TRANSFER APPLICATION FORM



Methodist Ministers' Housing Society

Please complete this form and email or send to address below

1 YOUR HOUSEH	OLD			
Applicant(s)				
Title	Lead applicant		Sec	cond applicant
Forename(s)				
Surname				
Phone/mobile				
Email				
Date of birth				
Your current Add	ress			
Full address				
Postcode				
Other household Will you have anyon	members ne else living with you?	□ No	If yes, please giv	e details below.
	Full name	Relation	ship to you	Over or under 18?

2 ELIGIBILITY FOR TRANSFER				
2a Residency in your current home Have you lived in your current home for 1	0 Years? <i>Exceptions can apply.</i>	Yes No		
2b Previous transfers Is your current address your first home w	rith MMHS? Yes No			
If not, please give details of any past trans	sfers.			
2c Current adaptations Has your current home been adapted for	your needs? Yes No			
If so please give details of the adaptations	s in place.			
2d Estimate of capital assets Please provide full details of your annual in the Society has maximum financial threshof £250,000.				
	сеай аррисант	Second applicant		
Annual income (gross) Include: church pension	£	£		
state pension				
privately arranged pension				
other income				

Total

All capital assets Exclude: property which is dealt with separately *and* any lump sum you will be opting for on retirement from the Methodist Church Pension Scheme but include any other lump sums.

Include:	current accounts	Lead applicant £	Second applicant £
	savings accounts		
unit and/or investments trusts, all bonds and stocks, all shares and money market instruments – including those held in tax wrappers like ISAs, TESSAs and PEPs			
	premium bonds		
		Total	
2e Equity in your MMHS home Do you have an equity share in your property? 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.		£	£
		Total	
3 REASONS FOR MO	OVING AND SPECIA	AL REQUIREMENTS	
3a Summary of rea : Please give reasons o		ing for a transfer.	
3b Preferred location Please indicate which this.		ea or more specific location is of in	iterest to you and the reason for

3c Preferred type of pro Please indicate which pro	-	d consider.		
☐ House ☐ Bungalow	☐ Flat Bedro	oms:	□ 3	
3d Medical or welfare n Please provide details to e medical conditions.		ds such as those lir	nked to mobility issues, family suppor	t and
Will you need any adaptat	ons in your new hon	ne? 🗆 Yes 🗀 No	0	
If these are different to th				
4 DECLARATIONS				
· I/we confirm that the inf	ve not knowingly wit Society's auditors ca	hheld any relevant an request verificati	urate to the best of my/our knowledg information from the Society. ion of any figures given.	e.
Lead applicant	Signa	ture	Date	
Second applicant				
purposes and to further our cha	ritable aims. Contact detai	ils (name, address, telep	r information you have requested, for administ bhone no, email address) may be shared with th . The MMHS Privacy Policy can be found online	nird
Please tick the box to understand the MMH.	•	ve been given the (opportunity to locate, read and	