

## APPLICATION FOR MUTUAL EXCHANGE

Once you have found a property you wish to exchange with please complete this form in full and return it to your Housing Officer. The Association has 42 days from receipt of this form to approve or refuse your application.

For joint tenancies please give both tenants names in full.

Title:	Forename:	Surname: Date of Birth:
Title:	Forename:	Surname: Date of Birth:
Present Address		
_____		
_____		
_____		
Postcode:	_____	
Telephone No:	_____	
_____		

OTHER OCCUPANTS				
Forename:	Surname:	Relationship to tenant:	Date of Birth:	Sex:

YOUR TENANCY AGREEMENT (please tick as appropriate)				
Starter <input type="checkbox"/>	2 year fixed <input type="checkbox"/>	5 year fixed <input type="checkbox"/>	Assured <input type="checkbox"/>	Secure <input type="checkbox"/>
THE TENANT YOU WISH TO EXCHANGE WITH (please tick as appropriate)				
Starter <input type="checkbox"/>	2 year fixed <input type="checkbox"/>	5 year fixed <input type="checkbox"/>	Assured <input type="checkbox"/>	Secure <input type="checkbox"/>

<b>PRESENT ACCOMMODATION (please tick as appropriate)</b>			
Maisonette <input type="checkbox"/>	Flat <input type="checkbox"/>	House <input type="checkbox"/>	Floor: _____
Size: Bedsit <input type="checkbox"/>	3 bed <input type="checkbox"/>	Garden: Yes <input type="checkbox"/>	No <input type="checkbox"/>
1 bed <input type="checkbox"/>	4 bed <input type="checkbox"/>	Pets: Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 bed <input type="checkbox"/>	5 bed <input type="checkbox"/>		
Are there any noise/neighbour problems at your accommodation?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what type of pet? .....

<b>DETAILS OF TENANT(S) YOU WISH TO EXCHANGE WITH</b>		
Title:	Forename:	Surname:
Title:	Forename:	Surname:
Present Address _____		
Postcode: _____		
Telephone No: _____		
<b>THEIR LANDLORD</b>		
Name of Landlord: _____		
Address of Landlord: _____		
Postcode: _____		
Telephone No: _____		

I/we consent to OH conducting checks with third parties in order to process this application (for joint tenancies, both tenants must sign)

Signed:		Date:	
Signed:		Date:	

**Please return this form to:**

For official use only: Date application received:	
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