



Abronhill Housing Association Ltd

Mutual Exchange Register Form

Applicant's Details

Title (Mr/Mrs Etc)	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Tel No:		Postcode:	<input type="text"/>
		Mobile No:	<input type="text"/>
Email Address	<input type="text"/>		

Details of your present accommodation

How many bedrooms do you have in your home?

1 2 3 4 5

How many bedrooms are double and how many are single?

Double Single

Which house type best describes your home?

<input type="checkbox"/> End Terrace	<input type="checkbox"/> Mid Terrace	<input type="checkbox"/> Flat ground floor
<input type="checkbox"/> Split level	<input type="checkbox"/> Maisonette	<input type="checkbox"/> Flat upper (please state which floor)
<input type="checkbox"/> Four in a block	<input type="checkbox"/> Multi Storey Flat	
<input type="checkbox"/> Other (please state) _____		

What type of heating does your home have?

<input type="checkbox"/> Gas Central Heating	<input type="checkbox"/> Electric Central Heating	<input type="checkbox"/> Electric Storage
<input type="checkbox"/> Solid Fuel	<input type="checkbox"/> Other (please state) _____	

Does your home have any of the following?

<input type="checkbox"/> Garage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Garden
<input type="checkbox"/> Adaptations please specify: _____		

Rent (do not include any housing benefit you receive) £ _____ monthly/weekly

Details of accommodation you are seeking

How many bedrooms would you consider?

1 2 3 4 5

Which house type of house are you looking for?

End Terrace Mid Terrace Flat ground floor
 Split level Maisonette Flat upper (please
state which floor)
 Four in a block Multi Storey Flat
 Other (please state) _____

What type of heating would you prefer?

Gas Central Heating Electric Central Heating Electric Storage
Heating
 Solid Fuel Other (please state) _____

Would you require a home with any of the following?

Garage Driveway Garden
 Adaptations please specify: _____

Who is your landlord? _____

Areas—please list the areas you would be interested in moving to:

Signature

Date

PLEASE BE AWARE THAT INFORMATION ON THIS FORM IS KEPT IN A REGISTER THAT IS AVAILABLE TO MEMBERS OF THE PUBLIC