



249 Lewisham Way, London SE4 1XF
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Website: www.brockley.coop

INTERNAL TRANSFER APPLICATION FORM

Please read the following notes before completing the form. If your situation changes you must let the Co-operative know.

- If you want to move from one property to another property owned or managed by the Co-operative you need to complete this form. If you want to exchange your property with another tenant you need to complete a Mutual Exchange Request Form.
- The Co-operative has a very limited number of properties that become available for letting each year and you may have to wait a long time before being made an offer. You should therefore explore all other options available to you such as looking for a mutual exchange on the Homeswapper or House Exchange website, applying to another housing co-operative or Lewisham Council, looking for private rented accommodation, purchase of a property using MyChoiceHomeBuy (with a flexible equity loan), shared ownership schemes, etc. Contact the office for further advice if you are interested in any of these options.
- To qualify for an internal transfer you need to have been living in your property for at least twelve months. Your rent account must be free of any rent arrears or be up to date with housing benefit payments if you are claiming benefit at the time an offer is made to you. If you are currently under a Notice you will not be considered for a transfer. Your family size must match the bed-spaces of the accommodation for which you are applying in accordance with the criteria set out in the Co-operative's Allocation Policy and Procedure, (See Section 1.3.4).
- The completed form will be referred to the confidential part of the next meeting of the Housing Management and Maintenance Sub-Committee members, (HM&M), who will decide whether or not to accept your application onto the transfer list. Applicants will be prioritised on the basis of their housing need and desire to participate in the running of the Co-operative. Your application will also be prioritised in comparison with others who are already on the transfer list for the same size accommodation as you are applying for. It is therefore important that you give us as much information as possible on the application form. If for medical reasons you are requesting an extra bed-space or you are restricting the type of property you will accept, eg., ground floor only, your application must be accompanied by a letter from your doctor or hospital and/or police report.
- If your household includes children, the number of bed-spaces for which you can apply are set out in the criteria for matching family size to accommodation, in Section 1.3.4 of the Allocations Policy and Procedure. If your children do not live with you on a full-time basis please state the proportion of time they spend with you. Please note that you may be asked to demonstrate the truth of what you have stated on the form by supplying written documentary evidence.
- By completing this form you are giving your consent for the information to be stored on the Co-operative's computer. If you object to this you must please let us know in a separate letter. If you are accepted onto the internal transfer list you will be offered a property, which matches the criteria you have specified. If you refuse it you will have two further opportunities to accept or refuse a property before being removed from the list. You will be able to re-apply after twelve months.

INTERNAL TRANSFER APPLICATION FORM (Please complete in block capitals)

1 WHERE YOU LIVE NOW

Name of Transfer Applicant(s): (Block Capitals)

| Your Address: | Telephone Numbers |
|----------------------------|-------------------|
| | Home: |
| | Work: |
| Postcode: | Mobile: |
| Date your tenancy started: | E-mail: |

What type of property do you live in? (Please circle the applicable answer)

House Flat Bedsit If you live in a flat, which floor is it on?

How many living rooms are there? How many bedrooms are there?

How would you describe your current accommodation?

In good state of repair In fair state of repair In poor state of repair

Do you have access to a garden? Yes / No

Do you share a garden with other tenants? Yes / No

Do you have central heating? Yes / No

How much rent do you pay each week? £

Do you receive any housing benefit? Yes / No

Do you or anyone living with you have pets? Yes / No

If yes, please give details

How long have you lived at your present address for?

If less than one year, please give details of special reasons why you think you should be allowed to transfer

.....

If more than one year, what are the main reasons you wish to move?

.....

2 YOUR PERSONAL DETAILS

Please list all members of your household who live with you now and will be re-housed with you.

| Title eg., Mr/Mrs | Full Name | Date of Birth | Age | Male or Female | Relationship to Tenant |
|-------------------------|-----------|------------------|-----|-------------------|---------------------------|
| 1 | | | | | Applicant |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Is anyone listed above an expectant mother? Yes No
If yes, please give the name of the expectant mother and the date the baby is due:

.....

Please state if there are any members of your household who are not currently living with you but will be re-housed with you.

| Title eg., Mr/Mrs | Full Name | Date of Birth | Age | Male or Female | Relationship to Tenant |
|-------------------------|-----------|------------------|-----|-------------------|---------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

If anyone listed above will not be living with you at your home full time please give details below:

Please supply evidence of the proportion of time they will spend living with you.

3 HEALTH

Do you or any other member of your family have a serious illness, disability or other special need, which makes your present home unsuitable? If yes, please give details:

.....
.....
.....

What type of property would be suitable for your medical needs?

.....

Have you supplied a doctor's letter or other medical evidence in support of your application? Yes / No

4 YOUR CHOICE OF PROPERTY

Please indicate what type of property you wish to transfer to and what type of property you would not be willing to accept. **Please note that if you narrow your options you may have to wait a very long time before the type of property you have chosen below becomes available. You will not be made an offer of a property unless it matches your stated preferences.** You will have the opportunity of up to three offers of a suitable property when it becomes available. Following three refusals your name will be removed from the list and you will be unable to re-apply for twelve months.

I would be willing to accept: (Please circle **all** your applicable answers)

| | | | | |
|----------------------|-------------------------|--------------|-------------------------------|--------------|
| a house | a flat | a bedsit | with number of bedrooms | |
| On the | basement | ground floor | first floor | second floor |
| With a garden | without a garden | | with a shared garden | |
| With central heating | without central heating | | with space heating | |
| In the area of: | Brockley Cross | New Cross | Lewisham Way | |

I would **not** be willing to accept: (Please circle **all** your applicable answers)

| | | | | |
|----------------------|-------------------------|--------------|-------------------------------|--------------|
| a house | a flat | a bedsit | with number of bedrooms | |
| On the | basement | ground floor | first floor | second floor |
| With a garden | without a garden | | with a shared garden | |
| With central heating | without central heating | | with space heating | |
| In the area of: | Brockley Cross | New Cross | Lewisham Way | |

5 YOUR PARTICIPATION IN THE CO-OPERATIVE

- You are expected to participate in the running of the Co-operative during the period you are waiting for an offer of a transfer. If this is a joint application, both applicants will be expected to participate.
- The simplest way to participate is to attend a minimum of one meeting per month.
- If you cannot attend meetings you will be expected to participate in other ways such as: helping with the newsletter, organising social events, doing a project, assisting with policy work, doing minor maintenance work or gardening, etc.

Please state below how you intend to participate:

Please note that your level of participation will be monitored. Your attendance to meetings will be recorded in the Housing Officer's report to the Management Committee meetings. If you do not participate, you will be suspended from the transfer list and such action may eventually lead to your removal from the list.

6 ARE YOU IN RENT ARREARS?

Is your rent account currently in arrears of more than two weeks? Yes / No

If yes, please give details of how you intend to reduce the arrears to less than two weeks by the time you are made an offer of a transfer. Please state if you think there are special circumstances that should be taken into account. If the arrears are due to housing benefit delays or errors please supply evidence of this.

7 OTHER CIRCUMSTANCES

Do you own, or are you the part owner, of any other property? YES / NO

8 YOUR DECLARATION

By signing this section I/we give the Co-operative permission to check my/our medical, housing benefit, rent history, conduct of previous tenancies or other information relating to my/our application for a transfer.

I/we declare that the information contained in this form is true and I/we understand that any false or misleading statements or withholding of relevant information now or at any subsequent date may result in any tenancy granted to me/us being terminated.

I/we undertake to notify the Co-operative in writing of any change in circumstances affecting this application.

| Applicant |
|-----------|
| Name |
| Signature |
| Date |

| Joint Applicant |
|-----------------|
| Name |
| Signature |
| Date |

9 YOUR ETHNIC BACKGROUND

Please complete this last section of the form so that the Co-operative can check to ensure we are treating everyone equally and fairly.

The information recorded here will not be available to anyone involved in the selection of the transfer list and will be kept for monitoring purposes only. If you choose to leave this section blank it will not affect your application in any way.

- | | | | | |
|-----------------------------------|-------------------------|-----------------------|-------------|-------|
| a) White: | British | Irish | Other | |
| b) Mixed: | White & Black Caribbean | White & Black African | | |
| c) Asian or Asian British: | Indian | Pakistani | Bangladeshi | Other |
| d) Black or Black British: | Caribbean | African | Other | |
| e) Chinese or other ethnic group: | Chinese | Other | | |
| f) Gypsy/Romany/Irish Traveller | | | | |

DATA PROTECTION

Information supplied may be used for registered purposes under the terms of the Data Protection Act.

The Co-operative is under a duty to protect public funds it administers, and to this end may use the information you provided on this form for the prevention and detection of fraud.

We may also share this information with other bodies administering public funds solely for these purposes.

By signing this section I / we give the Co-operative permission to release or check medical, housing benefit, rent history, conduct of previous tenancies or other information, concerning my/ our application for a transfer.

| Applicant |
|-----------|
| Name |
| Signature |
| Date |

| Joint Applicant |
|-----------------|
| Name |
| Signature |
| Date |

Please return this completed form to the Housing Officer at:
Brockley Tenants' Co-operative Ltd, 249 Lewisham Way, London, SE4 1XF