

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



**APPLICATION TO TRANSFER**

<b>Name/s:</b> Mr/Mrs/Ms/Miss:
<b>Partners Name/s:</b> Mr/Mrs/Ms/Miss:

Tenant's DOB:
Partners DOB:

Address:		
Tel home:	Work:	Mobile:
Email:		
National insurance Number: <b>Tenant</b>	National insurance Number: <b>Partner</b>	

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

Surname	Forenames	Date of Birth	Relationship to tenant

<b>Current Property Details:</b> (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

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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.**