**Contract Transfer Application Form**

We have no more than 14 days to apply for further information from all applicants. After we have received this information, we have one month to complete the relevant property checks and either approve or refuse the application request. You may not be contacted straight away with a decision, but you will receive acknowledgement of your application and details regarding next steps.

You MUST NOT exchange properties or make any removal arrangements until the following has been completed:

1. All parties have full written permission from the landlords involved;
2. All parties have met any conditions of consent;
3. All parties have signed the deed of assignment.

For joint contract holders wishing to exchange, applications will not be considered unless both contract holders have signed the application.

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| **CONTRACT 1** |
| **Name of contract holder(s):****……………………………………………………………………………. Date of birth:………………..****……………………………………………………………………………. Date of birth:………………..** |
| **Address: Landlord:** |
| **Property Type:** House / Flat / Maisonette / Bungalow / Bedsit (delete as applicable)**Property Size:** 0 / 1 / 2 / 3 / 4 bedrooms**Details of Adaptations to property:**  |
| **Telephone number:**  | **Email:** |
| **Current household members:** |
| **Please give details of any other household members:** |
| **Full Name** | **DOB** | **Gender** | **Relationship** *(to applicant)* |
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| ***Declaration:*** I / we declare that the information given on this form is true.  |
| **Contract Holder Signature:****Joint Contract Holder Signature** *(if applicable):* **Date:** |

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| **CONTRACT 2** |
| **Name of Contract Holder(s):****……………………………………………………………………………. Date of birth:………………..****……………………………………………………………………………. Date of birth:………………..** |
| **Address: Landlord:** |
| **Property Type:** House / Flat / Maisonette / Bungalow / Bedsit (delete as applicable)**Property Size:** 0 / 1 / 2 / 3 / 4 bedrooms**Details of Adaptations to property:**  |
| **Telephone number:** | **Email:** |
| **Current Household members:** |
| **Please give details of any other household members:****Full name DOB Gender Relationship** *(to applicant)*  |
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| ***Declaration:*** I / we declare that the information given on this form is true.  |
| **Contract Holder Signature:****Joint Contract Holder Signature** *(if applicable):* **Date:** |

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| **Notes for applicants** |
| It is recommended that you seek your own independent legal advice in relation to mutually exchanging your homePlease note that if you do not provide Bron Afon with the full facts, provide false information or do not tell the office about important changes in your situation between your application and the time a decision is made, this could result in your application being refused and/ or action being taken against your tenancy. ***Use of personal information:*** By signing this application, you are agreeing for Bron Afon Community Housing to store and share the information you have provided with any relevant partners as part of the assessment process. If you require a list of Bron Afon partners, or wish to discuss the process in more detail, please contact Bron Afon on 0800 111 42 42. |