooter (not all Trust properties are able to accommodate a mobility scooter)

18. If you need a property that has been specially adapted, please tell us what kind of adaptations you need, such as a walk-in shower or ramp to the front door.

.....

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.....

19. Are you registered disabled or in receipt of Disability Living Allowance?

Yes No

If yes, please provide a copy of your registration details or benefit book.

Where do you want to live?

20. Please tick all the areas in which you would like to live.

- | | |
|---|--------------------------|
| Bathampton | <input type="checkbox"/> |
| Batheaston | <input type="checkbox"/> |
| Bathford | <input type="checkbox"/> |
| Bishop Sutton | <input type="checkbox"/> |
| Camerton | <input type="checkbox"/> |
| Central Bath (including Lansdown and Bathwick) | <input type="checkbox"/> |
| Chew Magna | <input type="checkbox"/> |
| Chew Stoke | <input type="checkbox"/> |
| Clutton | <input type="checkbox"/> |
| Combe Down and Foxhill | <input type="checkbox"/> |
| Compton Martin | <input type="checkbox"/> |
| Corston | <input type="checkbox"/> |
| East Harptree | <input type="checkbox"/> |
| Fairfield Park | <input type="checkbox"/> |
| Farmborough | <input type="checkbox"/> |
| Farrington Gurney | <input type="checkbox"/> |
| High Littleton | <input type="checkbox"/> |
| Keynsham | <input type="checkbox"/> |
| Larkhall (including Lambridge and Swainswick) | <input type="checkbox"/> |
| Midsomer Norton | <input type="checkbox"/> |
| Moorfields (including Bear Flat, Oldfield Park and The Oval) | <input type="checkbox"/> |
| Odd Down (including Corston View) | <input type="checkbox"/> |
| Paulton | <input type="checkbox"/> |
| Peasedown St John | <input type="checkbox"/> |
| Pensford | <input type="checkbox"/> |
| Radstock (including Clandown, Haydon, Writhlington and Westfield) | <input type="checkbox"/> |
| Saltford | <input type="checkbox"/> |
| Snow Hill (including Walcot) | <input type="checkbox"/> |
| Southdown (including Wedmore Park) | <input type="checkbox"/> |
| Stanton Drew | <input type="checkbox"/> |
| Temple Cloud | <input type="checkbox"/> |
| Timsbury | <input type="checkbox"/> |
| Tunley | <input type="checkbox"/> |
| Twerton (including The Hollow) | <input type="checkbox"/> |

- Wellow
- West Harptree
- Weston (including Newbridge)
- Whitchurch
- Whiteway
- Widcombe

We have a limited number of properties in the following areas:

- Charlcombe
- Compton Dando
- Dunkerton
- Englishcombe
- Freshford
- Hallatrow
- Hinton Blewett
- Hinton Charterhouse
- Marksbury
- Monkton Combe
- Nempnett Thrubwell
- North Stoke
- Norton Malreward
- Priston
- Queen Charlton
- Shoscombe

Areas outside of Bath and North East Somerset

If you wish to move outside of the Bath and North East Somerset area, you should apply directly to the choice-based lettings scheme for that area:

Somerset: Homefinder Somerset – www.homefindersomerset.co.uk or 01749 648999.

Wiltshire: Homes 4 Wiltshire – www.homes4wiltshire.co.uk or 01380 734734.

South Gloucestershire : HomeChoice – www.homechoice.southglos.gov.uk or 01454 868005.

If you wish to move to an area not on the list, please contact the local authority in that area.

Mutual exchange register

If you would like to consider a mutual exchange, the Trust is a member of Homeswapper – a local and national exchange register. Trust tenants are eligible for free membership to this scheme. Details of Homeswapper can be found online at www.homeswapper.co.uk. We have internet terminals at our offices for tenants to use, or you can request an application form by contacting one of our offices.

Other information

Are you related to any Trustee or employee of the Somer Housing Group?

Yes No

Name	Relationship to you

Ethnic monitoring

Somer Community Housing Trust records and monitors the ethnic origin of all housing applicants to ensure that housing is provided in a fair and equal way. The following information will be treated in confidence and will not affect your housing application.

Please indicate the ethnic origin of your household:

- | | |
|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Asian British | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White other | <input type="checkbox"/> Mixed race |
| <input type="checkbox"/> Black Asian | |
| <input type="checkbox"/> I do not wish to answer this question | |

If you would prefer any correspondence in relation to your application to be sent to a different address, please give details below.

.....

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.....

Please tear out and keep for use if your circumstances change.

Notification of change in circumstances

If your circumstances have changed in any way since you first applied for housing, please complete this form and return it to the Trust without delay. Changes might include:

- New baby
- Health problems
- Change in the number of people wanting to be re-housed with you
- Change of area chosen for re-housing

Name

Address

.....

Postcode

Telephone number

Application number

New details

.....

.....

.....

.....

Signed

Date.....

Signed

Date.....

Please note – if you are joint tenants, you should both sign

Please return this form to:

Somer Community Housing Trust, The Maltings, River Place, Lower Bristol Road, Bath, BA2 1EP.



**Community
Housing Trust**

Somer Community Housing Trust

The Maltings, River Place, Lower Bristol Road, Bath, BA2 1EP.

Tel: 01225 366000

Email: enquiries@somer.org.uk

www.somer.org.uk

Tenant Services Authority no. LH4209

Charity Commission no. 1074574

Registered in England and Wales as a company limited by guarantee, no. 3574882

Somer Community Housing Trust is a member of Somer Housing Group.

Medical and disability assessment form: to be completed by applicant

Please note that medical need can only be considered if there is a direct link between your health problems and the home you live in, or where a change of housing would greatly reduce the problems that you are experiencing.

Name

Address

.....

Please give a description of you or your child's illness/disability.

.....

.....

.....

.....

Please give details of any medication that you or your child are taking, including daily dosages.

.....

.....

.....

.....

Please explain why your or your child's health problems make your present home unsuitable.

.....

.....

.....

.....

.....

.....

Medical and disability assessment form (continued)

Please answer the following:

Are you or your child registered disabled?

Yes

No

Are you or your child registered blind?

Yes

No

Do you or your child receive support from any of the following?

Community Mental Health Team

District nurse

Health visitor

Social worker

Drug or alcohol support

Other/family

What support do they provide you or your child and how often do they provide this support?

.....

.....

.....

.....

Medical details.

Name and address of GP

.....

Date of last visit

Name of consultant and hospital

Date of last visit

I agree that this is an accurate account of my / my child's medical circumstances and I agree to the Trust contacting any of the medical professionals listed on this form, if necessary.

Signed

Date

Full name

Relationship to patient

Please check that the answers and information you have given are correct to the best of your knowledge, before reading the following statement and signing below.

Declaration by applicant

I/We understand that the information on this form is, to the best of my/our knowledge, true and correct. I understand that any false or misleading information may lead to a prosecution for criminal offences and may result in eviction from any housing accommodation offered.

I/We must inform Somer Community Housing Trust of any changes in my/our circumstances.

All the information given will be kept by Somer Community Housing Trust on computer and any of the partnership landlords may see it. By signing this form I am consenting to the use of the information relating to my application under the terms of the Data Protection Act 1998.

Signed

Date

For joint applicants

Signed

Date

Thank you for filling in this form.

Please do not forget to complete the medical questionnaire if necessary.

Please return this form to any Somer Community Housing Trust office, which are located at:

- 11 High Street, Keynsham
- 125 High Street, Midsomer Norton
- 27–29 Rosewell Court, Kingsmead, Bath
- Meade House, Wedgwood Road, Twerton
- The Maltings, River Place, Lower Bristol Road, Bath

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