



About you

| |
|----------------|
| Your name |
| Address |
| Mobile |
| Daytime Number |
| Email |

List those family members moving with you

| | | | |
|---------------|--------------------------|-------------|---------------------|
| Name | | | |
| Date of Birth | Relationship to customer | Gender | Where do you sleep? |
| | | Male Female | |

| | | | |
|---------------|--------------------------|-------------|---------------------|
| Name | | | |
| Date of Birth | Relationship to customer | Gender | Where do you sleep? |
| | | Male Female | |

| | | | |
|---------------|--------------------------|-------------|---------------------|
| Name | | | |
| Date of Birth | Relationship to customer | Gender | Where do you sleep? |
| | | Male Female | |

| | | | |
|---------------|--------------------------|-------------|---------------------|
| Name | | | |
| Date of Birth | Relationship to customer | Gender | Where do you sleep? |
| | | Male Female | |

| | | | |
|---------------|--------------------------|-------------|---------------------|
| Name | | | |
| Date of Birth | Relationship to customer | Gender | Where do you sleep? |
| | | Male Female | |

| | | | |
|---------------|--------------------------|-------------|---------------------|
| Name | | | |
| Date of Birth | Relationship to customer | Gender | Where do you sleep? |
| | | Male Female | |

| | | | |
|---------------|--------------------------|-------------|---------------------|
| Name | | | |
| Date of Birth | Relationship to customer | Gender | Where do you sleep? |
| | | Male Female | |

Reason for transfer

Need a larger property

Need an adapted home

Medical reasons

Need a smaller property

I am interested in homes designed for people over 55

Other

If you've ticked 'Other' please explain below

If you've ticked 'Medical reason' please explain below. We may contact you to provide substantive evidence of the medical condition

Please give details of your current bedrooms

Total number of single bed bedrooms

Total number of double bed bedrooms

Total number of other rooms used as bedrooms

Do you require any of the following adaptations?

Level access

Ramped access

Widened doorways

Stair lift

Hoists

Lowered units

Raised electrical sockets

Adapted bath or shower

Other Information

Any other information?

Declaration

By completing and signing this form, you're giving us consent to use your personal information purely for the purposes of assessing your application.

You can view our Privacy Notice which explains the legal basis for the processing of your personal information on our website at www.rhp.org.uk.

Please tick this box to confirm that you understand and agree with the above statement.

Print Name:

Date: | |