

Mutual Exchange Application Form

Your details	You	Joint tenant
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	<input type="text"/>
Home phone number	<input type="text"/>	<input type="text"/>
Mobile phone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

You and your mutual exchange partner need to complete separate forms

Your current landlord details	
Landlord name	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>
Housing officer	<input type="text"/>

Details of the tenant(s) with whom you would like to exchange homes

	You	Joint tenant
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	

About your household

Please tell us who will be moving with you

Please list all of the members of the household – those who are living with you now and those who will continue to live with you when you exchange.

First name(s)	Surname	Male or Female?	Date of birth	Your relationship
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>

Are you a registered foster carer?

Yes No

Do you have any pets that you will take with you?

Yes No

If yes, please give details. We strongly recommend that you request a pet permission form immediately as we do have some homes where we operate a no pet policy. We may also refuse permission for pets in other circumstances, for example if you have a dog and the home does not have garden access.

Details of current accommodation

Please tell us about the type of home you live in now

Flat/Maisonette House Bungalow Sheltered accommodation

Number of bedrooms

Number of bedrooms used

Which floor do you live on?

Ground First Second

Third or above (please specify)

Do you have your own garden or is it shared?

Own Shared

Do you have a garage which is part of your tenancy, or do you rent one separately?

With tenancy Rent separately

Do you have any adaptations to your home? If yes, please give details:

Declaration

Immigration status

Are you or any of the persons applying with you subject to any immigration controls? If yes, please specify: Yes No

Are you or any of the people applying with you asylum seekers? Yes No

We will ask you and each adult member over 18 years old of your household to provide identification such as passport, driving licences, birth certificates etc.

Informed consent

	You	Joint tenant
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Current address	<input type="text"/>	

By signing this form you are confirming that:

You understand that the information you provide on this form will be used to process your application for an exchange. As part of your application for housing, you understand that it may be necessary for us to request information from a previous or current landlord, government departments, social workers, probation officers, the police or any other agency as necessary.

You hereby authorise and agree to us contacting any of the above to obtain such information as we feel is required.

Data protection:

In order to process your application, it is necessary for us to collect and process your personal data. We will process this information in line with our Privacy Notice which is available on our website. We will always comply with current data protection legislation when dealing with personal data.

In providing the information on this form you:

- Confirm that the information provided is true and accurate;
- Confirm that you have the permission of all those mentioned on the application form to provide us with their personal information and that you have shared with them how we will process their data;
- Consent to Red Kite Community Housing processing and sharing your personal data as detailed above and in our Privacy Notice;
- Understand that if you have knowingly or recklessly given false information, or have withheld information in connection with this application, we may take legal action against you and your home may be repossessed.

Please make sure that all sections of this form are completed. Partially completed forms will not be accepted. If you have a joint tenancy currently, this form must be signed by you and the joint tenant.

You		Joint tenant	
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Print name:	<input type="text"/>	Print name:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

Assisted Application

If this form has been filled in by someone other than the persons making the application, please tell us why you are filling in this form for the applicant.

Reason for assisted application:

I declare that as far as possible, I have confirmed with the person(s) applying that the answers I have written on this form are correct.

Signature: Date:

Name: Relationship to applicant

Anyone who supports you

If you currently have a support worker, family member, friend or carer who helps you and you would like them to help you with your application for a mutual exchange, please give us their name and contact details (including their phone number). Please ensure you have their consent before providing their information.

Title Mr Mrs Ms Miss

First name(s)

Surname

Address

Phone number

Relationship to you

Tick here to confirm you have their permission to provide their details to us