



DUCANE

Housing Association

APPLICATION FOR TRANSFER

89 King House, Ducane Road, London W12 0UD Telephone 020 8735 4990
Fax 020 8735 4991
Email enquiries@ducaneha.org.uk
Website www.ducaneha.org.uk

Please enter your name here in capital letters

IMPORTANT NOTES

- 1 Please answer **all** the questions in **part one** of this form.
We will not be able to consider your application until you have done this.
- 2 Completion of this form does not guarantee a transfer.
If eligible, your name will be placed on a waiting list.

	Form sent to applicant	Date completed form received by Association
Date		
Initial		

PART I TO BE COMPLETED BY APPLICANT

Important Please answer ALL the questions in this section. We will not consider your application until we have all this information. (PLEASE WRITE CLEARLY USING CAPITAL LETTERS).

Details about you

- 1 Title (Dr, Mrs, Miss, Mr)
 - 2 Surname (your family name)
 - 3 Other names
 - 4 Nationality
 - 5 Male or female
 - 6 Address for correspondence
.....
.....
 - 7 Fax number (include code)
Phone number (include code)
Email address
 - 8 Reason for transfer
.....
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Your household

- 1 To enable us to allocate the appropriate accommodation ensure that you complete this section correctly.
Do you require: Single Married (two persons only) Family
- 2 Please give details of everyone who will be staying with you in the accommodation

	Name	M/F	Age	Relationship (eg spouse)
Adult one				
Adult two				
Adult three				
Child one				
Child two				
Child three				
Child four				
Child five				

2a Do you, or those who will be staying with you, have any disability which may require special needs.

If yes, please provide the following information to allow us to assess your situation sympathetically:

i Name

Relationship

Age

ii Nature of disability

iii Are you registered as disabled?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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iv Special needs/requirements/circumstances

3 Please let us know, as accurately as possible, what your gross annual income is. Please also confirm any income your partner may have, if applicable.

Annual household income, please tick a box:

SELF	PARTNER		SELF	PARTNER	
<input type="checkbox"/>	<input type="checkbox"/>	£0–£4,999	<input type="checkbox"/>	<input type="checkbox"/>	£15,000–£17,499
<input type="checkbox"/>	<input type="checkbox"/>	£5,000–£7,499	<input type="checkbox"/>	<input type="checkbox"/>	£17,500–£19,999
<input type="checkbox"/>	<input type="checkbox"/>	£7,500–£9,999	<input type="checkbox"/>	<input type="checkbox"/>	£20,000–£23,000
<input type="checkbox"/>	<input type="checkbox"/>	£10,000–£12,499	<input type="checkbox"/>	<input type="checkbox"/>	Over £23,000
<input type="checkbox"/>	<input type="checkbox"/>	£12,500–£14,999			

4 Source of applicant's income

Source of partner's income

Date on which you require a transfer

Date on which your course of studies/contract ends

Declaration

Please consider my application for transfer. I confirm that all the information I have given is true. I agree that once I have accepted an offer of accommodation from the Association I will be liable to pay the full rent from the date on which the accommodation becomes available unless I give one month's notice in writing of change or cancellation.

Signed

Date

Have you completed **all** questions in Part 1 of this form and signed/dated this form?

Now please return this form to:

**Housing Officer, Ducane Housing Association,
89 King House, Ducane Road, London W12 0UD**

Note: If ANY of these details change please inform Ducane Housing Association, as soon as possible.

PART II TO BE COMPLETED BY THE ASSOCIATION

Transfer Number

Date transfer required	Date offer made	Date offer accepted