

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.

Name	
Address	
NTV Expiry Date	

Part 1: TO BE COMPLETED BY LICENSEE OR OCCUPANT

(Complete all sections; if section is not applicable, insert 'N/A')

A. PERSONAL / CONTACT DETAILS

Mil Tel No:	
Home Tel No:	
Mobile Tel No:	
Email Address:	

OCCUPANTS		
Name	Relationship	Date of Birth

B. FUTURE HOUSING INTENTIONS

The Licensee / remaining occupant should provide as much detail as possible of the family's future housing intentions. Answer all questions; where the question does not apply, answer 'N/A'.

For cases of estrangement only

	Occupant	Spouse
If you have children, will the children live with you or your spouse?		

In cases of estrangement, the remainder of this form is to be completed by the occupant who remains in SFA/SSFA.

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?	

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 at the end of your military service?		
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 time for the family to vacate their current SFA/SSFA?	
If yes, please provide reasons.	
If no, please provide an assessment of the effect that vacating their SFA/SSFA will have on this family. Include a substantiated recommendation as to when you consider the family will potentially be able to move.	
Organisation & post title:	
Name:	
Rank / title:	
Signature:	
Date:	
Contact No:	

DIO are aware that the impact of Covid-19 has affected families in many ways. If you have been affected by the pandemic, then please use this space below to inform the DIO LOE Team of any impact the pandemic has caused.

