**WARRINGTON HOUSING ASSOCIATION LIMITED**
***the* Gateway, 89 Sankey Street, WARRINGTON, WA1 1SR**

## APPLICATION TO TRANSFER

| |
|---|
| **Name/s:** Mr/Mrs/Ms/Miss: |
| **Partners Name/s:** Mr/Mrs/Ms/Miss: |

| |
|---|
| Tenant's DOB: |
| Partners DOB: |

| | | |
|---|---|---|
| Address: | | |
| Tel home: | Work: | Mobile: |
| Email: | | |
| National insurance Number: **Tenant** | National insurance Number: **Partner** | |

Details of **ALL** persons living at above address

| Surname | Forenames | Date of Birth | Relationship to tenant |
|---|---|---|---|
| | | | |
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| |
|---|
| **Current Property Details:** (e.g. house/apartment/bungalow) |
| Number of bedrooms: |
| Details of any pets: |
| Reasons wanting to transfer |

| | | |
|---|---|---|
| Area/s Requested: (Please put in order of preference) | 1 | 2 |
| | 3 | 4 |

| | | |
|---|---|---|
| Property types and size requested: (Please put in order of preference) | 1 | 2 |
| | 3 | 4 |

Please note you can only be considered for a house if your children are under 18 years

If a transfer is made on medical grounds, please give name and address of your doctor/consultant and supply a medical note or consultant letter:

Are there any other agencies involved to support your application? E.g. Social Worker, Health Visitor- please give details:

What do you consider to be your ethnic origin? Please tick the appropriate box

a. White: British ☐ Irish ☐ Other ☐

b. Mixed: White and black Caribbean ☐ White and black African ☐ White and Asian ☐ other ☐

c. Asian or Asian British: Indian ☐ Pakistani ☐ Bangladeshi ☐ Other ☐

d. Black or black British: Caribbean ☐ African ☐ Other ☐

e. Chinese or other ethnic group Chinese ☐ Other ☐ f. Gypsy or Romany traveller ☐

**What is your nationality? Please ✓ the appropriate box.**

UK national residing in UK ☐ UK national returning from residence overseas ☐

Czech Republic ☐ Estonia ☐ Hungary ☐ Latvia ☐ Lithuania ☐ Poland ☐ Slovakia ☐

Bulgaria ☐ Romania ☐ Other European Country ☐ Any other Country ☐

**What is your sexual orientation? Please ✓ the appropriate box.**

Heterosexual/straight ☐ gay man ☐ gay woman/lesbian ☐ bisexual ☐ other ☐

Prefer not to say ☐

**What is your religion? Please ✓ the appropriate box.**

None ☐ Christian including C of E, catholic, protestant and all Christian denominations ☐

Buddhist ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Other ☐ prefer not to say ☐

Do you consider yourself or a member of you household to have a disability as defined in the Disability Discrimination Act 1995? (The Act defines disability as “a physical or mental impairment which has substantial and long-term effect on a person’s ability to carry out normal day to day activities”)

Yes ☐ No ☐

| | | | |
|---|---|---|---|
| Tenant Signature | | Date | |
| Partners Signature | | Date | |

**Please note your home will be inspected before any transfer request is approved and if your home or gardens are not well looked after, or your rent account is in arrears, this request may be refused.**

Submit