

## APPLICATION FOR INTERNAL TRANSFER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FLAT POSITION: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

**PLEASE LIST YOUR DETAILS AND THOSE OF EVERYONE WHO WILL BE REHOUSED WITH YOU BELOW:**

NAME	AGE	DOB	RELATIONSHIP
TENANT			-
JOINT TENANT/PARTNER			-

DOES ANYONE NAMED ABOVE NOT LIVE WITH YOU AT PRESENT? YES/NO

IF YES, PLEASE GIVE DETAILS \_\_\_\_\_

DO YOU WISH TO BE CONSIDERED FOR:

TYPE OF PROPERTY		
TENEMENT <input type="checkbox"/>	HOUSE <input type="checkbox"/>	FOUR IN A BLOCK <input type="checkbox"/>

STREET	WHICH CLOSE / NUMBER	FLOOR LEVEL
EARLSTON AVENUE		
EARLSTON PLACE		
JAMES NISBET STREET		
RHYMER STREET		
ROYSTONHILL		
ROYSTONHILL PLACE		
ST JOSEPH'S VIEW		
THARSIS STREET		
BRIGHT STREET		

If you do not have a specific close or floor level in mind – simply write 'All'.

WHY WOULD YOU LIKE A TRANSFER?

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DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE MEDICAL REASONS FOR REQUESTING A TRANSFER? YES/NO

IF YES, PLEASE GIVE DETAILS.

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DO YOU REQUIRE MEDICAL ADAPTATIONS FOR EXAMPLE A SHOWER. YES/NO.  
IF YES, PLEASE GIVE DETAILS.

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**SCHEDULE 7, HOUSING (SCOTLAND) ACT 2001**

PART 1 OF SCHEDULE 7 RESTRICTS THE TYPES OF BENEFITS THAT CAN BE MADE TO EMPLOYEES AND COMMITTEE MEMBERS OF HOUSING ASSOCIATIONS AND COOPORATIVES AND THEIR RELATIVES. A TENANCY MAY BE GRANTED IF IT MEETS THE PUBLISHED ALLOCATIONS POLICY AND IF THE EMPLOYEE/COMMITTEE MEMBER IS NOT INVOLVED IN THE PROCESS. THIS TYPE OF ALLOCATION WILL BE RECORDED AND REPORTED TO COMMUNITIES SCOTLAND.

ARE YOU, OR ANY MEMBER OF YOUR HOUSEHOLD, RELATED TO ANY COMMITTEE MEMBER OR EMPLOYEE OF ANY OF THE HOUSING ORGANISATIONS THAT YOU ARE APPLYING TO?

YES / NO

IF YES, PLEASE STATE:

THE COMMITTEE MEMBER OR EMPLOYEE'S NAME: \_\_\_\_\_

THEIR RELATIONSHIP TO YOU: \_\_\_\_\_

**MONITORING**

HOW WOULD YOU DESCRIBE YOUR HOUSEHOLD'S ETHNIC ORIGIN?

- WHITE SCOTTISH                       WHITE OTHER BRITISH                       WHITE IRISH
- OTHER WHITE BACKGROUND                       (DETAILS: \_\_\_\_\_)
- ANY MIXED BACKGROUND                       (DETAILS: \_\_\_\_\_)
- INDIAN     PAKISTANI     BANGLADESHI
- CHINESE     ANY OTHER ASIAN BACKGROUND  (DETAILS:\_\_\_\_\_)
- CARIBBEAN                       AFRICAN                       OTHER BACKGROUND  (DETAILS:\_\_\_\_\_)

IF ENGLISH IS NOT YOUR FIRST LANGUAGE, PLEASE TELL US WHAT YOUR FIRST LANGUAGE IS: -

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IF YOU CONSIDER THAT YOU, OR ANY OF YOUR HOUSEHOLD, HAS A DISABILITY WOULD YOU DESCRIBE IT AS:

PHYSICAL       MENTAL ILL HEALTH       LEARNING DISABILITY       VISUAL IMPAIRMENT   
HEARING IMPAIRMENT       OTHER  (DETAILS: \_\_\_\_\_)

**DECLARATION**

I DECLARE THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE.

I WILL ADVISE STAFF AT THE ASSOCIATION OF ANY CHANGE TO MY PRESENT CIRCUMSTANCES WHICH MAY AFFECT MY TRANSFER APPLICATION.

I AM AWARE THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS FORM WILL RESULT IN MY APPLICATION FOR A TRANSFER BEING CANCELLED.

**SIGNED**                     \_\_\_\_\_                     **DATE** \_\_\_\_\_

**JOINT TENANT**                     \_\_\_\_\_                     **DATE** \_\_\_\_\_

**Please return completed forms to our office address.**