



**ISLINGTON**  
Islington Council Housing Services

Registration Team  
Rehousing Section  
3rd Floor  
Highbury House  
4 Highbury Crescent  
London, N5 1RN  
Tel: 020 7527 4140  
Fax: 020 7527 4136

# TRANSFER APPLICATION FORM

(London Borough of Islington)

Applicant surname: \_\_\_\_\_

Applicant address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Office use only**

DATE RECEIVED BY REGISTRATION TEAM

Date registered: \_\_\_\_\_  
 Registration number: \_\_\_\_\_  
 Tenant number: \_\_\_\_\_  
 Registration number: \_\_\_\_\_



## Filling in this form

Please read the form carefully before you fill it in. Ask for the notes on filling in this form if you do not already have them. They should help you to fill in the form. Or you can ask staff at your Area Housing Office to help you. If English is not your first language, you can ask for help from a translator — see the back of this form.

Leaflets are also available on our housing allocations policy, housing associations, co-ops, and other connected subjects. These leaflets may be on display in your local Area Housing Office. If not, please ask.

## What happens next

You will need to provide documents to prove:-

- *your identity*
- *the identity of the people in your household*
- *that you are responsible for any children on the form*
- *that you live where you say you do*

We also need to make sure that your immigration status does not prevent us from giving you a tenancy.

We will also check whether you have registered with us for housing before, whether you owe rent from another tenancy, and whether you have been evicted before.

Finally we will enter the details from your form onto a computer. We will not pass on this information to other people unless this is necessary to prevent or detect fraud. The computer automatically works out how many housing pints you are entitled to. When properties become available, officers in the Allocations Team ask the computer for a list of suitable tenants. The computer provides this list with those in greatest need at the top.

## Changes in your circumstances

If your details change — for example, you move home, or have a child — you should let us know as soon as possible. If you do not, we may offer you an unsuitable property. We can only decide what property to offer you based on the information you have given us.

It is also important that you let us know of any changes that would affect your priority for housing. If you accept a tenancy that we have offered, based on false information provided by you, we may take you to court.

When we make you an offer of housing, we ask you to provide certain proof. This proof will show us whether your circumstances have changed.

## Is all this necessary?

It may seem that we have a lot of checking to do. You may feel this is unnecessary and is delaying your registration, and that we do not trust you. However, we need to make sure your details are correct so that:

- *the people in most need are housed first*
- *the properties are suitable for the people we offer them to*
- *we obey the law*



# TRANSFER APPLICATION

Please answer all your questions in block capitals and black pen.

## Section 1 – Your details and details of other people to be housed with you

### Question 1

Your surname \_\_\_\_\_

Other names \_\_\_\_\_

Mr    Mrs    Miss    Ms    Male    Female

Date of birth        /        /

National Insurance number \_\_\_\_\_

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### Question 2

Your current home address, including the postcode.  
(You will have to provide proof that you live here.)

FLAT NO: \_\_\_\_\_ STREET NO: \_\_\_\_\_

BLOCK NAME: \_\_\_\_\_

STREET/ROAD NAME: \_\_\_\_\_

POST CODE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

When did you move here?        /        /

How long have you lived in the London Borough of Islington? \_\_\_\_\_



**Question 3**

Address you would like us to send all letters to (if different from above).

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**Question 4**

If you have given an address other than your home address for us to write to, please tell us why we should not send letters to your home address?

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**Question 5**

Do you use or are you known by any other name? If Yes please give details.

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**Question 6**

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We are an equal opportunities borough. It would help us to monitor our housing policies if you answer the following questions. How would you describe yourself?

<b>Black or Black British</b>	African <input type="checkbox"/>	Somali <input type="checkbox"/>
		Eritrean <input type="checkbox"/>
		Nigerian <input type="checkbox"/>
		Ghanaian <input type="checkbox"/>
	Caribbean <input type="checkbox"/>	
	Any other black background <input type="checkbox"/>	
<b>White</b>	Irish <input type="checkbox"/>	Turkish/Turkish Cypriot <input type="checkbox"/>
	British <input type="checkbox"/>	Kurdish <input type="checkbox"/>
	Greek/Greek Cypriot <input type="checkbox"/>	Any other white background <input type="checkbox"/>
<b>Asian or Asian British</b>	Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Indian <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>
<b>Mixed</b>	White & Asian <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>
	White & Black African <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
<b>Chinese or other ethnic group</b>	Chinese <input type="checkbox"/>	
	Filipino <input type="checkbox"/>	
	Vietnamese <input type="checkbox"/>	
	Any other ethnic group <input type="checkbox"/>	

**Question 7**

What is your first language?

Do you require an interpreter?    Yes                       No

Are you pregnant?                      Yes                       No

If yes, please give expected date of birth                      /   /

Are you an Asylum Seeker                      Yes                       No

If yes, you must attach your latest Home Office papers







## Section 2 – About where you live now

### Question 1

Are you or anyone on your application form currently registered on another council's housing list?

Yes  No

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If you are not a council tenant, please give the name and address of your Housing Association or Co-op.

Name of Housing Association \_\_\_\_\_

Address of Housing Association \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Question 2

What type of property do you live in?

Flat in a small block

House on an estate

Flat in a conversion

House on a street

Flat on an estate

Bungalow

Maisonette in a small block

Maisonette in a conversion

Other (please give details):

Maisonette on an estate

\_\_\_\_\_

### Question 3

What floor do you live on? If you live on more than one level, please tell us the level of your own front door.

Floor level \_\_\_\_\_

Is your property on more than one level?

Yes  No

Is there a lift? Yes  No

Is it reliable? Yes  No



**Question 4**

If you or someone moving with you owns or rents any other home, please give their details here.

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Surname	First names	Rent or own?	Address of property	Landlord details

**Question 5**

How many double bedrooms are there in the property?

How many single bedrooms are there in the property?

For these purposes dining rooms are counted as a bedroom

BED SPACES

**Question 6**

**Where do people usually sleep?**

Only answer for the people whose details you have given on this form

	Who sleeps in which room? Name	Room Type
Bedroom 1		DOUBLE / SINGLE ROOM
Bedroom 2		DOUBLE / SINGLE ROOM
Bedroom 3		DOUBLE / SINGLE ROOM
Bedroom 4		DOUBLE / SINGLE ROOM





## Section 3 – Your housing need

NB: Ground floor flats, properties with gardens, street properties, houses, maisonettes and properties which we can adapt for applicants needing mobility standard accommodation are in very short supply. The council will ensure that the few properties that do become available are offered to those people in most need of them. Applicants will be selected for these properties on the basis of an assessed need for this property type.

**IF YOU HAVE NO SERIOUS MEDICAL OR MOBILITY PROBLEMS, IT IS A REASONABLE EXPECTATION THAT YOU WILL BE HOUSED ON A HIGHER FLOOR, AND IN ANY TYPE OF PROPERTY**

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### Question 1

What is the lowest number of bedrooms you would accept?

BED SIZE  
NEEDED

### Question 2

If you are over 60, are you interested in sheltered housing? Yes  No

### Question 3

Would you consider? (tick every type that you would consider)

Flat in a small block <input type="checkbox"/>	Maisonette on an estate <input type="checkbox"/>
Flat in a conversion <input type="checkbox"/>	House on an estate <input type="checkbox"/>
Flat on an estate <input type="checkbox"/>	House on a street <input type="checkbox"/>
Maisonette in a small block <input type="checkbox"/>	Bungalow <input type="checkbox"/>
Maisonette in a conversion <input type="checkbox"/>	

ASSESSED  
PROP TYPE

### Question 4

What is the highest floor you would prefer?  
With a lift?  Without a lift?

NB: it is not guaranteed that you will be allocated a property on this level



**Question 5**

**Medical conditions**

If you or someone moving with you has a disability or medical condition that affects the type of housing you need, please give their details here.

Name	Medical condition

- Notes: If we need to make a medical assessment, we will ask you to fill in a medical form. Alternately you can pick up a form from your local Area Housing Office and attach it to this form.

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DATE MAF SENT

DATE MAF REC D

DATE TO MAC

MED PTS

GDN NEEDED

EX-BED AGREED

**Question 6**

Do you want to live on the same estate?      Yes       No



## Section 4 – Where would you like to live?

Which Islington areas would you like to live in? Please fill in the table below.

The more areas you choose, the more likely you are to be made an offer.

**You must choose at least 3 separate Area Housing Office Areas**

Write **Yes** if you would like to live in an area. Write **Cannot** if you cannot live in the area. Write **No** if you prefer not to live in an area.

Area Housing Office	Ward	Yes, No or Cannot	Reason if cannot
<b>Boleyn Road</b>	Gillespie		
	Highbury		
	Mildmay		
	Quadrant		
<b>Central Street</b>	Bunhill		
	Clerkenwell		
<b>Holland Walk</b>	Hillrise		
	Highview		
	Junction		
	St Geroges		
<b>Hyde Northside</b>	Barnsbury		
	Hillmarton		
	Holloway		
	St Mary		
	Thornhill		
<b>Isledon Road</b>	Gillespie		
	Highbury		
	Highview		
	Sussex		
	Tollington		
<b>Upper Street</b>	Canonbury East		
	Canonbury West		
	Holloway		
	St Mary		
	St Peter		

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## Section 5 – Other schemes

### Question 1

<b>Would you consider?</b>		
Mutual Exchange / Homeswap	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Getting London Moving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Housing Associations or any other Registered Social Landlord	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenant Managed Organisations / Co-operatives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shared ownership	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes , we may pass some of the details you have provided on this form to these organisations.

### Question 2

If you want to be considered for housing in another local authority area, please give details below. You must have a connection with the area and an urgent need to move there.

Name of London Borough	Area within borough	Reason and connection to area i.e. family or work

Name of area outside London	Reason and connection to area i.e. family or work

### Question 3

If you interested in the Interegional Mobility Scheme to the areas shown below, please give details:

Regions outside London	Are you interested	
North West	Yes <input type="checkbox"/>	No <input type="checkbox"/>
North East	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yorkshire	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Humberside	Yes <input type="checkbox"/>	No <input type="checkbox"/>
East Midlands	Yes <input type="checkbox"/>	No <input type="checkbox"/>
West Midlands	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wales	Yes <input type="checkbox"/>	No <input type="checkbox"/>



## Section 6 – General details

### Question 1

What is your total weekly household income?

£

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### Question 2

Do you receive Income Support, Family Credit,  
Jobseeker s Allowance or Incapacity Benefit?

Yes

No

If yes, please state which:

\_\_\_\_\_

### Question 3

Are you or is anyone on this form employed by Islington Council?

Yes

No

If Yes , do they work in the Housing Department?

Yes

No

Are you or is anyone on this form an elected councillor?

Yes

No

Are you or is anyone on this form related to an elected Islington councillor  
or Islington Housing Department employee?

Yes

No

If you have answered Yes to any of the above, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RES. CRIT. MET

INTERPRETER

SPEC. NEEDS

WELFARE PTS

APPLIC SIGNED

DISCRET PTS

RENT CHECK



## Documents Needed

Have you attached the following documentation? Without it we will be unable to make a full assessment of your application.

**PLEASE DO NOT ATTACH ORIGINAL DOCUMENTS**

DOCUMENTATION	ATTACHED
<p>Proof of identity for each person on the application, in the form of a passport or birth certificate.</p> <p>Those persons born outside of the United Kingdom or Eire must provide a current valid passport as proof of their identity. Those persons who have a passport from a non-EEC country must show evidence that they have leave to remain in the United Kingdom, either in the form of a letter from the Home Office or a valid visa in their passport.</p>	
<p>Proof of residence for each adult on the application — we will need to see 5 things which show your name and current address.</p> <p><b>Acceptable proof of residence</b></p> <p>GP card, drivers licence, credit agreements, bills, bank or building society statements, employers letter, pay-slips, DSS letters, benefit books, child benefit books, legal letters, official correspondence, etc. Hand written envelopes are <b>not</b> acceptable. You are required to provide 5 separate items — several items from the same source will be counted as 1 item only.</p>	
<p>Birth Certificate or Child Benefit Book for each child on the application form</p>	
<p>If pregnant, Expected date of confinement certificate or MATB1 form as appropriate</p>	
<p>Medical assessment form for anyone who has a medical condition affected by their current housing</p>	
<p>Copy of prescription for any medication noted on the medical assessment form</p>	
<p>If you are an Asylum Seeker, documentation showing the most recent Home Office decision</p>	

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If you have any other documentation which supports your application please attach copies and give details below

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## Declaration

### Notes

- 1 You must tell us immediately if any of the details you have given on this form change
- 2 We will check the information you give
- 3 We may consider legal action against you, if you (or anyone acting for you) give us incorrect information
- 4 We may use the information you have given us on this form to help prevent and detect fraud

Please return this form to:-    Housing Registration Team  
  Highbury House  
  5 Highbury Crescent  
  London  
  N5 1RN

We cannot deal with your application unless you sign this declaration.

Please remember that if you, or anyone acting for you, tell us anything that is not true, we may take legal action against you and you could lose your home.

**The information I have given on this form is true. I will tell you immediately about any changes in my circumstances.**

Your signature:

Date:

Your signature (second person applying):

Date:

**NB: YOUR RENT ACCOUNT WILL BE CHECKED, AND WILL BE TAKEN INTO ACCOUNT WHEN PROCESSING THIS APPLICATION**



# Receipt

NEIGHBOURHOOD OFFICE AND DATE STAMP

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( \_\_\_\_\_ ) has received your housing application.

We have also received the following proof from you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

