

NORTH DEVON HOUSING REGISTER

Official Use only

Street Reference:

APPLICATION FOR TRANSFER

THIS FORM ENABLES YOU TO REGISTER A SINGLE APPLICATION FOR TRANSFER BY
NORTH DEVON DISTRICT COUNCIL AND EACH OF THE ELEVEN PARTNERS TO THE HOUSING REGISTER

YOUR DETAILS

APPLICANT ONE: Your title: Mr / Mrs / Miss / Ms / Other :

Your full name :

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Your date of birth:and your ageyrs. Your telephone number

APPLICANT TWO: Your title: Mr / Mrs / Miss / Ms / Other :

Your full name :

.....

Your date of birth:and your ageyrs. Your telephone number :

.....

Please state your relationship to **Applicant One** :

YOUR ADDRESS :

.....

.....

.....

.....

.Post Code.....

Date moved to this address:

.....

Please state the name and address of your landlord :

.....

What type of accommodation are you living in?

House / Flat / Bungalow

How many bedrooms do you have ?

1. 2. 3. 4. 5. 6.

What floor is your accommodation on?

Ground First Second Above Second

Do you have a lift? **YES/NO**

Do you have a separate dining room ?

YES / NO

If you are pregnant then please give the expected date of birth :-

ABOUT YOUR FAMILY.

Please give details of everyone who will be housed with Applicants One and Two.

Surname	Forename	Sex	D.O.B	Relationship to yourself

ABOUT WHERE YOU WISH TO LIVE

You may choose up to three areas in which to live. Your application will then be considered whenever properties become available in those areas.

The Areas you may choose are :

- 1. Braunton. 2. Wrafton / Heanton. 3. Fremington / Bickington / Woodville / Roundswell. 4. Barnstaple. 5. Landkey/Goodleigh.
- 6/7. Instow / Lovacott. 8. Bishops Tawton. 9. Swimbridge / East/West Buckland / Filleigh. 10. Chittlehampton / Mariansleigh / Kings Nympton. 11. Chulmleigh / Burrington. 12. Witheridge / Rackenford. 13. Bishops Nympton / Molland / East Anstey. 14. South Molton / George Nympton. 15. North Molton / Brayford. 16. Bratton Fleming / Challacombe / Martinhoe.
- 17. Lynton / Brendon. 18. Prieford / Marwood / Kentisbury. 19. Combe Martin / Berryarbor. 20. Ilfracombe.
- 21. West Down / Morteohoe. 22. Georgeham.

THE AREAS IN WHICH I WISH TO LIVE ARE:

First choice area (Please insert

Second choice area Area number

Third choice area shown above)

WOULD YOU ACCEPT ACCOMMODATION :

On the first floor ? **YES / NO***

Second floor ? **YES / NO***

Above second floor ? **YES / NO***

*Your preference is noted, however, you may be considered for vacancies above the ground floor unless there is a proven medical need for the ground floor.

If you are over 60 years of age do you want Warden-linked accommodation ? YES / NO

(Please note that all elderly-persons accommodation in Witheridge, Chulmleigh (except Langley Gardens) North Molton and South Molton (except Thornes Terrace) are Warden linked).

YOUR LINKS WITH NORTH DEVON

How many years **in total** have you lived in North Devon District Council's area ?

Applicant One	yrs	Applicant Two	yrs
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Have you lived in **any of your chosen areas** continuously for the PAST FIVE years ?

Applicant One	YES / NO	Applicant Two	YES / NO
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If YES, please give dates and address:

Are you working in **any of your chosen areas** and have you done so continuously for the past 2 years ?

Applicant One	YES / NO	Applicant Two	YES / NO
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If YES, please state where you are working :

Have you had family living **any of your chosen areas** for at least 10 years ?

Applicant One	YES / NO	Applicant Two	YES / NO
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If yes then please state their name, relationship to you and their addresses :

ABOUT YOUR PREFERRED LANDLORD(S)

Are there any Housing Associations that your preferred to be housed with Yes No
If you have answered Yes, please circle your preference(s)

Devon Community Housing Society, Devon and Cornwall Housing Association

ABOUT THE HEALTH OR PHYSICAL DISABILITY OF YOU AND YOUR FAMILY

Do you or any member of your family have problems with your health that is affected by where you are living ? YES / NO
Do you have personal care needs that require help or supervision on a regular basis? YES */ NO
(Personal care needs are defined as needing assistance with washing, dressing, getting in and out of bed, bathing, toileting and preparing meals)

The North Devon Housing Register records the racial/ethnic origins of everyone applying for housing. This is to ensure, through monitoring, that housing is provided on an equal basis to all. The following information is provided in confidence and will not affect your application.

Which of these do you consider the **APPLICANT HOUSEHOLD** to be? Please tick appropriate indicators

- | | |
|--|---|
| <input type="checkbox"/> White
<input type="checkbox"/> British
<input type="checkbox"/> Irish
<input type="checkbox"/> Any other White background
(please state) _____ | <input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> White & Black African
<input type="checkbox"/> White & Asian
<input type="checkbox"/> Any other Mixed background
(please state) _____ |
| <input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any other Asian background
(please state) _____ | <input type="checkbox"/> Caribbean
<input type="checkbox"/> African
<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other (eg. Travellers)
(please state) _____ |

Employment Status for Head of Household

- | | |
|--|--|
| <input type="checkbox"/> Employee in full time job
<input type="checkbox"/> Self employed full or part time
<input type="checkbox"/> Full time education at school, college or university
<input type="checkbox"/> Unemployed and available for work
<input type="checkbox"/> Wholly retired from work | <input type="checkbox"/> Employee in part time job
<input type="checkbox"/> On a Government supported training scheme
<input type="checkbox"/> Permanently sick/disabled
<input type="checkbox"/> Looking after the home
<input type="checkbox"/> Doing something else
(please state) _____ |
|--|--|

ABOUT YOUR PERSONAL PREFERENCES

Please state why you wish to be rehoused :

Do you have any pets? YES/NO

If YES, please give details:

Are you interested in the Mutual Exchange Scheme?

YES / NO

DECLARATION

I/We declare that the information given on this form is accurate and to the best of my/our belief, and understand that if a false statement is discovered after an offer of tenancy has been made, then action will be taken to revoke/cancel the offer or legal proceedings will be instituted for possession of the property.

I/We undertake to notify all changes affecting the application as soon as they occur.

I/We also understand that the information given above will be protected under the Data Protection Act 1998.

It is understood that all information provided will be available to all partners to the North Devon Housing Register and to any statutory agency acting to assist in my/our rehousing

SIGNED:

APPLICANT ONE:

Date :

APPLICANT TWO:

Date :

APPLICANTS SEEKING A JOINT TENANCY SHOULD BOTH SIGN THIS DECLARATION.