REGISTERED PROVIDER TRANSFER FORM (RPTF)

**1. Current Registered Provider - Contact Details**

|  |  |
| --- | --- |
| Registered Provider name |  |
| Investment Management System (IMS) code |  |
| Contact Name |  |
| Contact Email Address |  |
| Contact Phone Number |  |

**1a. Receiving Registered Provider - Contact Details**

|  |  |
| --- | --- |
| ***This is the entity you are transferring units to*** | |
| Registered Provider name |  |
| Investment Management System (IMS) code |  |
| Provider type |  |
| Contact Name |  |
| Contact Email Address |  |
| Contact Phone Number |  |

**2. Unit Details**

|  |  |
| --- | --- |
| Proposed Date of Transfer Please note: This must be advised to Homes England 14 days prior to the transfer occurring |  |
| Property(s) address(es) inc postcodes(s) and grant amount vested in each property | Please note: If transferring more than 10 addresses please send in a spreadsheet schedule of all unit addresses transferring including grant amounts and IMS scheme ID |
| Total amount of Homes England grant funding transferring | £ |
| IMS Scheme ID/Project number of each of the properties |  |
| Year Scheme Funded |  |
| Funding Programme |  |
| Type of Housing |  |
| Tenure type |  |

**3. Please complete only if transferring to For Profit Registered Provider**

|  |  |
| --- | --- |
| Price at which the property(s) were acquired by the For-Profit Registered Provider | £ |
| Valuation of the property (s) as obtained from a RICS qualified independent Valuer | £ |