



## TRANSFER APPLICATION FORM

Tenant Reference \_\_\_\_\_

Name \_\_\_\_\_

Present address \_\_\_\_\_

\_\_\_\_\_

Telephone number  
(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Please list all members of the household who will be moving with you  
including yourself

Name	Relationship to tenant	Date of birth
	TENANT	

How many bedrooms does your present property have? \_\_\_\_\_

How many bedrooms do you require? \_\_\_\_\_

What type of property do you require (house, flat, bungalow)?  
\_\_\_\_\_

Do you need sheltered accommodation? Yes/No

Has your property been adapted? (Grab rails over bath or access ramps)  
Yes/No

Do you have any medical reasons for moving? Yes/No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_



Where would you like to move? (Please note that the more areas you list the better your chances of being rehoused)

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What are your main reasons for requesting a transfer?

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**HOUSEHOLD INCOME DETAILS**

Name	Type of benefit or employer	Amount of benefit or weekly wages

Additional Information

Signed \_\_\_\_\_

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Date \_\_\_\_\_