



# Transfer Form

*help us to help you*

## Welcome to Optima Community Association

In order to assess your application as quickly as possible it is important that you complete this form in full. For further information about the application process, please see our leaflet 'Applying for a home with Optima'.

## Applications for Transfer

Any Optima tenant can apply for a transfer. However, you will not normally be offered alternative accommodation if:

- You have failed to pay your rent regularly
- You have breached your tenancy agreement in some other way e.g. by causing nuisance

## Selection Criteria

For the general selection and assessment of transfer applications, the following three bands are used. (Optima offers accommodation to eligible applicants in date order within each band as determined by length of time on the waiting list.)

### Band 1

- Suffering domestic violence
- Harassment and / or violence / threat of violence
- Health condition that requires alternative accommodation
- Required by Optima to leave your home

### Band 2

- Overcrowding, under-occupation, or families with children living in unsuitable flats
- The need to move closer to work, schools or family
- To receive or give support to family / friends
- Victims of serious anti social behaviour

### Band 3

- Those wishing to move from their existing accommodation for any other reason

FOR STAFF USE ONLY
Surname
Application No.
Date & Initials
Scheme & Property Type

Our allocations policy is available from our offices or can be seen on our website at

[www.optima.org.uk](http://www.optima.org.uk)

**1****Personal Details****Applicant**

Preferred title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	
Surname:	<input type="text"/>					
Other Names Known As:	<input type="text"/>					
First Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Day / Month / Year				
Address:	<input type="text"/>					
<input type="text"/>						
					Postcode	<input type="text"/>
Telephone Numbers: Home:	<input type="text"/>					
Work:	<input type="text"/>					
Mobile:	<input type="text"/>					
Email:	<input type="text"/>					
National Insurance Number:	<input type="text"/>					
Gender:	<input type="text"/>					

**Joint Applicant / Partner**

Preferred title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	
Surname:	<input type="text"/>					
Other Names Known As:	<input type="text"/>					
First Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		Day / Month / Year				
Address:	<input type="text"/>					
<input type="text"/>						
					Postcode	<input type="text"/>
Telephone Numbers: Home:	<input type="text"/>					
Work:	<input type="text"/>					
Mobile:	<input type="text"/>					
Email:	<input type="text"/>					
National Insurance Number:	<input type="text"/>					
Gender:	<input type="text"/>					

a: Tell us where to contact you if you do not wish us to contact you at the address on the previous page:

Address:

Postcode:

Telephone Number:

## b: Monitoring Information

We want to make sure that everyone who asks us for housing is treated fairly and equally, whatever their race, disability, sexual orientation, faith, colour or ethnic origin. To help us to do this, and for that reason only, the following information is required. Please answer the following so we can make sure that the policy is fully carried out.

### Applicant

<b>a. White</b>	1. British <input type="checkbox"/>	2. Irish <input type="checkbox"/>	3. Other <input type="checkbox"/>	
<b>b. Mixed</b>	4. White & Black Caribbean <input type="checkbox"/>	5. White & Black African <input type="checkbox"/>	6. White & Asian <input type="checkbox"/>	7. Other <input type="checkbox"/>
<b>c. Asian / Asian British</b>	8. Indian <input type="checkbox"/>	9. Pakistani <input type="checkbox"/>	10. Bangladeshi <input type="checkbox"/>	11. Other <input type="checkbox"/>
<b>d. Black / Black British</b>	12. Caribbean <input type="checkbox"/>	13. African <input type="checkbox"/>	14. Other <input type="checkbox"/>	
<b>e. Chinese / Other Ethnic</b>	15. Chinese <input type="checkbox"/>	16. Other Ethnic Group <input type="checkbox"/>		
<b>f. Refused</b>	17. Refused Question <input type="checkbox"/>			

### Joint Applicant / Partner

<b>a. White</b>	1. British <input type="checkbox"/>	2. Irish <input type="checkbox"/>	3. Other <input type="checkbox"/>	
<b>b. Mixed</b>	4. White & Black Caribbean <input type="checkbox"/>	5. White & Black African <input type="checkbox"/>	6. White & Asian <input type="checkbox"/>	7. Other <input type="checkbox"/>
<b>c. Asian / Asian British</b>	8. Indian <input type="checkbox"/>	9. Pakistani <input type="checkbox"/>	10. Bangladeshi <input type="checkbox"/>	11. Other <input type="checkbox"/>
<b>d. Black / Black British</b>	12. Caribbean <input type="checkbox"/>	13. African <input type="checkbox"/>	14. Other <input type="checkbox"/>	
<b>e. Chinese / Other Ethnic</b>	15. Chinese <input type="checkbox"/>	16. Other Ethnic Group <input type="checkbox"/>		
<b>f. Refused</b>	17. Refused Question <input type="checkbox"/>			

Does anyone on your application have any longstanding illness or disability for which they need additional support? Please tick all that apply.

Physical Disability	<input type="checkbox"/>	Speech Impairment	<input type="checkbox"/>
Difficulty in getting around	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Sight Impairment	<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Please state which member(s) of your household this affects

Please tell us about your faith:

I would describe my faith as:

I have no faith  I prefer not to say

Please tell us about your sexual orientation:

I would describe my orientation as:

Gay/Lesbian  Heterosexual

Bisexual  I prefer not to say

c. Details of people who are living with you at your present address

Please note that you will be asked to produce Child Benefit books for all children moving with you

First Name	Surname	Sex M/F	Date of birth Day/mth/year	Relationship to you	Moving with you? Yes/No	Working full or part time
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			

d. Details of people who are not living with you at present, but who will be living with you if you move

First Name	Surname	Date of birth Day/mth/year	Relationship to you	Address
		/ /		
		/ /		
		/ /		
		/ /		

**e. Do you have access to any child(ren) who will be staying with you regularly?**

Yes  No  If Yes, please give details below

Name of Child	Sex M/F	Date of birth Day/month/year	Child's Present Address
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

**f. Please give brief details of any access arrangements you have, including the number of days or nights that any child(ren) stay**


Please provide proof of the above arrangements from the child's parent / guardian, a solicitor, social worker or court. Please tick if already enclosed

**g. Are you, or anyone who will be living with you, pregnant?**

Yes  No  If Yes, please give date when the baby is due   
Day / Month / Year  
 Name of the expectant mother:

Please supply a doctor's note or certificate confirming this pregnancy.   
 Please tick if already enclosed

## 2 Your Source of Income (please tick)

### Applicant

Paid Employment:	<input type="checkbox"/>	Retirement Pension	<input type="checkbox"/>	Family Credit	<input type="checkbox"/>
Disability Pension	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>	Disability Pension	<input type="checkbox"/>
Income Support	<input type="checkbox"/>			Employment Support Allowance (ESA)	<input type="checkbox"/>
Other (please specify)	<input type="text"/>				
Name and address of employer:	<input type="text"/>				
<input type="text"/>					
Address of benefit office issued	<input type="text"/>				
<input type="text"/>					
Net income:	<input type="text"/>	weekly / monthly / yearly	Full time / Part time	Delete as appropriate	

### Joint Applicant / Partner

Paid Employment:	<input type="checkbox"/>	Retirement Pension	<input type="checkbox"/>	Family Credit	<input type="checkbox"/>
Disability Pension	<input type="checkbox"/>	Job Seekers Allowance	<input type="checkbox"/>	Disability Pension	<input type="checkbox"/>
Income Support	<input type="checkbox"/>			Employment Support Allowance (ESA)	<input type="checkbox"/>
Other (please specify)	<input type="text"/>				
Name and address of employer:	<input type="text"/>				
<input type="text"/>					
Address of benefit office issued	<input type="text"/>				
<input type="text"/>					
Net income:	<input type="text"/>	weekly / monthly / yearly	Full time / Part time	Delete as appropriate	

Are you currently receiving Housing Benefit for your Property? Yes  No

## 3 Your Present Housing (please tick)

a. Do you, or your partner, currently live in a: (please tick)

	You	Partner		You	Partner		You	Partner
House	<input type="checkbox"/>	<input type="checkbox"/>	Bed-sit	<input type="checkbox"/>	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	<input type="checkbox"/>
Bungalow	<input type="checkbox"/>	<input type="checkbox"/>	Flat	<input type="checkbox"/>	<input type="checkbox"/>			
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="text"/>								

b. If you live in a flat, what floor level do you live on?

Basement  Ground  1st  2nd  3rd  4th  5th  Other (specify)

c. How many bedrooms are in your property? (please tick correct box)

Bedsit  one  two  three  four  other (specify)

## 4 Why You Need / Want to Leave Your Present Home (please tick)

a. Are you, or any member of your immediate family, suffering from any form of harassment or domestic violence?

Yes  No  (please tick correct box)

If yes, please give details

Please enclose a copy of any supporting letters, tick  if already enclosed.

b. Is your property over-occupied, under-occupied or unsuitable in any other way?

Yes  No  (please tick correct box)

If yes, please give details

Please enclose a copy of any supporting letters, tick  if already enclosed.

c. Do you, or your partner, want to move to be nearer to: (please tick correct box)

<b>You</b>	Yes	No	<b>Your partner</b>	Yes	No
Place of work	<input type="checkbox"/>	<input type="checkbox"/>	Place of work	<input type="checkbox"/>	<input type="checkbox"/>
Children's schools	<input type="checkbox"/>	<input type="checkbox"/>	Children's schools	<input type="checkbox"/>	<input type="checkbox"/>
Nearer to family	<input type="checkbox"/>	<input type="checkbox"/>	Nearer to family	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details:

d. Have you, or your partner, been the victim of serious anti-social behaviour?

Yes  No  (please tick correct box)

If yes, please give details

Please enclose a copy of any supporting letters, tick  if already enclosed.

e. Do you want to move to give care to someone, or be able to receive care?

Yes  No  (please tick correct box) If yes, please give name, address and details of the support that is to be given or received

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Is there any other reason that you require a transfer?

Yes  No  (please tick correct box)

If yes, please give details

  
  

Please enclose a copy of any supporting letters, tick  if already enclosed.

Please give below any additional information which supports your request to be rehoused:

  
  
  

**PLEASE NOTE:** If you are applying for a transfer because of health needs or disability, please make sure that you complete the next section on **Health Related Needs**.

## 5 Health Related Needs Assessment

If you, or a member of your family, has a **health problem that is affected by your housing situation** that you would like us to take into account when assessing your application, please provide full details below. You may provide additional information from your doctor or hospital consultant if you wish, but this is not necessary for us to make the initial assessment. Please note that if your home is considered suitable for your needs or could reasonably be adapted then extra priority may not be awarded.

a. Name of person affected by illness / disability:

b. Name and address of person's family doctor:

c. Please describe the illness / disability:

  

d. How often does the person normally consult their doctor?

e. Has the person received hospital treatment for the above? Please give details.

f. Why do you consider your present accommodation to be unsuitable? Please give as much detail as possible.


g. Do you need a specific type of accommodation?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Wheelchair Adapted <input type="checkbox"/>	Ground Floor <input type="checkbox"/>
Other e.g. warden, alarm system (please specify)		<input type="text"/>	

**6 Other Information** (please tick)

a. Pets: Do you have a cat, dog or any other large pet?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	(please tick correct box)
If yes, please give details <input type="text"/>		
<input type="text"/>		
Do you intend to take this pet with you when you move?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

b. Homes for Older People

Some of Optima's homes are for older people only. You may, if you are over 55 years of age, prefer to be considered for these homes.

Sheltered schemes have adaptations and alarms. Communal facilities are provided, e.g. laundry, lounge, and a warden is on site during the day	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bungalows have alarm systems, but no warden on site.	<input type="checkbox"/>	<input type="checkbox"/>

c. Any other information

Please give details of any other matters which you think are important to your application

## 7 Property Type (please tick)

a. What kind of property do you need? (Tick all that apply)

Family accommodation  
 House  Maisonette  Singles and Couples  
 High rise flat  Low Rise flat   
 Sheltered Housing (for over 55's)

b. How many bedrooms do you need?

Bed-sit  one  two  three  four  other (specify)

c. Where do you want to live?

Lee Bank  **Edgbaston:**   
 Five Ways  Benmore   
 Cotteridge and  Woodview   
 surrounding area  Hollies Croft and   
 surrounding area  **City Centre:**   
 Cleveland &   
 Clydesdale Towers

## 8 Declaration of Interest

a. Are you, or the joint applicant, an employee or related to an employee or Board Member of Optima Community Association? Yes  No

If yes, please give their name and state their relationship to you or to the joint applicant:

Name:

Relationship:

## 9 Declaration

a. Do you, or anyone who is moving with you, have any unspent criminal convictions or have any pending Court appearances?

Yes  No  (please tick correct box) If yes, please give details:

Nature of offence	Date Day/mth/year	Sentence served
	/ /	
	/ /	
	/ /	
	/ /	

b. Please give details of any court orders issued against you at any previous addresses, e.g. for debt, antisocial behaviour.


c. Please give details of any support arrangements that you may have, e.g. social worker, community psychiatric nurse, probation officer etc:


I understand that Optima will carry out checks on the information I have declared with other agencies e.g. police, social services etc

d. Please read the declaration information below carefully before signing:

- I understand that the completion of the form does not mean I will be offered a transfer.
- I agree to be interviewed by a member of Optima's staff.
- I understand that I do not have to accept housing which is offered to me.
- As far as I know, the information on this form is true and I will tell Optima of any changes.
- I understand that Optima has the right to regain possession of any home obtained by me if I have given false information
- In order to assess your transfer and help us deliver efficient services we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other organisations where appropriate. By signing this form you are consenting to Optima Community Association processing your personal data.
- I understand that any aggression towards members of Optima's staff may result in action being taken against my tenancy
- I give permission for a member of Optima's staff to trace me after departure.

Full Name of Applicant:			
Signed:		Date:	/   /
			Day / Month / Year
Full Name of Joint Applicant:			
Signed:		Date:	/   /
			Day / Month / Year

Remember to check that you have completed all of the relevant sections and enclosed all the documents we need

Return this form to:  
Optima Community Association, St Thomas House,  
80 Bell Barn Road, Birmingham B15 2AF



**If you would like this document in another language or format, or if you require the services of an interpreter, please contact us.**

#### **Arabic**

إذا أردت هذه الوثيقة بلغة أخرى أو بطريقة أخرى، أو إذا كنت بحاجة إلى خدمات مترجم، فنرجو أن تقوم بالاتصال بنا.

#### **Bengali**

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান অথবা যদি আপনার একজন ইন্টারপ্রেটারের প্রয়োজন হয়, তাহলে দয়া করে আমাদের সাথে যোগাযোগ করুন।

#### **Cantonese**

本文件可以翻譯為另一語文版本，或製作成另一格式，如有此需要，或需要傳譯員的協助，請與我們聯絡。

#### **Farsi**

اگر این مدرک را به زبانی دیگر یا در فرمتی دیگر میخواید و یا اگر احتیاج به سرویس مترجم دارید، لطفاً با ما تماس بگیرید

#### **French**

Si vous souhaitez obtenir ce document dans une autre langue ou sous un autre format ou si vous avez besoin des services d'un interprète, veuillez nous contacter.

#### **Gujarati**

જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઇન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.

#### **Kurdish**

ئەگەر دەتەوێ ئەم بەلگەییەت بە زمانیکی که یا بە فۆرمیکی که هەبێ، یا پیویستت بە مۆتەرجم هەبێ، تکایە پەویەندیمان پێوە بە

#### **Polish**

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

#### **Punjabi**

ਜੇ ਇਹ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦਾ ਹੈ, ਜਾਂ ਜੇ ਤੁਹਾਨੂੰ ਗੱਲਬਾਤ ਸਮਝਾਉਣ ਲਈ ਕਿਸੇ ਇੰਟਰਪ੍ਰੈਟਰ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਸਾਨੂੰ ਦੱਸੋ।

#### **Somali**

Haddii aad ku rabtid dokumentigaan luqado kale ama daabacaad kale, ama haddii aad u baahan tahay turjibaan, fadlan nala soo xiriir.

#### **Urdu**

یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو براۓ مہربانی ہم سے رابطہ کیجئے۔

#### **Vietnamese**

Nếu quý vị muốn có tài liệu này ấn hành bằng ngôn ngữ hoặc khuôn khổ khác, hoặc nếu quý vị cần một thông dịch viên giúp đỡ, xin liên lạc với chúng tôi.

## Comments

If you have any comments or further information you would like us to consider, please use this space.

## Contacting Optima

24hr emergency repairs and cleaning line

☎ 0845 601 1869

Calls to this number may be recorded.

### Email and web

✉ [housingteam@optima.org.uk](mailto:housingteam@optima.org.uk)

🌐 [www.optima.org.uk](http://www.optima.org.uk)

## Open to everyone

### Disabled parking

There is a marked space for disabled visitors close to the entrance.

### Wheelchair friendly

Our offices have automatic door openings, lifts, disabled toilets and have been designed to allow easy access for everyone.

### Help with hearing

Our reception area has a hearing

If you need information in large print, or in an audio format, please let us know.

We can organise interpreters or signers if you request this service in advance.

Tell us the best way to contact you.

## Opening hours

### Reception

- 9am to 5pm Monday to Thursday
- 9am to 4pm Friday

## Contacting us by Telephone

- 9am - 5.15pm Monday to Thursday
- 9am - 4pm Friday

- ☎ 0121 687 3111 - General Enquiries
- ☎ 0121 687 3134 - Repairs
- ☎ 0121 687 3133 - Housing Officers
- ☎ 0121 687 3132 - Rents / Service Charges
- ☎ 0121 687 3143 - Community Regeneration
- ☎ 0121 687 3122 - Right to Buy, Right to Acquire
- ☎ 0121 622 5232 - Community Wardens

## Finding us by road:





