

Transfer application form

Tenancy reference number

Details of household to be included in the application

Title	First name(s)	Surname	Gender	Date of birth	Relationship to Tenant

Contact details

Address

Home telephone number

Mobile number

Work telephone number

Email address

Next of kin

Name

Address

Contact details - Tel/mobile number

Email address

Relationship to applicant

Details of property where the applicant is currently living

What type of accommodation are you are currently living in? For example house/flat/maisonette/townhouse/duplex etc.

Number of bedrooms

Number of double bedrooms

Number of single bedrooms

What floor(s) is the property on?

How many stairs are there inside your home?

How many external stairs are there, in communal areas?

Is there a lift?

Yes

No

If you would like to transfer as your current property is physically not suitable for you please provide details in the box below (e.g. there are too many internal stairs).

Please state how your medical needs will be addressed by moving and what difficulties you are currently having in your existing home.

Reasons for transfer

Please provide information on why you are applying for a transfer and attach any supporting documentation.

Please note that where supporting evidence is required, we will accept letters from GPs, specialists, Social Services, Children and Adolescent services, schools and copies of prescriptions.

Medical details

Please provide details of any medical conditions which are causing you problems in your current home. If there is more than one household member who has medical conditions which are causing them to need to move home, please complete further separate sections below.

Please continue on a separate sheet for any of the questions below, if necessary, and attach to this form.

Household member 1

Name	Relationship to Tenant	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis

Please provide details of any diagnosis by a doctor or health professional, including date of diagnosis using the exact wording that has been used.

History of the condition

If there have been any changes in diagnosis, please give dates and details of this.

How is your current mobility?

For instance do you use a wheelchair, crutches, walking stick, rollator or scooter. If so, please give details in the box below.

Treatment type

What medication/therapy are you taking?

What condition does it treat?

How often do you have to take your medication?

How long have you been taking your medication for?

When is it due to stop/or is ongoing?

Specialist/hospital referral

if you are receiving treatment from a specialist, please provide details on what treatment this is, how regularly received and names, addresses and job titles of those providing the treatment.

If you have mental health issues and have a case plan in place, please provide a copy of this.

Household member 2

Name	Relationship to Tenant	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis

Please provide details of any diagnosis by a doctor or health professional, including date of diagnosis using the exact wording that has been used.

History of the condition

If there have been any changes in diagnosis, please give dates and details of this.

How is your current mobility?

For instance do you use a wheelchair, crutches, walking stick, rollator or scooter. If so, please give details in the box below.

Treatment type

What medication/therapy are you taking?

What condition does it treat?

How often do you have to take your medication?

How long have you been taking your medication for?

When is it due to stop/or is ongoing?

Specialist/hospital referral

if you are receiving treatment from a specialist, please provide details on what treatment this is, how regularly received and names, addresses and job titles of those providing the treatment.

If you have mental health issues and have a case plan in place, please provide a copy of this.

Household member 3

Name	Relationship to Tenant	Date of birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis

Please provide details of any diagnosis by a doctor or health professional, including date of diagnosis using the exact wording that has been used.

History of the condition

If there have been any changes in diagnosis, please give dates and details of this.

How is your current mobility?

For instance do you use a wheelchair, crutches, walking stick, rollator or scooter. If so, please give details in the box below.

Treatment type

What medication/therapy are you taking?

What condition does it treat?

How often do you have to take your medication?

How long have you been taking your medication for?

When is it due to stop or is it ongoing?

Specialist/hospital referral

if you are receiving treatment from a specialist, please provide details on what treatment this is, how regularly received and names, addresses and job titles of those providing the treatment.

If you have mental health issues and have a case plan in place, please provide a copy of this.

Type and location of property required

If there is a reason why you cannot live in a certain area please state and provide supporting evidence of this and if you require a different type of property than you currently occupy we will require supporting evidence of this.

Please state supporting evidence

Wheelchair accessible

Mobility standard

Aids and adaptations

Your boroughs of choice

We have the largest number of properties in Islington, Haringey, Hackney. We have fewer properties in Waltham Forest, Enfield, Camden and Redbridge.

By completing this form please be aware of the following:

- If you have a legal interest in any other property apart from your present address you must declare this.
- If incorrect or false information is provided, we may seek possession of the property as this is a breach of Ground 17 of Schedule 2 to the Housing Act 1988. This ground can be used where the landlord has been induced to grant a tenancy by a false statement made knowingly or recklessly by a tenant.

Applicant's signature

Applicant's name

Date

Privacy and data protection

Newlon is committed to managing residents' personal data securely in line with the GDPR. Information about how we manage and store your data, details of our Data Protection Officer and your rights in relation to any personal data we hold can be found in our privacy notice for residents at www.newlon.org.uk/residents/data-protection.

In line with our privacy notice there are some instances when we need to securely share your personal data with third parties. This includes the processing of transfer applications, as we will share the details you provide with our specialist independent medical assessment service.

Continuation sheet

A large, empty rectangular box with a thin blue border, intended for providing additional information or details related to the transfer application.