**Incentive to Move**

Application Form

|  |  |
| --- | --- |
| **For Office Use only****Input by** |  |
| **App no.** |  |
| **Date of Input** |  |

#  1 Applicant details

Full Name (Mr/Mrs/Miss/Ms/Other)

## Current property details

Address

 Postcode

#  2 Contact details

Home Work

Mobile Email address

#  3 Current property details

What type of property do you have?

 **Flat**  **Maisonette**  **House**  **Bungalow**

How many bedrooms does your current home have?

 **1**  **2**  **3**  **4**  **5**  **6**  **7**

Please tell us if you have any of the following adaptations in your home:

 Level access shower  Stairlift  Through floor lift  Access with ramp

 Handrails  Other adaptations *(please specify)*

Do you have any current rent arrears?

 **No**  **Yes**, please state current outstanding amount £

Please list below all the people *(including yourself)* who wish to live with you as part of your household

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Last Name** | **First Name(s)** | **Date of Birth** | **Age** | **Sex** | **Relationship to you** |
|  |  |  |  |  |  |  |
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#  Applicant’s needs

What type of property would you like?

##  Bungalow  Flat  Maisonette  House  Sheltered accommodation

How many bedrooms would you like?

 **1**  **2**  **3**  **4**

Do you need any special facilities?  **Yes**  **No** If yes, please state:

Do you have any pets that you wish to live with you?  **Yes**  **No**

If yes, please state details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Declaration

The details given on this form are true to the best of my knowledge and I authorise the Council to carry out any appropriate enquiries to verify the information given in this form. I understand this may involve the disclosure of information protected by Data Protection legislation. I understand that if it is found that I have made a false or misleading statement my application will be cancelled and that Tamworth Borough Council will seek to terminate any tenancy that I have been granted on the basis of false information

I /We understand the payment in respect of the incentive to move scheme will only be paid when my/our new tenancy commences.

|  |  |
| --- | --- |
| Applicants Signature: | Date: |
| Joint Applicant Signature (if applicable) | Date: |

## IMPORTANT NOTE

Now check you have completed all relevant boxes on this form.

All details are held in the strictest of confidence and will not be divulged to third parties other than for investigation purposes.

If you successfully move to a more suitable accommodation (under the terms and conditions of the Incentive to Move Scheme) payments are authorised once you have moved and following an inspection of the vacated property.

## This form should be returned to:

## voidandallocationteam@tamworth.gov.uk

**Tamworth Borough Council, Voids & Allocations Team, Marmion House, Lichfield Street, Tamworth B79 7BZ.**

**For office use only**

**To be completed by Voids and Allocations**

|  |  |  |
| --- | --- | --- |
|   | **Signature** | **Date** |
| Approval : Yes / No |   |   |
| Confirmation of new address |   |   |
| Confirmation of Tenancy Start |   |   |
| IDO Completed by Housing Advice & passed to Business support |   |   |
| Raised as creditor by business support |   |   |
| Cheque paid by business support |   |   |