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Description automatically generated

**TRANSFER APPLICATION FORM**

Please fill in this form in BLOCK CAPITALS if you are completing this form by hand.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your Details** | | | | | | | | | | | | | |
| **Tenant** | | | | | | | **Joint Tenant** | | | | | | |
| Title |  | | | | | |  | | | | | | |
| First Name |  | | | | | |  | | | | | | |
| Surname |  | | | | | |  | | | | | | |
| Date of Birth |  | | | | | |  | | | | | | |
| Address | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Post Code |  | | | | | | | | | | | | |
| Email |  | | | | | |  | | | | | | |
| Mobile Contact No. |  | | | | | |  | | | | | | |
| Work Contact No. |  | | | | | |  | | | | | | |
| **1.1 Who lives with you:** | | | | | | | | | | | | | |
| **Person** | First Name | | | | Surname | | | | | Gender | | | Date of Birth |
|  | | | |  | | | | |  | | |  |
| Relationship to you | Partner/Spouse | | Child | Live in Carer | | | | Other, please specify | | | | | |
|  | | | | | | | | | | | | | |
| **Person** | First Name | | | | Surname | | | | | Gender | | | Date of Birth |
|  | | | |  | | | | |  | | |  |
| Relationship to you | Partner/Spouse | | Child | Live in Carer | | | | Other, please specify | | | | | |
|  | | | | | | | | | | | | | |
| **Person** | First Name | | | | Surname | | | | | Gender | | | Date of Birth |
|  | | | |  | | | | |  | | |  |
| Relationship to you | Partner/Spouse | | Child | Live in Carer | | | | Other, please specify | | | | | |
|  | | | | | | | | | | | | | |
| **Person** | First Name | | | | Surname | | | | | Gender | | | Date of Birth |
|  | | | |  | | | | |  | | |  |
| Relationship to you | Partner/Spouse | | Child | Live in Carer | | | | Other, please specify | | | | | |
| 1. **We will need a signed passport size photo, proof of identity and address for anyone who has joined your household since your tenancy has started** | | | | | | | | | | | | | |
| **Your Move** | | | | | | | | | | | | | |
| **What is the main reason you would like to move?** | | | | | | | | | | | | | |
| Medical Reasons | | Suffering Harassment | | | | Neighbour Dispute | | | Nearer to Family/Friends | | | | |
| Nearer to Work | | My family has increased | | | | My family has decreased | | | | | | Private Garden | |
| Emergency | | Essential Repairs | | | | At Risk Abuse | | | Sale/Disposal of your Home | | | | |
| Other, please specify | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Where would you like to move to? (**properties will be offered in any of our schemes where available, we will try our best to offer in your choice of areas) | | | | | | | | | | | | | |
| Sir Oswald Stoll Mansions (Fulham, London) | | | | | | Chiswick War Memorial Homes (Chiswick, London) | | | | | | | |
| Countess of Wessex House (Bedfont, Middlesex) | | | | | | Banstead Court (East Acton, London) | | | | | | | |
| Centenary Lodge (Aldershot, Hampshire) | | | | | | Kings Road Park (Fulham, London) | | | | | | | |
|  | | | | | | | | | | | | | |
| Do you have any pets? | | | | | | Yes | | | | | No | | |
| If yes, please give details. | | | | | | | | | | | | | |
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| **Your Health** | | | | | | | | | | | | | | | | | | |
| If you wish to move on medical grounds, you will need to complete a separate medical questionnaire. You will need to provide any supporting medical evidence of your condition or disability. Once received, we will send your medical questionnaire and documents to our independent medical assessors who will make an assessment on your medical related housing requirements. We will let you know of the outcome of your medical assessment. | | | | | | | | | | | | | | | | | | |
| Do you or anyone you live with have a new medical condition/disability or have an existing medical condition which has worsened, and you would like a medical assessment? | | | | | | | | | | | | Yes | | | | No | | |
| Are you or anyone you live with registered disabled? | | | | | | | | | | | | Yes | | | | No | | |
| If yes, who is it and what is the disability? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Do you use a wheelchair? | | | Yes | No | | Do you use a mobility scooter? | | | | | Yes | | | | | | No | |
| Do you have a blue badge (Disabled Parking) | | | | | | Do you own a car and require parking? | | | | | | | | | | | | |
| Does your disability or any new medical condition affect the type of property you will need? | | | | | | | | | | | | | | Yes | | | | No |
| If yes, what is it? | Level Access | | | | Ground Floor | | | Top Floor | | | | | Private Garden | | | | | |
| Wheelchair Access | | Wheelchair Adaptations | | | | | Separate Bedrooms | | | Other Aids or Adaptations | | | | | | | | |
| Other, please specify aids and adaptations required: (please continue on separate sheet if necessary) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. **You may need to complete a medical questionnaire and provide proofs of any medical condition which may affect the type of property we offer.** | | | | | | | | | | | | | | | | | | |
| **Your Finances** | | | | | | | | | | | | | | | | | | |
| **Income** | | | | | | | | | **You**  **£** | | | | | | **Joint Tenant**  **£** | | | |
| **Weekly income after deductions** (Not including housing benefit, council tax and interest from savings) | | | | | | | | |  | | | | | |  | | | |
| **Take home pay** (earnings from any paid work after tax and national insurance and attachment of earnings deductions) | | | | | | | | |  | | | | | |  | | | |
| **Occupation pension** (including SERPS and military service) | | | | | | | | |  | | | | | |  | | | |
| **Child benefit** | | | | | | | | |  | | | | | |  | | | |
| **Other state benefits** (including jobseekers’ allowance, universal credit, PIP) | | | | | | | | |  | | | | | |  | | | |
| **Other income** (war pension scheme WPS, war disability pension, guaranteed income payment GIP, armed forces compensation scheme AFCS) | | | | | | | | |  | | | | | |  | | | |
| **Tax credits** (child/working) | | | | | | | | |  | | | | | |  | | | |
| **Total Weekly Income** | | | | | | | | |  | | | | | |  | | | |
| **Savings and Investments** | | | | | | | | | **You**  **£** | | | | | | **Joint Tenant**  **£** | | | |
| Total amount of savings and investments | | | | | | | | |  | | | | | |  | | | |
| **Economic Status** | | | | | | | | | **You** | | | | | | **Joint Tenant** | | | |
| Self employed | | | | | | | | |  | | | | | |  | | | |
| Employed full time | | | | | | | | |  | | | | | |  | | | |
| Employed part time | | | | | | | | |  | | | | | |  | | | |
| Registered as unemployed or a job seeker | | | | | | | | |  | | | | | |  | | | |
| Full time student | | | | | | | | |  | | | | | |  | | | |
| Volunteering | | | | | | | | |  | | | | | |  | | | |
| Not looking for work or at home | | | | | | | | |  | | | | | |  | | | |
| Long term sick or disabled | | | | | | | | |  | | | | | |  | | | |
| Retired | | | | | | | | |  | | | | | |  | | | |
|  | | | | | | | | |  | | | | | |  | | | |
| 1. **We will need copies of your payslips or other proof of income including benefits for the last 3 months for you and your joint tenant.** 2. **We will need copies of your bank statements and savings accounts for the last 3 months for you and your joint tenant.** | | | | | | | | | | | | | | | | | | |

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| **Your Information** | | | | | | | | |
| **Data Protection**  We take our data protection responsibilities seriously. We collect, store and process data in line with UK data protection law. The Stoll Foundation is the Data Controller for the personal information that you give to us. This means that we are the people responsible for processing it and for keeping it accurate and up to date. We use your information to manage your relationship with us, including processing your tenancy application, providing services to you under your tenancy agreement and providing support services at your request. We have set out all the ways in which we use your information and details of any third parties that we may transfer your information to in our Fair Processing Notice, available on our website [www.stoll.org.uk](http://www.stoll.org.uk). For further details, you can contact the Data Officer [info@stoll.org.uk](mailto:info@stoll.org.uk)  You can also write to us: The Stoll Foundation, Sir Oswald Stoll Mansion, 446 Fulham Road, London SW6 1DT. | | | | | | | | |
| **6. Type of tenancy held:** | | | | | | | | |
| Secure | | | | Assured | | Assured Shorthold | | |
|  | | | | | | | | |
| Do you or your joint tenant have a legal or financial interest in any property whether in the UK or overseas? | | | | | | | Yes | No |
| **7. Your Signature** | | | | | | | | |
| **Declaration & Consent**  As far as I know, all the information I have given is true and correct. I understand that providing false information may lead to my application being refused, or to me losing my home if I have already taken on a tenancy.  I agree to The Stoll Foundation making further enquiries that may be necessary in connection with this application for housing. I understand that the information I have provided on this form will be used to assess my eligibility for housing, and that it may be passed to other housing organisations and other third parties to try to assist me in obtaining accommodation. If I accept a tenancy with The Stoll Foundation, I understand that the information provided here will form part of my tenancy records.  If I accept a transfer with The Stoll Foundation, I understand that my details may be passed on to the utility suppliers to assist with any billing queries during and at the end of my tenancy. I agree to inform The Stoll Foundation of any changes to the information I have provided here. I understand that I can ask to see the information that is held about me at any time. | | | | | | | | |
| Your Name | |  | | | | | | |
| Your Signature | |  | | | Date | | | |
|  | | | | | | | | |
| Joint Tenant Name | |  | | | | | | |
| Joint Tenant Signature | |  | | | Date | | | |
| **Office Use Only** | | | Application Reference Number | |  | | | |
| **APPLICATION CHECKLIST** | | | | | | | | |
| We will not process your application without a fully completed application form, fully completed medical questionnaire including all documented proofs requested on both forms. The items lettered with the colour **grey** are mandatory and must be provided in order for us to process your application. All other items are optional and are dependent on your personal circumstances. The Stoll Foundation aims to process your application within 5 working days of receipt, subject to all submitted proofs and identification being attached. | | | | | | | | |
| **A.** | Photo Identification (Passport, Drivers Licence) for any additional members of your household | | | | | | | |
| If you do not have full custody of any children, we will need a copy of the court papers where your custody arrangements are specified. | | | | | | | |
| Proof of Address (Council Tax, NHS, Tax letter) for any adult members of your household | | | | | | | |
| **B.** | Medical Questionnaire and proof of medical condition/disability | | | | | | | |
| **C.** | Copy of payslips (last 3 months) or letters confirming your entitlement to benefits for both you and your joint tenant, if you have one | | | | | | | |
| **D.** | Bank and savings account statements in the last 3 months for both you and your joint tenant, if you have one | | | | | | | |