

**9. Only to be completed by applicants aged 60 and above**  
 We have some exclusive sheltered housing schemes which are available for persons aged 60 and above. These properties are usually connected to an emergency alarm system. Please tick this box if you are interested in moving to a sheltered scheme

**10. Please give us details of the reason you would like to move**


**11. Would you be prepared to move at short notice: Yes/No (delete as appropriate)**

**12. Mutual Exchange**  
 We currently have a Mutual Exchange register which can be accessed on the internet: [www.chelmerhp.houseexchange.org.uk](http://www.chelmerhp.houseexchange.org.uk) If you would like to be sent further information about this service please tick the box below, ticking this box does not commit you to anything.  
 I would like to be sent details about the Mutual Exchange register

**13. Declaration**  
 Are you an employee of Chelmer Housing Partnership or related to an employee either directly or via a third party Yes  No

If you tick yes please give details below:


**N.B.** This does not directly influence an individuals application, however, your application will be subject to rigorous checks to ensure no prejudice is given as a result of the relationship

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 Chelmer Housing Partnership about any changes within my household that would effect my transfer application.

Applicant's Signature: \_\_\_\_\_

Joint Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attached is a copy of our stock profile along with maps to indicate the areas which we have rented properties. Please complete the form by advising us of your area(s) of choice and return it along with your application to ensure your areas of preference are added to your application



# Housing Transfer Form

## Data Protection Act 1998

All the information you give on this form will be placed on a computer and treated in confidence. You may request to see all the details about your application, by writing to us and giving reasonable notice.

<b>Date Received</b>

This form should **only** be completed if you are a Chelmer Housing Partnership Tenant

<b>Office use only</b>
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Please complete this form and return it with the appropriate documents to:

<b>Registration Date</b>

Chelmer Housing Partnership

<b>By Hand</b>	<b>By Post</b>	<b>By e-mail</b>
Atholl House 65A Duke Street Chelmsford ESSEX CM2 8HN	Myriad House 23 Springfield Lyons Approach Springfield Chelmsford ESSEX CM2 5LB	enquiries@chelmerhp.org.uk

<b>Application Ref</b>

<b>Category 1</b>

<b>Category 2</b>

If you need support in completing this form, or you want this form in a different format such as Tape, CD, Large Print or translated in a different language, please contact us:

<b>Category 3</b>

**Customer Service Centre:** 0845 155 3000  
**Fax:** 01245 613001  
**Website:** [www.chelmerhp.org.uk](http://www.chelmerhp.org.uk)  
**E-mail:** [enquiries@chelmerhp.org.uk](mailto:enquiries@chelmerhp.org.uk)

<b>Band</b>

To ensure your application is banded correctly we evidence of who you are and where you live for all members of your household. **Your application will only be processed once all the appropriate documents have been provided.**

To prove a persons **identity** please provide photocopies of one of the following:

- Passport
- Photo Driving Licence
- Birth Certificate
- Employee Identification Card (with photo)

Information on how to request copies of birth certificates can be found at [www.gro.gov.uk](http://www.gro.gov.uk) or 0845 603 7788

To prove where you live please provide a photocopy of one of the following documents:

- A recent utility bill
- Medical card
- A letter from an employer or school
- An award letter for, example housing benefit, child benefit or child tax credit

1. Household details				
Please provide us with details of your <b>current</b> household starting with yourself				
First Name	Surname	Relationship to Applicant	Date of Birth	Ethnic Origin
		Tenant		

Your address:
Postcode

**Please provide us with the following contact details**

Home Number:
Mobile Number:
Work Number:
E-mail:
Fax:

**Please describe your current property**

Property Type:  
 Floor Level (if applicable)  
 Number of Bedrooms:  
 Is there a dining room  
 Do you have steps leading to your front door? If so how many?  
 Number of stairs inside the property  
 Is there a lift available  
 Are there any adaptations (i.e. stair lift / walk in shower / ramp)

House / Flat / Maisonette / Bungalow/ Bedsit (delete as appropriate)
1 / 2 / 3 / 4 / 5 (delete as appropriate)
Yes/No (delete as appropriate)
Yes/No (delete as appropriate)

**2. Adults at another address** (persons aged over 16) Please provide details of all adults that do currently not live with you but will live with you when you move and confirm on a separate piece of paper the reason why they have to live with you.

Name	Current address	Tenure i.e. owner/tenant	How long at this address	Date of birth	Sex M/F

**3. Children at another address** (persons aged under 16)

Please provide details of all children that do not live with you but will live with you when you move. Please also provide proof of this arrangement such as residency order, access arrangements ect..

Name	Date of birth	Details of arrangement i.e residency order...	Current address	Sex M/F




**4. Pregnancy**

If anybody mentioned in sections 1,2 or 3 are pregnant please provide proof of pregnancy such as antenatal card/letter)

Name	When is the baby due

**5. Mobility**

To ensure that we are aware of your housing needs, please advise us if any of the three options below apply to persons who live with you or who want to live with you (sections 2/3)

		Name of person(s) with mobility needs(s6)
 1	A member of my household needs to use a wheelchair both inside and outside my home	
 2	A member of my household is unable to manage steps and stairs and may use a wheelchair some of the day	
 3	A member of my household is only able to manage 1 or 2 steps or stairs	

**6. Medical assessment**

If you or a member of your household have an illness or disability which is made worse by your current property is making the condition worse and you think we should consider this when assessing your priority you will need to complete a separate medical assessment form.

If you would like a medical assessment form sent to you please tick this box

**7. Type of property**

Please indicate below what type of property you would be interested in. Your chance of being rehoused will be improved if you consider all options below:

House  Flat  Bungalow  Maisonette  Bedsit

*(Houses are reserved for applicants with young children. You will not be eligible for a house if there are no children residing at your property. To find out more details about what property you are eligible for you can request a copy of our Allocations and Lettings Policy or view it on our website or at Atholl House)*

If you have selected Flat, Maisonette or Bedsit please indicate which floor level you would consider	Ground floor only <input type="checkbox"/>	First floor only <input type="checkbox"/>
	Second floor or above <input type="checkbox"/>	Any floor considered <input type="checkbox"/>

**8. Elderly Designated**

**Only to be completed by applicants aged 55 and above**

If you are aged 50 or above you will automatically be considered for Elderly Persons accommodation. You may also be interested in General Purpose accommodation, if this is the case please indicate by ticking this box