

ABRONHILL HOUSING ASSOCIATION LTD

APPLICATION FOR MUTUAL EXCHANGE REQUEST

This form must be completed and signed by the both exchanging tenants

IMPORTANT: Written consent **must** be obtained before an exchange can go ahead

1. TENANCY DETAILS OF PROPOSED EXCHANGING TENANT

YOUR NAME _____

YOUR ADDRESS _____

YOUR TEL NO _____

DATE OF ENTRY _____ NUMBER OF BEDROOMS _____

PROSED DATE OF EXCHANGE _____

2. HOUSEHOLD DETAILS

Please give details of everyone who will move with you, starting with yourself

Name	Date of birth	Relationship to tenant
		Tenant

3. PROPERTY DETAILS

Please state: Type of house _____(e.g. terrace house, flat)

Present rent £ _____ monthly/weekly/other

Name and address of present landlord _____

Reason for seeking a mutual exchange _____

Name and address of Abronhill Housing Association tenant with whom you wish to exchange

Name _____

Address _____

All applicants are asked to sign the following declaration:

I hereby declare that the information I have provided on this application form is correct.

I undertake to inform Abronhill Housing Association of any changes in my circumstances or any of my household which may affect my application

I understand that if I knowingly supply false information my application will be cancelled. I understand that if I knowingly make any false statement or withhold relevant information that the Association may seek recovery of any tenancy granted to me.

I authorise my current or any previous landlord to provide information to Abronhill Housing Association relating to the conduct of any tenancy held by me.

I understand that if permission is granted it is conditional on

- Written permission being received from both landlords
- That the property is accepted in its present condition

Signed

Abronhill Housing Association tenant _____

Abronhill Housing Association joint tenant _____

Date _____

Proposed exchanging tenant _____

Proposed joint applicant _____

Date _____