

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: _____