



## Do you want us to bid for you?

Name \_\_\_\_\_

TMO Reference Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE CHOOSE CAREFULLY

If you restrict your choice of area and property, you will reduce your chances of placing bids and eventually rehousing. Please include as many areas as possible and consider all types of housing to enable us to place bids.

If you have been assessed for a medical priority, the medical assessor's team may have made recommendations about the type of home that is best for you. We strongly advise you to make choices that match these recommendations.

### TYPE OF PROPERTY

- Bungalow – *no stairs inside*
- House – *with stairs inside*
- Flat – *no stairs inside*
- Maisonette – *with stairs inside*
- Properties for Over 60s
- Properties for Over 50s

### PROPERTY FEATURES

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| The property must have central heating                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| The tenancy can also be a Housing Association                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Only offer me a home that matches the Medical Assessor's recommendations | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### FLOOR LEVEL OF FRONT DOOR

Only ground floor – *You are unlikely to be offered ground floor unless you have an assessed medical need.*

Any floor level- *Are you sure you mean ANY floor?*

If there is a lift, any floor level up to – *Tell us which number floor is the highest you will take, e.g. 1<sup>st</sup>, 2<sup>nd</sup>, 15<sup>th</sup>.*

If there is no lift, any floor level up to – *Tell us which number floor is the highest you will take, e.g. 1<sup>st</sup>, 2<sup>nd</sup>, 5<sup>th</sup>.*

**AREA OF SELECTION**

North of the Borough  
*W10, W11, W14*

South of the Borough  
*SW10, SW3, SW6, W8*

Out of the Borough  
*Please Specify Below*

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Signatuer \_\_\_\_\_ Date \_\_\_\_\_