Mutual exchange application

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| --- | --- | --- |
| **Title** Mr □ Mrs □ Miss □ Ms □  |  | **First names** |
|  |  |  |
| **Surname** |  | **Nat. Ins. No.** |
|  |  |  |
| **Current Address**Including postcode |
|  |  |  |
| **Telephone** |  | **Mobile** |
|  |  |  |
| **Email address** |

**Details of the applicant and any other people / family members who require accommodation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relationship to applicant**  | **Surname** | **First names** | **Title** | **Date of birth** |
| *Applicant* |  |  |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  |  |  |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  |  |  |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  |  |  |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  |  |  |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  |  |  |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
|  |  |  |  | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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| **Do you rent a garage?****If yes please give the address:** | Yes □ No □ |

|  |  |
| --- | --- |
| **Will the new resident take on the garage?** | Yes □ No □ |

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| --- |
| **Please tell us about any pets** |
|  |
| **Please describe any property adaptations for disabilities**  |

**Your current property**

|  |  |  |
| --- | --- | --- |
| **What date did your tenancy start?**  |  | Day Month Year  |
|  |  |  |
| **What kind of accommodation is it?**House □ Flat □ Maisonette □ Bungalow □ Bedsit/studio apartment □If you live in a flat, maisonette or bedsit, what floor do you live on? |

**Tell us about the rooms in your current property**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Living room?** | **Dining room?** | **Kitchen?** | **Bedroom/s** | **Bathroom/s** | **Toilet/s** | **Garden?** |
|  |  |  |  |  |  | Yes□No□  |

|  |
| --- |
| **Landlord’s name and address**Including postcode |
|  |  |  |
| **Telephone** |

**The accommodation that you want to exchange to:**

|  |
| --- |
| House □ Flat □ Maisonette □ Bungalow □ Bedsit/studio apartment □ |
|  |
| **Current tenant name and address:** |

|  |
| --- |
| **Landlord’s name and address**Including postcode |
|  |  |  |
| **Telephone** |

|  |  |
| --- | --- |
| **Are you currently in receipt of benefits?** | Yes □ No □ |

|  |  |
| --- | --- |
| **Is your rent fully covered by benefits?** | Yes □ No □ |

|  |  |
| --- | --- |
| **Have you applied for or are you receiving Universal Credit?** | Yes □ No □ |
|  |  |
| **Are you currently on a transfer register?** | Yes □ No □ N/A □ |

**Employment**

Name and address of the employer in the area you want to move to or your present employer if you are staying in the same job.

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| --- |
| **Employer’s address**Including postcode |

**What are the reasons for the mutual exchange and are there any special claims?**

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|  |

**Declaration (please read carefully before you sign)**

1. To my knowledge I have a clear rent account. If there is a balance to be paid under any sub-accounts (e.g. recharges for court costs, removal of fly-tipped items etc.), I agree to pay these before an exchange can be approved.
2. In my opinion my present accommodation can be re-let without cost to Raven and is ready for inspection.
3. I have inspected the property to which I wish to move and will accept it in its present condition. I understand that any changes made or damage caused by the outgoing tenant prior to the date of exchange will become my responsibility.
4. If moving to another Raven property I understand I must pay a full week’s rent when I exchange.
5. As far as I am aware, I have complied with all other tenancy conditions. I understand that details of my tenancy and a copy of my original tenancy will be passed to the incoming tenant.
6. If I am on a transfer register, I understand my transfer application could be cancelled by exchanging my tenancy.
7. I understand that no arrangements for removal should be made until written confirmation has been received that the exchange has been approved by both landlords.
8. I accept that data provided in this form may be shared with relevant agencies to prevent fraud and give my consent to the exchange of tenancy references with my current landlord.

|  |  |  |
| --- | --- | --- |
| **Signature****of applicant**  |  | **Date** Day Month Year  |
|  |  |  |
| **Signature****of joint applicant**  |  | **Date** Day Month Year  |
| (*if it is a joint tenancy both tenants must sign this form*) |
| **Data Protection**The information recorded on this form (called 'personal data' in the Data Protection Act) may be put on Raven Housing Trust’s computer systems and/or may be kept as manual records and will be processed to help Raven Housing Trust manage and allocate tenancies, monitor performance, act in accordance with government and local council regulations as well as for the prevention and detection of fraud. Personal data will be retained only for as long as is necessary to fulfil the purpose above. Raven Housing Trust may disclose your data in the course of legitimate business but only in accordance with our registration under the Data Protection Act 1998. The act can be viewed on <http://www.ico.gov.uk/> which is the website of the information commissioner. Raven Housing Trust Ltd is the 'Data Controller' for this data. You have the right to ask Raven Housing Trust for a copy of your data and for a description of how it is being used and to whom it is disclosed. Please contact customer services for details. Raven Housing Trust Limited is registered under the Data Protection Act 1998, registration number Z9726292. |

Tick the box which you feel best describes you. Read all the options before deciding. **If you prefer not to say, please tick this option so that we do not ask you for this information again.**

**First tenant:……………………………………… Second tenant:………………………………..**

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| **Sexual identity**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual or Straight | □ | Gay or Lesbian | □ |
| Bisexual | □ | Other | □ |
| I’d prefer not to say | □ |  |  |

 |  | **Sexual identity**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual or Straight | □ | Gay or Lesbian | □ |
| Bisexual | □ | Other | □ |
| I’d prefer not to say | □ |  |  |

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| **Faith/religion**

|  |  |  |  |
| --- | --- | --- | --- |
| Christian | □ | Buddhist | □ |
| Hindu | □ | Muslim | □ |
| Sikh | □ | Jewish | □ |
| None | □ | I’d prefer not to say | □ |
| Any other religion (please specify) |  |

 |  | **Faith/religion**

|  |  |  |  |
| --- | --- | --- | --- |
| Christian | □ | Buddhist | □ |
| Hindu | □ | Muslim | □ |
| Sikh | □ | Jewish | □ |
| None | □ | I’d prefer not to say | □ |
| Any other religion (please specify) |  |

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| **Disability – do you have a disability?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | □ | No | □ |
| I’d prefer not to say | □ |  |  |
| If you have answered Yes please tick the appropriate box |
| Wheelchair user | □ | Mobility impairment | □ |
| Visual impairment | □ | Hearing impairment | □ |
| Learning impairment | □ | Mental health issues | □ |
| Health related long-term illness | □ | Other | □ |

 |  | **Disability – do you have a disability?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | □ | No | □ |
| I’d prefer not to say | □ |  |  |
| If you have answered Yes please tick the appropriate box |
| Wheelchair user | □ | Mobility impairment | □ |
| Visual impairment | □ | Hearing impairment | □ |
| Learning impairment | □ | Mental health issues | □ |
| Health related long-term illness | □ | Other | □ |

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| **Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| White British | □ | White Irish | □ |
| White other | □ |  |  |
| White & Black Caribbean | □ | White & Black African | □ |
| White & Asian | □ | Mixed other | □ |
| Asian Indian | □ | Asian Pakistani | □ |
| Asian Bangladeshi | □ | Asian Other | □ |
| Chinese  | □ | Black Caribbean | □ |
| Black African | □ | Black other | □ |
| Arab | □ | Other | □ |
| Gypsy/Traveller | □ | I’d prefer not to say | □ |

 |  | **Ethnicity**

|  |  |  |  |
| --- | --- | --- | --- |
| White British | □ | White Irish | □ |
| White other | □ |  |  |
| White & Black Caribbean | □ | White & Black African | □ |
| White & Asian | □ | Mixed other | □ |
| Asian Indian | □ | Asian Pakistani | □ |
| Asian Bangladeshi | □ | Asian Other | □ |
| Chinese  | □ | Black Caribbean | □ |
| Black African | □ | Black other | □ |
| Arab | □ | Other | □ |
| Gypsy/Traveller | □ | I’d prefer not to say | □ |

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