

**Housing Transfer Application Form**

|  |  |
| --- | --- |
| Date of Application |  |
| NAME |  |
| Telephone number |  |

Please give your details and those of everyone who wants to be housed with you

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Relationship | Sex (M/F) | Income per year after tax £ |
|  |  | YOURSELF |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |
|  |  |  |  | £ |

|  |  |
| --- | --- |
| Do you and every member of your household have St Helenian status? | Yes/No |
| If NO, please explain |

Details of your GLH property

|  |  |
| --- | --- |
| Address |   |
| How many bedrooms does it have? |  |
| Do you share it with anyone else other than the people listed above? If so please give details. |  |
| What condition is the house in? Does it suffer from any of the following: | Lots of repairs need doing | Yes / No |
| There is no electricity supply | Yes / No |
| There is only an outside toilet | Yes / No |
| There is no bathroom | Yes / No |
| There is no kitchen | Yes / No |
|  | Yes / No |
| If ‘yes’ please describe |  |
| Are there any other difficulties with your home? If so please describe. |  |

Further housing information

|  |  |
| --- | --- |
| Have your housing needs changed? | Yes / No |
| Do you or any member of your household own or rent a home anywhere else (including overseas)? | Yes / No |
| Is any member of your household registered as disabled? | Yes / No |
| If the answer to any of the questions above is YES please can you explain below: |
|  |

Areas of Choice

|  |
| --- |
| Are there any districts in which you would prefer to live in? Please note that we have very few vacancies a year and so if your choices are too limited you are less likely to be housed. |
| Jamestown | Yes / No |
| Half Tree Hollow | Yes / No |
| Longwood | Yes / No |
| Levelwood | Yes / No |
| Sandy Bay | Yes / No |
| Alarm Forest | Yes / No |
| Blue Hill | Yes / No |
| St Pauls | Yes / No |

Medical Conditions

|  |  |
| --- | --- |
| Do you, or a member of your family suffer from a permanent medical condition which is directly affected by the home in which you live?(An example of this would be a person being housebound in a flat because they cannot cope with the stairs).If YES please explain below: | Yes / No |
|  |

Reasons for your application

Declaration

I confirm that the information above is accurate and wish to apply for government housing. I understand that if I have given false information my application will be withdrawn or if housed I may be asked to leave.

Signed (Applicant 1) ..……………………………………………………

Name (in block capitals)………………………………………………….

Dated …………………………………………………………………...….

Signed (Applicant 2) ..……………………………………………………

Name (in block capitals)………………………………………………….

Dated …………………………………………………………………...….

Office Use

|  |  |
| --- | --- |
|  | Signed (officer) |
| St Helenian Status |  |
| Birth certificates seen |  |
| Proof of Incomes obtained and eligible on income grounds |  |
| Is there a housing need ? |  |
| Is there a medical priority? |  |
| Application added to register |  |
| Applicant informed of status in writing |  |
|  |  |