Office Use Only	Date Sent	/ /	Date Returned	/ /

Leicestershire Rural Housing Association Ltd TRANSFER APPLICATION FORM

In which village/s are you applying for housing

as a bedroom

All information will be treated confidentially

If you require any assistance in completing this form

please do not hesitate to contact the office on 0300 1234 009

Please note:	we require a local connection for	most v	rillages	where we	e have properties (s	ee Sec	tion 2).	
Do you wish to: Buy Rent								
Number of Bedrooms Required: 1 2 3								
Type of prope		Flat	В	ungalow				
MAIN APPLICANT JOINT APPLICANT								
Section 1.	Personal Details		Sect	ion 1. I	Personal Details			
Title Mr, Mrs etc			Title N	/Ir, Mrs etc				
Surname			Surna	ıme				
Forenames			Foren	ames				
Address			Addre	ess				
Post Code			Post (Code				
Contact Details & Telephone Numbers			Co	ontact De	etails & Telephone	Numb	ers	
Home			Home	,				
Work			Work					
Mobile			Mobile	е				
E-mail			E-mai	I				
Dadwaan		Det		Mala	Dalatianahin		nove	
Bedroom No	Name		e of rth	Male Femal	Relationship to you	Yes	you No	
4		/	/		,			
] .		/	/					
		/	/					
2		/	/					
_		/	/					
_		/						
3		/	/					
)		/	/					
Other room used		/	/					

Section 2. Local Connect	Section 2. Local Connection					
It is a requirement that you ha	ave a local connecti	ion to the Village	/Parish you are	applyir	ng for	
Do you currently live in the Village/Parish?	Yes No	Do you currently Village/Parish?	live in the	Yes	No	
If "Yes" how many years have you lived there		If "Yes" how many years have you lived there				
If you used to live in the Village/list the address/es dates you last	•		re in the Village/F dates you last live			
Do you currently work in the Village/Parish?	Yes No	Do you currently Village/Parish?	work in the	Yes	No	
If "Yes" how many years	If "Yes" how many years					
have you worked there	have you worked there					
Do you have <u>close relatives</u> living in the	Yes No	Do you have <u>close relatives</u> living in the			No	
Village/Parish?		Village/Parish?	latail balaw			
If "Yes" please detail below Name of Relative	Address	If "Yes" please o	Relationship			
			•			
Castian 2 Bassan for Tra	mofor.					
Section 3. Reason for Tra						
Please detail below your reas	on/s for requesting a	transfer:				
Please Note: • We recommend that you and their exchange/train		•	oe added to their	waiting	list	
 There is also a nationa (fee payable). For more 		• •	•	with		
Main Applicant's Signature			Date /	/_		
Joint Applicant's Signature			Date /	/		

Please return your completed form to:

Leicestershire Rural Housing Association, Unit 19, Whitwick Business Centre Stenson Road, Coalville, Leicestershire, LE67 4JP

LRHA is registered as a Community Benefit Society with charitable status 29402R