

Housing Application - Transfer

Please return to **Ayrshire Housing,**
119 Main Street, Ayr KA8 8BX
Tel: 01292 - 880120

Please complete this form as fully as possible.
If you need help in completing the form contact our office.

Your application will be treated in confidence and in compliance
with the Data Protection Act 1984.

Applicant's Details

Title: Mr / Mrs / Miss / Ms

Surname:

First Name:

Address:

Town:

Post Code:

Telephone Number:

Date of Birth:

Age:

Joint Applicant's Details

Title: Mr / Mrs / Miss / Ms

Surname:

First Name:

Address:

Town:

Post Code:

Telephone Number:

Date of Birth:

Age:

FOR OFFICE USE	
Apt. Size	
Area	
Reference No.	
Date of Application	
Processed by	
Date of Processing	
SDM	
Letter	Points
Amenities	
Property	
Overcrowding	
Underoccupancy	
Sharing	
Tenure	
Medical	
Age at Height/Support	
Social	
Environmental	
TOTAL	

2. Please add details of anyone else moving with you but currently living elsewhere, e.g. fiancé (e)

Full name	Date of birth	Relationship to you	Address

3. Details of Past Accommodation of Applicant

	Address	Tenant/Lodger/Owner/Occupier	From	Until	Reason For leaving
1					
2					
3					
4					
5					

Details of Past Accommodation of Joint Applicant if Different From Applicants

	Address	Tenant/Lodger/Owner/Occupier	From	Until	Reason For leaving
1					
2					
3					
4					
5					

Section 5 : Tenure

From the list below please tick one box which best describes your housing circumstances where you live now.

- | | | | |
|--|--------------------------|--|--------------------------|
| a) Owner occupier | <input type="checkbox"/> | f) Staying with friends or relatives | <input type="checkbox"/> |
| b) Council tenant | <input type="checkbox"/> | g) Private landlord, unfurnished accommodation | <input type="checkbox"/> |
| c) Housing Association or Trust tenant | <input type="checkbox"/> | h) Private landlord, furnished accommodation | <input type="checkbox"/> |
| d) Tied / Employers housing | <input type="checkbox"/> | i) Hostel, Hospital or Refuge | <input type="checkbox"/> |
| e) Staying with parents | <input type="checkbox"/> | j) Bed & Breakfast or Hotel | <input type="checkbox"/> |
| k) Living in a caravan | <input type="checkbox"/> | | |

If you have a landlord please tell us his or her name and address.

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Please explain briefly why you want to leave your present accommodation.

If you MUST leave your home by what date must you leave?

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If possible please supply supporting evidence, a Notice to Quit for example.

If you own, or hold the tenancy of any other property please give details.

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Section 6 - Accommodation Required

Please indicate which floor height you would prefer

- Ground floor
- First floor
- Second floor
- Third floor

Please indicate which type of housing you would prefer

- House with garden
- Flat
- Main door flat
- Maisonette

Please look at the list of towns and villages where we have properties and tell us where you want to live.
You can give up to 3 choices.

1. 2. 3.

Section 7 - Other Applications

Have you applied to any other organisation?

- South Ayrshire Council
- Another Housing Association
- No Other

Section 8 - Medical

Do you or any member of your family have any physical disabilities which results in your present accommodation being unsuitable? Yes / No

If yes, please complete the enclosed medical questionnaire.

Section 9 - Personal Circumstances

1. Are you seeking rehousing in order to:

A) Receive support from relatives Yes / No

If yes, please state name and address of relative and nature of support you receive:

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.....
.....

b. Provide support to relatives for rehousing Yes / No

If yes, please state name and address of relative and nature of support you provide:

.....
.....
.....

Section 13 - Ethnic Origin

Please complete this section as it enables Ayrshire Housing to ensure that all sections of the community have equal access to housing.

This section is not mandatory and will not affect your application.

Please indicate your ethnic origin:

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Asian - other
- Caribbean
- African
- Black - other.
- Scottish
- Other British
- Irish
- White – other
- Any other background
- Please specify:

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Do you consider yourself to have a disability? By this we mean a condition which has a long term and substantial effect on your ability to carry out normal day to day activities.

- Yes
- No

If yes, it is:

- Physical
- Mental ill health
- Learning disability
- Visual impairment
- Hearing impairment
- Other, please specify

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