IN CONFIDENCE WHEN COMPLETED

PROPORTIONALITY EXERCISE ASSESSMENT FORM

The Licensee and/or remaining occupant should provide as much information as possible at the earliest opportunity to assist the LOE Team in making a decision on the course of action upon the expiry of the notice to vacate.

notice to vacate.	-0- 10am m maimig a accio			
Name				
Address				
NTV Expiry Date				
Part 1:	: TO BE COMPLETED E	BY LICENSEI	E OR OCCUPAN	г
(Complete all sections; if	section is not applicable, inse	ert 'N/A')		
A. PERSONAL / CO	NTACT DETAILS			
Mil Tel No:				
Home Tel No:				
Mobile Tel No:				
Email Address:				
OCCUPANTO				
OCCUPANTS Name	Relationship	Tr	Date of Birth	
Ivanie	Trelationship	L	Date of Diffi	
B. FUTURE HOUSIN	IG INTENTIONS			
	occupant should provide as estions; where the question d			s future housing
For cases of estrangem	ent only		Coormont	Chaves
If you have children, will	I the children live with you or	vour spouse?	Occupant	Spouse
ii you have children, will	The children live with you of	your spouse:		
In cases of estrangeme remains in SFA/SSFA.	nt, the remainder of this for	m is to be com	pleted by the occup	ant who

For all moves to a private address: PLEASE PROVIDE SUPPORTING DOCUMENTATION e.g. Tenancy Agreement, Agreed Mortgage Offer or Confirmed offer of an address.

	Yes / No
Will this be your own home?	
Will this be rented accommodation?	
Will this be a new house purchase?	
Will this be to social housing?	
Will this be through the MOD Sublet programme?	

		n home): PLEASE PR	OVIDE SUPPORTING	G DOCUMENTATION	
	be available by N				
If No, give reason (e.g., currently rented)					
If No. sive data n	roporty ovposted	to be evallable			
for you to move i	property expected	to be available			
ioi you to move i	11				
For Move to Priva	ate Address (rent	ted accommodatio	n): PI FASE PROVI	DE SUPPORTING DO	CUMENTATION
	roperty arranged?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22 001 1 011 1110 20	
	of expected move				
, ,		<u>.</u>			
For Move to Priva	ate Address (hou	se purchase): PLE	ASE PROVIDE SUPP	ORTING DOCUMENT	TATION
Do you have a p	roperty arranged?	(Y/N)			
If Yes, have you	exchanged contra	cts? (Y/N)			
If No, give date y	ou expect to exch	ange contracts			
	nanged, provide co				
Is your house pu	rchase dependant	on receipt of			
your terminal ber	nefit? (Y/N)				
For Move to Soci	al Housing: PLEA	SE PROVIDE SUPPOR	TING DOCUMENTAT	ION	
Have you applied (Y/N)	d to the Local Auth	nority (LA)?			
If Yes, give date					
	given a property? (
	you expect to mov				
	d to any other Age				
with your housing	g requirement? (Y/	/N)			
	Is below for LOE T				
Housing Provide	r Name		Housing Provider Address		
N (D	1 12 201	12 12			
	dealing with your	application			
Contact Tel No.					
	/ EDIIO 4 TION				
C. CHILDREN	/ EDUCATION				
0' ' ' '		19. 2			
		living with you, who		ducation and are	due to sit national
exams, e.g. GCSEs, Standard Grades, A-levels, Degrees etc.					
Name	Date of Birth	School / College	Course	Date(s) of	In receipt of
Ivaille	Date of Birtin	School / College	(GCSE etc)	final exams	CEA (Y/N)
			(GOOL CIC)	illai Cxailis	OLA (1/14)

D. SPECIAL EDUCATIONAL NEEDS

Give details of any children who live with you and in full time education who have special educational needs.

Name	Details

E. MEDICAL

Give details of anyone in your family who lives with you who is currently undergoing a course of treatment at a local hospital and which is expected to continue past your NTV date. Please provide a letter from your GP and/or consultant, including a statement whether or not this treatment could be continued or provided elsewhere.

Name	General Details	Supporting Evidence Provided (Y/N)

F. ADDITIONAL NEEDS OR DISABILITIES

Give details of anyone in your family who has additional needs or disabilities that might affect your family's ability to move by NTV date.

Name	General Details	Supporting Evidence Provided (Y/N)

G. F&C PERSONNEL ONLY (To include Gurkhas and Nepalese Citizens)

		Yes / No
Do you intend to remain in the UK		
If yes, have you applied for Indefinite Leave to Enter		
	Indefinite Leave to Remain	

H. WELFARE - GENERAL

	Yes/No
Are you currently receiving support from any of the Armed Forces Welfare Services (e.g. AWS, NPFS, SSAFA)?	
If yes, are you content for Welfare Services to engage with DIO on your behalf?	
If yes, please sign below and pass this form to them so they can complete Part 2.	
If no, please sign below and return this completed form to the LOE Team at the address provided.	

Please provide any other information you think might affect your ability to move from your current SFA by the NTV date.
Signature of Occupant:
Date:

Part 2: TO BE COMPLETED BY A REPRESENTATIVE FROM THE ARMED FORCES WELFARE SERVICES (eg UWO / AWS / NPFS / SSAFA)

You have been asked to complete this form because the family named in Part 1 have indicated that they may be unable to meet their NTV date for their SFA/SSFA. The information that you provide may assist with the decision by the Housing Provider regarding seeking an Order for Possession.

		Yes / No
Do you consider NTV period of 93 days to be sufficient their current SFA/SSFA?	ime for the family to vacate	
If yes, please provide reasons.	<u> </u>	
If no, please provide an assessment of the effect that va	cating their SFA/SSFA will ha	ve on this family.
Include a substantiated recommendation as to when you	u consider the family will poter	ntially be able to
move.		
Organisation & post title:		
Name:		
ivame.		
Rank / title:		
Signature:		
Date:		
Contact No:		
<u> </u>		

affected by the pandemic, then please use this space below to inform the DIO LOE Team of any impact the pandemic has caused.				

DIO are aware that the impact of Covid-19 has affected families in many ways. If you have been