

Right to Transfer application form

## Before completing this application form please [read the guidance notes](https://www.newportcityhomes.com/media/2843/right-to-transfer-guidance-2023.docx).

**These notes explain situations where we are unable to allow a customer to exchange. This will help you to determine whether you are ready to submit an application.**

Are you a Newport City Homes customer? Yes  No  If no, who is your (Community) landlord?

**Contract Holder**

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Date of Birth** | **Gender** |
|  |  |  |
|  |  |  |
|  |  |  |

Your Household

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Date of Birth** | **Gender** | **Relationship to Contract Holder** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Phone number: Email:

Address:

Postcode:

Preferred method of contact:

# Pregnancy

Is anyone in your houshold pregnant? Yes  No  If YES, please state who:

When is the baby due?

# Pets

Do you have any pets? Yes  No  If YES, what pets do you have?

**Your property**

|  |  |  |  |
| --- | --- | --- | --- |
| What type of property do you occupy? |  | | |
|  |  |  |  |
| How many bedrooms does the property have? |  |  |  |
| Is your property in a sheltered scheme/55+? |  | Yes | No |
| **Adaptations**  Does your home have any adaptations? | Yes |  | No |

If you answered YES, please tick the appropriate boxes,

Stair lift

Walk in shower Low level bath Electric fit bath Wet room Adapted kitchen

Hoist and track system Wheelchair access Widened doorways Wheelchair ramps Through lift

Other

Have you succeeded to your contract, from a previous Contract Holder Yes  No 

Please explain why you want to Transfer

# Who do you want to transfer your home with?

Main Contract Holder name:

Joint CH name:

Home telephone: Mobile:

Address:

Postcode:

# Property type

What type of property do they occupy?

How many bedrooms does the property have?

Is their property in a sheltered scheme/55+? Yes  No  What is the name of their (Community) Landlord?

**How did you find your transfer partner?** *(Newport City Homes customer only)*

Homeswapper? Yes  No  Other *(please state)*

**Applicants from another Community landlord**

## Please complete this section if you are NOT a Newport City Homes customer.

Have you or anyone in your household previously held a tenancy with Newport City Homes? Yes  No 

If YES, please state who:

Has Legal action commenced against your Contract/Tenancy Agreement with current Landlord? Yes No

Do you have any debt with your current landlord? Rent arrears? Yes No

Recharge repairs? Yes No

Court costs? Yes No

Other? Yes No

Do you have any current or previous breaches of Contract/Tenancy with your landlord? (Fly tipping, ASB, etc) Yes No

**Declaration**

## By signing this form I/we give Newport City Homes consent to share my/our relevant information with interested parties. I/We declare that the information I/we have given is correct.

**I/We confirm that we have visited and viewed the property that we wish to transfer into in order to fully understand the condition of the property and are aware that the property is taken as seen.**

(For joint Contract Holders, both applicants should sign this form.)

Main applicants name:

Signature:

Date:

Joint applicants name:

Signature:

Date:

**All parties must complete an application form.**

**NCH customers are required to complete a Property Condition Self-assessment Form along with this application form before the exchange request can be processed.**

**Please save and email your completed form to** [**Homes&Communities@newportcityhomes.com**](mailto:Homes&Communities@newportcityhomes.com)