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| **Mutual Exchange Request Form** |

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| **SECTION 1 – Please give details about you and your household** |

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| **Main Tenants Name:** |  | |
| **Joint Tenants Name:** |  | |
| **Current Address:** |  | |
| **Postcode:** |  | |
| **Telephone Number(s)** |  |  |
| **E-mail Address:** |  | |

**Your Household – Please give details about yourself and the people who will be moving with you**

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| **First Name** | **Surname Name** | **Gender** | **Date of Birth** | **How are they related to you?** |
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| Is any member of your household pregnant?  - Yes  - No | |
| If yes, please provide a copy of MATB1 form and state expected due date |  |
| Are you or any of your household subject to an anti-social behaviour order?  Yes  No | |
| Do you or any member of your household have any unspent criminal convictions?  Yes  No | |
| Do you or any member of your household have any health or wellbeing issues that require adaptations to the property? (I.e. Level access shower, wheelchair access)  Yes  No | |
| If yes, please give details of the adaptations required: | |
| Do you have any pets that will be moved with you?  - Yes  - No  If yes, please give details | |

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| Please give your reasons for seeking an exchange: |

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| Where did you find your home swap?  - Swap and move  - Homeswapper  - Social Media  - Other Swap website  - Other (please state) |

**Your current home - Please give details about your current property**

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| **Date you moved in** | **Type of property (i.e. house, flat)** | **Number of bedrooms** | **What floor level is your property on?** | **Landlord** |
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| What is your current weekly rent charge? | £ |
| Do you have any rent arrears? | Yes  No |
| If yes, please state total of rent arrears owed | £ |

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| **Please provide details for your current Landlord** | |
| Landlords Name |  |
| Landlords Address |  |
| Telephone Number |  |
| E-mail Address (if known) |  |

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| **Please give details of yours and any joint applicant’s income** |

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| **Main Applicants Name** | | |  | | | | | | |
| **Current employment status**: -Full time work -Part-time work -Job seeker -Retired  -Not seeking work -Long-term sick/disabled -Full time student/training scheme  -Other (please state | | | | | | | | | |
| Occupation: | | | | | Hours worked (if part time) | | | | |
| Net Earnings: | | £ | | | | - Week  - Month | | | |
| **Please give details of any of the following benefits or pensions that you are in receipt of** | | | | | | | | | |
| Universal Credit | £ | | | Week/Month | Housing Benefit | | | £ | Week/Month |
| Income Support | £ | | | Week/Month | Jobseekers Allowance | | | £ | Week/Month |
| ESA (work) | £ | | | Week/Month | ESA (support) | | | £ | Week/Month |
| Child Tax Credit | £ | | | Week/Month | Child Benefit | | | £ | Week/Month |
| Working Tax Credit | £ | | | Week/Month | State pension | | | £ | Week/Month |
| Pension credits | £ | | | Week/Month | Occupational pension | | | £ | Week/Month |
| Other Income/earnings | | | | £ | | | Week / Month | | |

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| **Joint Applicants Name** | | |  | | | | | | |
| **Current employment status**: -Full time work -Part-time work -Job seeker -Retired  -Not seeking work -Long-term sick/disabled -Full time student/training scheme  -Other (please state | | | | | | | | | |
| Occupation: | | | | | Hours worked (if part time) | | | | |
| Net Earnings: | | £ | | | | - Week  - Month | | | |
| **Please give details of any of the following benefits or pensions you are in receipt of** | | | | | | | | | |
| Universal Credit | £ | | | Week/Month | Housing Benefit | | | £ | Week/Month |
| Income Support | £ | | | Week/Month | Jobseekers Allowance | | | £ | Week/Month |
| ESA (work) | £ | | | Week/Month | ESA (support) | | | £ | Week/Month |
| Child Tax Credit | £ | | | Week/Month | Child Benefit | | | £ | Week/Month |
| Working Tax Credit | £ | | | Week/Month | State pension | | | £ | Week/Month |
| Pension credits | £ | | | Week/Month | Occupational pension | | | £ | Week/Month |
| Other Income/earnings | | | | £ | | | Week / Month | | |

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| **Are you or any household member claiming housing benefit or universal credit towards the housing costs at your current address?** Housing Benefit -  Universal Credit -  Not claiming -  **Does this cover all or part of your housing costs?** Yes -  No -  Don’t know -  **Do you intend to claim housing benefit or universal credit for the housing costs at your new address?**  Yes -  No -  Don’t know - |

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| Do you or the joint applicant have any savings | Yes - No - | Please state amount £ |
| Do you or the joint applicant own any property, land or businesses? | Yes - No - | If, yes, please give details: |

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| SECTION 2 – **Please give details of the property and tenant(s) you wish to exchange homes with.** |

2nd tenant’s details for 2 way swap

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| **Main Tenants Name:** | First Name: | Surname: | |
| **Joint Tenants Name:** | First Name: | Surname: | |
| **Current Address:** |  | | |
| **Postcode:** |  | | |
| **Telephone Number(s)** |  | |  |
| **E-mail Address:** |  | | |

**Please give details of the property you want to move to:**

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| --- | --- | --- | --- | --- |
| **Date tenants moved in** | **Type of property (i.e. house, flat)** | **Number of bedrooms** | **What floor level is the property on?** | **Weekly rent charged (£)** |
|  |  |  |  | £ |

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| **Please provide details of the Landlord for the property** | |
| Landlords Name |  |
| Landlords Address |  |
| Telephone Number |  |
| E-mail Address (if known) |  |

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| SECTION 3 – **If you are requesting a 3 way exchange,** **Please give details of the property and tenant(s) you wish to exchange homes with.** |

3rd tenant’s details for 3 way swap

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| **Main Tenants Name:** | First Name: | Surname: | |
| **Joint Tenants Name:** | First Name: | Surname: | |
| **Current Address:** |  | | |
| **Postcode:** |  | | |
| **Telephone Number(s)** |  | |  |
| **E-mail Address:** |  | | |

**Please give details of the property you want to move to:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date tenants moved in** | **Type of property (i.e. house, flat)** | **Number of bedrooms** | **What floor level is the property on?** | **Weekly rent charged (£)** |
|  |  |  |  | £ |

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| --- | --- |
| **Please provide details of the Landlord for the property** | |
| Landlords Name |  |
| Landlords Address |  |
| Telephone Number |  |

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| **Declaration and Consent**  **Please read the following statement and sign to confirm you understand and agree** | | | |
| * I confirm that all the information on this form is correct and I give my permission to check the details and obtain further information if required. The Landlord you are applying to may seek references about the management of your tenancy from current or previous landlords. * I have viewed the property I plan to exchange to and am happy that it is suitable for my needs (including any medical requirements) and I am happy with the condition of the property. * I understand the information provided in this form is covered by the Data Protection Act 1998 and you will not pass it on to others without my permission. * I understand that the landlords involved in this exchange will access the information in this form to assess the application in accordance with their own exchange policy. * I am aware that if I have a right to buy this maybe affected by any mutual exchange * I confirm that any joint tenant has been consulted about the proposed exchange, gives their consent and is not seeking a transfer of tenancy to their sole name * I understand that I must not exchange properties until all Landlords involved have given their written consent and all exchange parties and Landlords have signed a new tenancy agreement. * I agree to allow access to my Landlord for a full inspection of my current property. * I confirm that no money or gifts have or will be given to or accepted from the exchanging parties for the purpose of the mutual exchange. I understand that receiving/giving money or gifts for the purpose of an exchange will be treated as tenancy fraud and could result in the loss of my tenancy. * I am aware that after a mutual exchange has been completed the Landlord will not consider making any alterations to the property. I confirm that I have checked the property is suitable for any existing medical needs. * I accept the condition of the property and will take over any repairs or alterations which are the out-going tenant’s responsibility * I am aware that the Landlord will not accept any responsibility for any costs incurred as part of the exchange. | | | |
| Signature of Main tenant |  | Date |  |
| Print Name – Main tenant |  | | |
|  | | | |
| Signature of Joint tenant |  | Date |  |
| Print Name – Joint tenant |  |  |  |

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| Please return your completed form along with the relevant requested ID. The parties that you are wishing to exchange with should also have completed a Mutual Exchange application form and all forms should be returned to  **Broadacres Housing Association**  **Freepost RRBZ-TATA-BYHL**  **Mount View, Standard Way, Northallerton, North Yorkshire DL6 2YD** |