

Transfer Application

1. Name: _____
2. Address: _____
3. Flat Position: _____ Home Tel No: _____ Mobile No: _____
4. Size of present accommodation: _____
5. Number of persons living in above: _____

6. Please list below everyone who lives with you and wishes to be rehoused with you (start with yourself).

<u>Name</u>	<u>Date of birth</u>	<u>Relationship to tenant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Please list below anyone who does not presently live with you, but who you wish to be rehoused with you.

<u>Name</u>	<u>Date of birth</u>	<u>Relationship to tenant</u>	<u>Present Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Please give reasons for transfer (if claiming medical points, please ask for a medical claim form at the office).

9. How long have you lived at your present address: _____

10. Is there any flat position in the close which is NOT acceptable, e.g. ground, or top floor etc.?

Signature: _____

Date: _____

To be read and signed by all tenants applying for a transfer of accommodation.

If granted a transfer of accommodation by Yorkhill Housing Association Ltd, I agree to comply with the following conditions:-

1. The flat I am vacating will be left in a clean and lettable condition.
2. All wall covering will be intact.
3. All skirtings, floors, fitments and fixtures will be clean and in good order.
4. All furnishings, including cookers, fridge's, and floor coverings will be removed from the flat I am vacating before I hand in the keys.
5. All centre lights, roses, switches, and sockets will be left intact.
6. All keys received at the time of allocation must be returned on vacation.
7. Rent account must be clear.

I understand that should I fail to comply with any of the above statements, the Association will carry out remedial works and I will be billed for the work required.

Signature of Tenant: _____

Date: _____

H.A. No: _____

Ethnic Origin:

How would you describe your ethnic origin? Tick relevant boxes.

	Self	Partner
White:		
Scottish		
Other British		
Irish		
Gypsy / Traveller		
Polish		
Any Other White Background		
Mixed		
Mixed or Multiple Ethnic Background		
Asian, Asian Scottish, Asian British		
Indian		
Pakistani		
Bangladeshi		
Chinese		
Any Other Asian Background		
Black, Black Scottish, Black British		
Caribbean		
African		
Any Other Black Background		
Other Ethnic Background		
Arab, Arab Scottish or Arab British		
Any Other Group		

Do you consider yourself/household to be:

White: _____

Black: _____

Mixed: _____

Other: _____
(please specify)

Signature: _____

Date: _____

The above information is required to ensure that the Association's Allocation Policy is operated fairly and correctly. The details from this section are used for statistical purposes only.