**Transfer Application Form**

Please complete this form and send to the above address or email address

**1 Your Household**

**APPLICANT(S)**

|  |  |  |
| --- | --- | --- |
|  | **LEAD APPLICANT** | **SECOND APPLICANT** |
| Title |  |  |
| Forename(s) |  |  |
| Surname |  |  |
| Phone/Mobile |  |  |
| Email |  |  |
| Date of Birth |  |  |

**YOUR CURRENT ADDRESS**

|  |  |
| --- | --- |
| Full Address |  |
| Post Code |  |

**OTHER HOUSEHOLD MEMBERS**

Will anyone else be living with you? 🗆 Yes 🗆 No If yes, please give details below.

|  |  |  |
| --- | --- | --- |
| Full Name | Relationship to you | Over or Under 18? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**2 Eligibility for Transfer**

**2a Residency in your current home**

Have you lived in your current home for 10 years? (Exceptions can apply.)

(Please tick) 🗆 Yes 🗆 No

**2b Previous transfers**

Is your current address your first home with MMHS?

(Please tick) 🗆 Yes 🗆 No

If not, please give details of any past transfers:

|  |
| --- |
|  |

**2c Current adaptations**

Has your current home been adapted for your needs?

(Please tick) 🗆 Yes 🗆 No

If so, please give details of the adaptations in place:

|  |
| --- |
|  |

**2d Estimate of capital assets**

Please provide details of your annual income and your capital assets as at the date of this application. The Society has maximum financial thresholds of £60,000 gross household income and joint capital assets of £250,000.

|  |  |  |
| --- | --- | --- |
| ASSETS | LEAD APPLICANT | SECOND APPLICANT |
| **Annual Income** *(gross)*  Include: church pension, state pension and any privately arranged pension or income. | £ | £ |
| **All Capital Assets** Exclude: property which is dealt with separately **and** any lump sum you received on retirement from the Methodist Church Pension Scheme but include any other lump sums.  Include: current accounts, savings accounts, unit and/or investments trusts, all bonds and stocks, all shares, money market instruments and premium bonds – including those held in tax wrappers like ISAs, TESSAs and PEPs. | £ | £ |

**2e Equity in your MMHS home**

Do you have an Equity Share in your property?   
(Please tick) 🗆 Yes 🗆 No

|  |  |  |
| --- | --- | --- |
| If the answer is ‘yes’ to the previous question about a property, please state the percentage of your share and/or the value of any other property interest. | %  £ | %  £ |

**3 Reasons for moving and special requirements**

**3a Summary of reasons for moving**

Please give details of why you are applying for a transfer:

|  |
| --- |
|  |

**3b Preferred location**

Please indicate which District, general area or more specific location are of interest to you and the reasons for this:

**3c Preferred type of property**

Please indicate which property types you would consider:

🗆 House 🗆 Bungalow 🗆 Flat

Bedrooms 🗆 1 🗆 2 🗆 3 or more

**3d Medical or welfare needs**

Please provide details to explain your **key needs** such as those linked to mobility issues, family support and medical conditions.

Will you need any adaptations in your new home?

(Please tick) 🗆 Yes 🗆 No

If these are different to the adaptations listed at 2c please give details:

|  |
| --- |
|  |

**4 Declarations**

* I/We confirm that the information given above is correct and accurate the best of my/our knowledge.
* I/We confirm that I/we have not knowingly withheld any relevant information from the Society.
* I/We understand that the Society’s auditors can request verification of any figures given.

|  |  |  |
| --- | --- | --- |
| PLEASE SIGN | Signature | Date |
| LEAD APPLICANT |  |  |
| SECOND APPLICANT |  |  |

**5 Privacy**

We will use your information to provide you with the services, products or information you have requested, for administration purposes and to further our charitable aims. Contact details (name, address, telephone no, email address) may be shared with third parties such as contractors to enable them to access properties owned by MMHS.

The MMHS Privacy Policy can be found online at: **mmhs.org.uk/your-privacy**.

🗆 Please **tick the box** to confirm that you have been given the **opportunity** to locate, read and understand the MMHS Privacy Policy.