

MUTUAL EXCHANGE APPLICATION



YOUR PERSONAL DETAILS

Name _____ Title (Mr/Mrs/Ms/Miss) _____
 Current Address _____
 Flat Position _____ Floor (e.g., 1st, 2nd, ground, etc.) _____ Postcode _____
 Contact Tel. Number _____ Email: _____

YOUR CURRENT PROPERTY

Who lives in your present accommodation?

(Please give details of everyone who currently stays with you and indicate if they will be moving with you)

NAME	SEX	D.O.B	RELATIONSHIP TO YOU	Moving with you?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
Total people in household:				

Size of your current property – how many single/double bedrooms does it have?: Single _____ Double _____

Does it have a separate kitchen (not combined with living room)? YES NO

How long have you lived there? _____

Current Landlord: _____

Please tell us more about your property: _____

Please select below all features that your current property has:

Gas central heating		Double glazing		Private garden	
Level access (no stairs)		Level access shower		Shower over bath	
Front and back door		Wet room		Nearby schools	
Parking		Dining kitchen		Storage space	
Access to a lift		Nearby amenities			

YOUR PREFERRED PROPERTY

Please select from below the types of property would you prefer:

Detached		Semi Detached		Multi Storey	
Bungalow		End Terrace		Terrace	
Cottage		Tenement Flat		Flat/Maisonette	

How many bedrooms do you require? _____

Please note GWHA will only grant permission for a mutual exchange where our property will not be overcrowded or under occupied.

Floors preferred (e.g., 1st, 2nd, etc.): _____ Floors rejected: _____

Areas preferred (if certain areas within Glasgow are preferred, please list those areas, not post codes):

Please select from the below options the reason(s) for moving home:

Under occupancy		Overcrowding		Location	
To receive/provide support		Job relocation		Relationship breakdown	
Medical		Pregnancy/fostering/adoption		Other	

If "Other" selected, please explain: _____

Signature _____ Date _____

Please feel free to enclose photos, which we will display along with your property information.

****By registering your interest to mutual exchange you give GWHA permission to pass on your preferred contact details to any registered person expressing interest in swapping tenancies with you.***

We will keep record of who has requested your contact information*

Please indicate which of your contact details you would be happy for us to pass on

Address details	
Home phone	
Mobile phone	
Email address	

Registered with the Scottish Housing Regulator HEP 126.

Registered under the Co-operative and Community Benefit Societies Act 1955 RS.

Registered as a Scottish Charity SC001667