

REF. NO.	DATE REC'D	LOGGED BY

## MUTUAL EXCHANGE APPLICATION



### YOUR PERSONAL DETAILS

Name \_\_\_\_\_ Title (Mr/Mrs/Ms/Miss) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Flat Position \_\_\_\_\_ Postcode \_\_\_\_\_  
 Contact Tel. Number \_\_\_\_\_ Email: \_\_\_\_\_

### 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 (M/F)	d.o.b	RELATIONSHIP TO YOU	✓ if moving with you
				✓
Total people in household				

### Size of present accommodation?

How many double bedrooms?		How many single bedrooms?		Separate kitchen (not combined with living room)	Yes/No
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How long have you lived there? \_\_\_\_\_

Current Landlord? \_\_\_\_\_

Tell us more about your property? \_\_\_\_\_

### Does it have?

Gas Central Heating		Double Glazing		Private Garden	
Level access (no stairs)		Level access shower		Shower over bath	
Front and Back Door		Nearby amenities		Nearby Schools	
Parking		Dining Kitchen		Storage space	

**What type of property would you prefer?**

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

**Size of house preferred (No of bedrooms)?** \_\_\_\_\_

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

**Floors preferred** \_\_\_\_\_ **Floors rejected** \_\_\_\_\_

**Areas preferred** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to move home?**

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

**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	