



[BVT Guidance Notes](#)  
**[TRANSFER FORM](#)**

Please read the following carefully, the numbers shown under each highlighted section correspond with the same numbers on the Transfer Form. If you have any problems at all completing the form then please do not hesitate to contact the Lettings Section on 0121 415 6571.

**It is in your interest to provide supporting documents when requested as this will allow an accurate assessment of your application**

## **ABOUT YOU**

### 1. [Name](#)

Who should complete the transfer form?

The applicant should be the person who has their name on the tenancy agreement, if the tenancy is in joint names but both tenants do not wish to transfer please refer directly to the Lettings section.

### 2. [Address](#)

This should be the address of your tenancy alternatively write down a correspondence address and daytime telephone number, if you are unable to reside at your tenanted property.

### 3. [Marital status](#)

Write down current status.

## **ABOUT YOUR FAMILY**

### 4. [People you want to live with you](#)

Detail all household members who will reside with you all of the time or for part of the time. If you are divorced or going through a divorce or separation (and have children below 16 yrs) please attach confirmation of the agreed/proposed living arrangements in the form of:

- Solicitors letter
- Court order
- Letter from child(rens) other parent

If another household member is above 16yrs and resides elsewhere please attach a letter from that person confirming their housing circumstances and their wish to reside with you on the basis stated.

### 5. [Pregnancy](#)

If you or a member of your family is pregnant please attach a copy of your hospital anti-natal notes for confirmation purposes.

## **EQUAL OPPORTUNITIES**

### **8 - 12 [Specific Housing Needs](#)**

It is important that you complete, as fully as possible, details regarding your health and/or disability since this is the information our medical advisor will consider.

Our medical advisor will only contact the named medical professional when really necessary, in order to do so we need your signed consent.

Regrettably failure to complete this section fully will result in a delay with our assessment.

## **YOUR PRESENT HOUSING**

### **17. [Another person not moving out](#)**

This is applicable where another person (who is not a joint tenant) is living with you but doesn't wish to move with you.

NB Any such person will not have a legal right to remain in your property should you transfer and they will be required to seek alternative accommodation.

## **YOUR HOUSING SITUATION**

### **18. [Housing need](#)**

If you are applying for a transfer due to any of the following reasons your housing officer will be required to investigate your claims before your transfer can be fully assessed:

- Serious neighbour nuisance
- Harassment

## **YOUR REQUIREMENTS**

### **23. [Areas you require](#)**

It will increase your chances of being helped if you will consider as many areas as possible.

### **24. [Type of housing](#)**

Again cover as many options as possible

### **26. [Specific accommodation](#)**

If you are unsure about your need for specific accommodation arising from ill health, disability or age difficulties please contact the Lettings Section on 0121 415 6571 for further information.

#### **[Further information](#)**

If you have any complaints about the way your application is dealt with or wish to appeal against any decision that you feel is unfair or wrong, please contact the Lettings Section on 0121 415 6571 or write to the Shenley Area Office, 10 Shenley Green, Selly Oak, Birmingham B29 4HH stating that it is a complaint or appeal.

### [Young Persons \(16 – 18 Years\)](#)

Applicants applying between 16 – 18 years are generally refused except in extreme circumstances, please contact the Lettings Section on 0121 415 6571 for further details.

### Signature and Date

Please ensure that you sign and date your application form as we will be unable to process unsigned applications.