

## Mutual Exchange Application Form

### About you (the applicant)

Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone number Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

How did you find out about this exchange? Online  Other  (please state) \_\_\_\_\_

### About your household

Please provide details of all other occupants who will live at the address:

| Full name | Date of birth | Sex | Relationship to applicant | Medical needs |
|-----------|---------------|-----|---------------------------|---------------|
|           |               |     |                           | Yes/No        |
|           |               |     |                           | Yes/No        |
|           |               |     |                           | Yes/No        |
|           |               |     |                           | Yes/No        |
|           |               |     |                           | Yes/No        |
|           |               |     |                           | Yes/No        |

### Present accommodation

Name of your landlord \_\_\_\_\_

Address of landlord \_\_\_\_\_

Postcode \_\_\_\_\_

Landlord telephone number \_\_\_\_\_

Present accommodation type: House  Maisonette  Flat  Bungalow

Number of Bedrooms: \_\_\_\_\_

Is the property adapted for an occupant with medical needs? Yes  No

Why are you requesting an exchange from your current home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Processing of your mutual exchange application will not begin until forms have been received from both you and the person you wish to exchange with. Your application will be dealt with more quickly if both completed forms are sent to the office attached together.**

## IL2: PROTECT

### Details of the person you wish to exchange with

Full name \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Name of landlord \_\_\_\_\_  
Address of landlord \_\_\_\_\_  
Postcode \_\_\_\_\_  
Landlord telephone number \_\_\_\_\_

### Declaration to be signed by Tenant:

I have read, understood and agree to comply with the following conditions:

- I must not exchange properties until notified by the Director of Neighbourhood Services.
- I have viewed the requested property and I agree to accept the property and garden in its present condition. No decorations or alterations will be undertaken and no expense incurred by Sandwell Metropolitan Borough Council by reason of the exchange.
- I am prepared to replace at my own expense any cracked or broken glass, cracked washbasin or any broken fittings, fixtures or lost keys or pay for the cost of any damage to the premises other than caused by ordinary wear and tear.
- I understand that my application may be refused due to under-occupancy, overcrowding, eligibility for medical needs adaptations or breach of tenancy conditions by either party.
- I consent to my information being shared with council departments and housing providers involved in this mutual exchange.

Date \_\_\_\_\_ Signed \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>For Office Use Only</b>  | Date received _____   | 42 day expiry date _____                                      |
| Technical Inspection date: _____  | No issues <input type="checkbox"/>  | Issues found <input type="checkbox"/> (resolution date) _____ |
| Electrical Inspection date: _____   | No issues <input type="checkbox"/>  | Issues found <input type="checkbox"/> (resolution date) _____ |
| Will residents make use of adaptations? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>   | Rent arrears £ _____  |   |
| Would the property be under-occupied/overcrowded? Yes <input type="checkbox"/> No <input type="checkbox"/> (please state) _____ |   |   |
| Landlord reference received date _____  | All tenancy conditions satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| If no, what breach has taken place? _____   |   |   |
| Approved <input type="checkbox"/> Refused <input type="checkbox"/> Reason for refusal _____                                     |   |   |
| Manager Name (print) _____  |   |   |
| Manager Signature _____   | Date _____  |   |
| TOAT Date _____ Tenancy commencement date _____   |   |   |