## Incentive to Move Application Form

FOR OFFICE USE ONLY Input by					
App No.  ———————————————————————————————————					



1 Ar	oplicant details										
	-										
	e (Mr/Mrs/Miss/Ms) _										
	property details										
AddressPostcode											
2 C	ontact details										
				Work	Work						
Mobile											
3 Cı	urrent property	details									
What type of property do you have?  ☐ Flat ☐ Maisonette		notto	☐ House			☐ Bungalow					
			iette		use			galow			
How mo		ur ourront bon	na hayan								
<b>∃ 1</b>	ny bedrooms does yo	ur current non	ne nave? □ <b>4</b>	□5		<b>6</b>	□7				
_ •	<b>□ 2</b>		<b>-</b> _			, O					
Please to	all us if you have any	of the following	a adaptations	in vour bo	mo:						
	Please tell us if you have any of the following adaptations in your home:  Level access shower   Stairlift   Through floor lift   Access with ramp										
			☐ Other adaptations (please specify)					•			
			•	. ,	,, <u></u>						
Do you b	any any autrent rent (	2440 040 Q									
□ No	nave any current rent a		e state curren	t outstandir	na amour	nt f					
	'	_ <b>103</b> , piodoc	o state carreir	t outstarium	ig arriour	11. 2		<del></del>			
Please lis	st below all the people	(including y	<i>ourself)</i> who	wish to live	with you	as part	of your ho	usehold			
Title	Last Name	First N	lame(s)		Date	Age	Sex	Relationship to You			
7100	Last Hamo	1 1100 1	<b>(</b> a) 110(0)		of Birth	rigo	COX	riolationomp to roa			
		<del></del>									
		<del></del>		<del> </del>		_					
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	-										

Applicant's nee	ds								
What type of property	would you like?								
■ Bungalow	□ Flat	☐ Maiso	nette	☐ House	☐ Sheltered accomodation				
How many bedrooms v	would you like?								
□ 1	□ 2	□ 3		<b>□</b> 4					
Do you need any spec	ial facilities?	s 🗆 No	If yes, p	lease state:					
Do you have any pets	that you wish to live v	with you?	□ yes	□ <b>No</b> If ye	es, please state:				
Declaration									
	nis form are true to the	e best of m	y knowledo	e and I author	rise the Council to carry out any				
appropriate enquiries t	to verify the information	on given in	this form. I	understand th	nis may involve the disclosure of				
-	-	-			and 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									
•									
·	payment in respect of	the incenti	ve to move	scheme will c	only be paid when my/our new tenancy				
commences.									
Applicant's signature					Date				
Joint Applicant (if app	olicablo)				Date				
Tomit Applicant (ii app									
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 (uncer 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 i	returned to:								
Tamworth Borough Council, Voids & Allocations Team, Marmion House, Lichfield Street, Tamworth B79 7BZ.									
For office use only									
To be completed by Voids	and Allocations								
Approval			☐ Yes ☐	No	Date				
Confirmation of new address	S								
Confirmation of Tenancy Sta		occ cupped			Date Date				
IDO Completed by Housing  Raised as creditor by busine		ess support							
Cheque paid by business su			<u> </u>		Date`				
Chicque paid by business st	ppoit		Jig		Date				