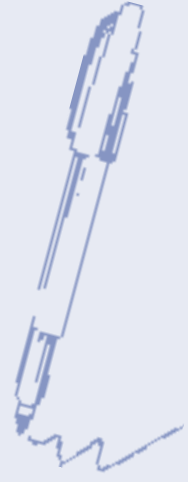


Transfer or Exchange



Please return this form to:

You should fill in this form if you need to be rehoused. If you have any difficulties, please contact your Landlord.

如你需要移住新居，你必須填寫這份表格。若你有什麼困難，請與你的業主聯絡。

يجب أن تملأ هذا النموذج إذا كنت في حاجة إلى إعادة إسكانك إذا كان لديك أي صعوبات، فراجع الاتصال بمالك العقار.

اگر آپ کوئی رہائشی ضرورت ہے تو آپ کو اس فارم کو پُر کرنا چاہئے۔ اگر آپ کو کسی مشکلات کا سامنا ہے، تو براہ کرم اپنے ملک مکان (لیٹلڈا) سے رابطہ کیجئے۔

Large print: If you require a form in large print, please contact your Landlord.

**Housing
Executive**

www.nihe.gov.uk

Registered
Housing
Associations

Please read the following notes before completing this form

1. You should use this application form if you are an existing tenant wishing to transfer or exchange to different social rented accommodation in Northern Ireland; this may be provided by either the Housing Executive or one of the government registered housing associations (which are simply referred to as housing associations in the rest of this form).
2. The Executive and housing associations have agreed that all housing applications should be assessed in the same way. The completion of this single application means that your application can be considered by all of the social landlords (the Executive and housing associations) in your preferred areas (see note 6).
3. Some social landlords provide specialised accommodation, such as supported housing for those with special needs. All social landlords use this form for their specialised accommodation as well as their general housing.
4. When you have completed this form, please return it to your Landlord; if you are an Executive tenant, please return the form to your local District Office or if you are a tenant of a housing association, please return your form to your Landlord's office at the address shown overleaf.
5. You will be visited by a member of staff and an assessment of your housing need will be carried out.
6. All information you give us will be placed on a computerised Waiting List and may be seen by any social landlord who participates either now or in the future. This does not affect your rights under the Data Protection Act (1998)
7. In addition to this form you should receive a booklet giving general information about the Executive and each housing association.

You may also request any of the following:

- A list of general rented housing provided by the Executive and participating housing associations in your locality.
- A booklet called "The Housing Selection Scheme" which explains how your needs are assessed.
- A booklet called "Homelessness: Your Rights Explained"

If you need any of the above, these may be obtained from your local Executive District Office or housing association office. Addresses and telephone numbers can be found in the phone book. The Housing Executive website is at www.nihe.gov.uk

If you are homeless or threatened with Homelessness, you should contact the Housing Executive immediately.

Section A Personal Details

1.

Title Mr/Mrs/Miss/Ms	First Name	Surname	National Insurance No.	Date of Birth DD/MM/YY	Sex M/F

2a. If allocated accommodation, you will be expected to become the legal tenant, either by yourself (a single tenancy) or with others in your household (a joint tenancy). Which type of tenancy do you wish to have?

Single Joint

2b. If you are a joint tenant at your present address, please give the names of the other joint tenant(s) below.

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2c. Your Marital Status (Please tick correct box)

Single Married Divorced Cohabiting Widowed Separated

2d. Current Address	Correspondence Address (if different)
Post Code	Post Code
Telephone Number (Home)	
Telephone Number (Work)	

2e. Have you, or has any member of the household moving with you, any dependents?

Yes No

2f. Who will be moving with you? Please give details of everyone **apart from yourself**, who will live with you when you move.

Title Mr/Mrs/Miss/Ms	First Name	Surname	National Insurance No.	Date of Birth DD/MM/YY	Sex M/F	Relationship to you	Living with you now	
							Yes	No

If you have listed anyone who will live with you when you move but who lives elsewhere at present, give their name(s) and address(es) below:

Names	Present Addresses (including postcode)

It is normally the condition of an offer of a transfer or exchange that all people with a share in a tenancy should give this up when accepting a new tenancy. We cannot normally consider you for a transfer or an exchange if there is a tenancy problem to be sorted out or if you are unable to give vacant possession of your present property.

2g. Is there anyone living with you at present who will not be moving with you? Yes No

If **YES**, please give details below and also answer 2h. If **NO**, go to question 3a.

First Name	Surname	Sex	DOB	Relationship to you

2h. If you have answered **YES** to question 2g, we need to know what housing arrangements are planned for those who are not moving with you (as vacant possession of your current property is normally required when you move). Please indicate what alternative arrangements are planned below:

Name	Applied to Executive [✓]	Applied to Housing Association-state name	Other Arrangements Please state

Section B Reasons for Rehousing

3a. Why do you wish to be rehoused? Please give details below

The Housing Executive has additional responsibilities for those who may be homeless under the terms of the Housing (NI) Order 1988 (Homelessness Legislation).

3b. Are you applying for accommodation because you consider yourself to be homeless? Yes No

If you have answered yes to question 3b, you should contact the Housing Executive immediately.

Section C Your Housing Choice

4a. You may select up to two areas in which you wish to be considered for housing. Please specify your areas of choice below:

First Area
Second Area

First Time Transfer / Exchange

4b. Have you, or has your partner previously applied for a transfer / exchange from your present address?

Yes No

If **YES**, please give details below:

Name of previous applicant at time of application	Reference Number (if known)

Section D Mutual Exchange

5a. Do you know of someone with whom you would like to exchange properties?

Yes No

If **YES**, please state their name and address below:

5b. Is this person

a) a Northern Ireland Housing Executive tenant?

Yes No

b) a housing association tenant?

if yes, state name of association below:

Yes No

c) a tenant of a local authority?

if yes, state name of authority below:

Yes No

d) a private tenant?

if yes, please state name of landlord below:

Yes No

e) Other, please specify below:

5c. Both the Housing Executive and registered housing associations keep a register of those who are interested in exchanging houses with another tenant.

Do you wish to register under this Scheme?

Yes No

Section E Health/Social Well Being Consideration

If you have or any member of your household has a health and social well being problem which is being seriously affected by your current housing circumstances, you should answer the following questions.

6a. Do you have or has any member of your household a disability or serious long term medical condition which affects the type of accommodation you need? (e.g. if you have difficulty climbing stairs)

Yes No If **NO**, proceed to Section F

To be completed by the applicant

6b. Name of person(s) whose health/social well being is/are affected by current housing.

Address (if different from applicant)

6c. Relationship to Applicant

Functionality

The following section should not be completed by a person who has a temporary condition which restricts his/her mobility. It is intended to deal with people who have a substantial disability which makes it difficult for them to manage in their present accommodation.

Please tick the relevant boxes.

6d. **WITHIN THE DWELLING** (tick any relevant box)

I use a walking aid

I am a wheelchair user

I have difficulty or need help moving around my home

I am unable to move around my home

6e. **EXTERNAL FACTORS** (tick any relevant box)

I have difficulty or I am unable to negotiate external steps

I have difficulty or I am unable to negotiate a steep approach to my current dwelling

If you have ticked any of the above boxes in **6d** or **6e**, please give details below:

Support and Care Needs

Do you need help or support with any of the following on an ongoing basis?

6f. **SELF CARE**

Dressing/Undressing Yes No Getting in/out of bed. Yes No

Using bathroom facilities. Yes No

6g. **HOME MANAGEMENT**

Lighting the fire or managing the heating system. Yes No

Doing heavy household duties. Yes No

6 Cooking meals. Yes No

Making snacks Yes No

Doing your shopping. Yes No

If you have answered **YES** to any of the above questions, please state who helps you.

Name	Relationship	How often is help provided?

6h. PROFESSIONALS INVOLVED

Please identify all those professionals with whom you are currently involved or known to e.g. your Social Worker, Community Nurse, Occupational Therapist, Care Manager.

Name	Job Title
Address	Tel. No
Length of Time Known to Applicant	

Name	Job Title
Address	Tel. No
Length of Time Known to Applicant	

Section F Monitoring Information

It is Housing Executive and housing association policy to provide housing for those in need regardless of political affiliation, religious belief or racial group. In the pursuit of this policy, both the Executive and associations strive to ensure complete fairness in the treatment of all household and individuals. To help us achieve this aim, it is important that we collect basic information on the racial and religious compositions of households for monitoring purposes.

Racial Group

7a. Please indicate which best describes your ethnic origin. (Please tick the correct box)

Bangladeshi Black African Black Caribbean Chinese Indian
Irish Traveller Pakistani White Mixed Ethnic Group Other Ethnic Group

Religion

7b. Please indicate which best describes your religion. (Please tick the correct box)

Protestant Catholic Other

7c. If anyone who will be moving with you belongs to a different racial group or religion from you, please give details below:

Name	Racial Group	Religion

Section G Declarations

Please read this declaration carefully and then sign and date this form:

- * I/We understand that giving false information on this form may lead to prosecution and that withholding or giving incorrect information may lead to the loss of any tenancy as a result of this application.
- * I/we know that I/we must advise at once of any changes in my/our circumstances.

Enquiries Declaration

- * I/We permit the Executive, or a Participating Landlord or any person duly authorised by them, to make such enquiries and obtain such information as they consider necessary for the specified (which are listed below), from such persons as they deem appropriate.

Data Protection Declaration

- * I/We have given consent to the processing, for the Specified Purposes, of all personal information provided to any Participating Landlord in connection with:
 - this housing application; and/or
 - any tenancy granted to me/us by any Participating Landlord.
- * I/We understand and agree that the information referred to in the last paragraph may be disclosed to any public authority, but only to the extent that such disclosure is lawful under Part IV of the Data Protection Act 1998.

In this context:

“Participating Landlord” means the Housing Executive and/or any registered housing association which is participating in the Common Selection Scheme arrangements. (A list of the Participating Landlords is available at any Executive or housing association office).

The “Specified Purposes” are as follows:

- Purposes connected with this application;
- Purposes connected with any tenancy which results from this application;
- Purposes connected with the effective operation of the Participating Landlords’ Disqualification Register (I/We have been informed about the nature and functions of that Register)

Signed:

Date:

For Office Use Only

Date received by Housing Association.....

Name of Association.....

Date received by Housing Executive.....

Date Registered..... Registered By:..... Reference Number.....