

Mutual Exchange Application Form

Translation service

If you need help to complete this form, or need any part of it to be translated or in another format, please contact your local office.

| | | | |
|------------------|---|--------|--|
| Afghani (Pushto) | که اړتیا لرئ چې د دې کومه برخه وژباړئ ، هیله ده زموږ له مرکزي دفتر سره اړیکې ونیسئ. | Hindi | यदि आप इसमें से किसी अंश का हिन्दी अनुवाद चाहते हैं तो कृपया प्रकाशक से संपर्क करें। |
| Mandarin | 如果您希望得到该文件任何部分的译文，请与我们的总部联系 | Somali | Haddii aad rabtid in qeyb ka mid ah kan la tarjumo, fadlan la xiriir daabacaha |
| Gujarati | જો તમારે આમાંના કોઈપણ ભાગનું ભાષાંતર કરવું હોય, તો કૃપા કરી પ્રકાશકનો સંપર્ક કરો. | Urdu | اگر آپ کو اس کے کسی حصے کے ترجمے کی ضرورت ہو تو براہ کرم ناشر سے رابطہ قائم کریں۔ |

Please let us know if you would like an audio tape or large print version of this document.

BOTH YOU AND YOUR MUTUAL EXCHANGE PARTNER NEED TO COMPLETE A SEPARATE FORM.
We will approve or refuse the request to exchange within a maximum 42 days. However we will always aim to do this in less time and to complete the exchange process as quickly as possible.
Please ensure you have read the Information for Applicants prior to completing the following application form to ensure you are eligible to be considered for a mutual exchange.

Your details

Title Mr Mrs Ms Miss

First name(s)

Surname

Present address and postcode

Please also give us details of the tenant you would like to exchange homes with

Title Mr Mrs Ms Miss

First name(s)

Surname

Present address and postcode

How did you find the person/property you wish to exchange with? (Please tick relevant box)

HomeSwapper Friend Local Authority Home Other*

* Please specify

About you

Your details

| | You | Joint tenant | (for example your partner who will be on the tenancy with you) |
|---|--|--|--|
| Title | 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 <input type="checkbox"/> | |
| If you have a different title, please tell us here. | <input type="text"/> | <input type="text"/> | |
| 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"/> | |
| National Insurance number | <input type="text"/> | <input type="text"/> | |
| Relationship to you | | <input type="text"/> | |

We can often provide you with a quicker service if we have all of your main contact details.

| | | |
|---------------------|----------------------|----------------------|
| Home phone number | <input type="text"/> | <input type="text"/> |
| Work phone number | <input type="text"/> | <input type="text"/> |
| Mobile phone number | <input type="text"/> | <input type="text"/> |
| Textphone number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |

Current landlord/tenancy details

| | |
|----------------------|----------------------|
| Landlord name | <input type="text"/> |
| Address and postcode | <input type="text"/> |
| Phone number | <input type="text"/> |

| | |
|--------------------|----------------------|
| Tenancy type | <input type="text"/> |
| Tenancy start date | <input type="text"/> |

Do you have a starter, fixed term or flexible tenancy Yes No

If 'Yes' what date is it due to end?

Question 2 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 in future when we contact you, please give us their name and contact details (including their phone number).

Please ask their permission before giving us their details.

| | |
|----------------------|--|
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> |
| First name | <input type="text"/> |
| Surname | <input type="text"/> |
| Address and postcode | <input type="text"/> |
| Home phone number | <input type="text"/> |
| Mobile phone number | <input type="text"/> |
| Relationship to you | <input type="text"/> |

(for example, your son, support worker or friend)

What type of support do they give you?

About your household

Question 3 Please tell us who will be moving with you

Please list all members of your household – who are **LIVING WITH YOU NOW** and who **WILL CONTINUE TO LIVE WITH YOU** when you are rehoused.

| First name | Last name | Are they male or female? | | Date of birth | Their relationship to you |
|------------|----------------------|-------------------------------|---------------------------------|--|---------------------------|
| 1 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 7 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 8 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 9 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |
| 10 | <input type="text"/> | Male <input type="checkbox"/> | Female <input type="checkbox"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> |

For all children under 16, who is the child benefit paid to?

Is this the main residence for all children listed?

Yes No

Please list all members of your household who are NOT LIVING WITH YOU NOW and who WILL LIVE WITH YOU when you are rehoused

| First name | Last name | Are they male or female? | | Date of birth | Their relationship to you |
|------------|-----------|-------------------------------|---------------------------------|---------------|---------------------------|
| 1 | | Male <input type="checkbox"/> | Female <input type="checkbox"/> | / / | |
| 2 | | Male <input type="checkbox"/> | Female <input type="checkbox"/> | / / | |
| 3 | | Male <input type="checkbox"/> | Female <input type="checkbox"/> | / / | |

For all children under 16, who is the child benefit paid to?

Is this the main residence for all children listed? Yes No

Are you a registered foster carer? Yes No

Do you have any pets to take with you? Yes No

If 'Yes' please give details. **Please note:** In some properties we operate a no pets policy.

Details of present accommodation

Question 4 Please tell us about the type of home you live in

Type of property

Flat/Maisonette Bungalow
 House Sheltered accommodation

Number of bedrooms in the property Number of bedrooms used

On which floor do you live?

Ground Second
 First Third or above (please specify)

Is there a lift? Yes No

Have you or a member of your household previously had a tenancy with Home Group (including Stonham, Nashayman, Home Scotland and Copeland Homes)? Yes No

If 'Yes' please give details below of the name, address and dates of tenancy.

Tenancy details

Has your landlord served a notice of seeking possession on you? Yes No

If 'Yes' when What for

Has your landlord obtained a Court Order against you? Yes No

If 'Yes' when What for

Getting in touch

Question 5 Preferred contact

How should we contact you? We will usually contact you by phone or letter. Please tell us if you would prefer to be contacted in any additional way. Please tick all the boxes that apply.

| | You | Joint tenant | | You | Joint tenant |
|--------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|
| Email | <input type="checkbox"/> | <input type="checkbox"/> | Textphone | <input type="checkbox"/> | <input type="checkbox"/> |
| Text message | <input type="checkbox"/> | <input type="checkbox"/> | British Sign Language (BSL) | <input type="checkbox"/> | <input type="checkbox"/> |
| Home visit | <input type="checkbox"/> | <input type="checkbox"/> | Other (please tell us below) | <input type="checkbox"/> | <input type="checkbox"/> |

Question 6 Giving you information

We will usually provide you with information by phone or letter. What additional ways would you like to receive information? Please tick all the boxes that apply.

| | You | Joint tenant | | You | Joint tenant |
|------------------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|
| Email | <input type="checkbox"/> | <input type="checkbox"/> | Large-print letter | <input type="checkbox"/> | <input type="checkbox"/> |
| Text message | <input type="checkbox"/> | <input type="checkbox"/> | Audio tape | <input type="checkbox"/> | <input type="checkbox"/> |
| Braille | <input type="checkbox"/> | <input type="checkbox"/> | CD | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please tell us below) | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Question 7 The languages you want us to contact you in

We will normally contact you in English by phone or letter. If you would prefer to be contacted in another language, please tell us the language you would like us to use to contact you.

Unfortunately we are not able to translate all of our documents, but will try to make sure that important documents are translated for you. Please tell us the preferred language that you would like us to use to contact you in, **if NOT English**.

You

Spoken

Written

Joint tenant

Spoken

Written

More about you

In this section we ask for personal information that you may find sensitive. You can refuse to answer any particular question, but we would be grateful if you could answer as many questions as you can.

Question 8 How would you describe your ethnic background?

| | | You | Joint tenant | | You | Joint tenant | |
|--------------------------------------|---------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| White | British | <input type="checkbox"/> | <input type="checkbox"/> | Other (please tell us below) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Irish | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="text"/> | | | | | | |
| Mixed race | White and black Caribbean | <input type="checkbox"/> | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | <input type="checkbox"/> | |
| | White and black African | <input type="checkbox"/> | <input type="checkbox"/> | Other mixed background (please tell us below) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="text"/> | | | | | | |
| Asian or Asian British | Indian | <input type="checkbox"/> | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Pakistani | <input type="checkbox"/> | <input type="checkbox"/> | Other (please tell us below) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="text"/> | | | | | | |
| Black or Black British | Caribbean | <input type="checkbox"/> | <input type="checkbox"/> | Other (please tell us below) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | African | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | <input type="text"/> | | | | | | |
| Chinese or other ethnic group | Chinese | <input type="checkbox"/> | <input type="checkbox"/> | Other (please tell us below) | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="text"/> | | | | | | |
| | <input type="text"/> | | | | | | |
| Gypsy or traveller | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Prefer not to say | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

Question 9 Nationality - what is your country of origin?

| | You | Joint tenant | | You | Joint tenant |
|---|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| UK national, resident in UK | <input type="checkbox"/> | <input type="checkbox"/> | Poland | <input type="checkbox"/> | <input type="checkbox"/> |
| Estonia | <input type="checkbox"/> | <input type="checkbox"/> | Bulgaria | <input type="checkbox"/> | <input type="checkbox"/> |
| Lithuania | <input type="checkbox"/> | <input type="checkbox"/> | Czech republic | <input type="checkbox"/> | <input type="checkbox"/> |
| Slovenia | <input type="checkbox"/> | <input type="checkbox"/> | Latvia | <input type="checkbox"/> | <input type="checkbox"/> |
| Other European Economic Area (EEA) Country | <input type="checkbox"/> | <input type="checkbox"/> | Slovakia | <input type="checkbox"/> | <input type="checkbox"/> |
| UK national returning from residence overseas | <input type="checkbox"/> | <input type="checkbox"/> | Romania | <input type="checkbox"/> | <input type="checkbox"/> |
| Hungary | <input type="checkbox"/> | <input type="checkbox"/> | Any other country | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> |

Question 10 What is your religion?

| | You | Joint tenant | | You | Joint tenant |
|-----------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| Christian | <input type="checkbox"/> | <input type="checkbox"/> | I don't have a religion | <input type="checkbox"/> | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> | <input type="checkbox"/> | (please tell us below) | | |
| Muslim | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Sikh | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Question 11 Understanding the needs you or your household have

Do you or anyone living with you have any needs that you would like us to be aware of when we visit you at home or when you call into our office e.g. cultural needs?

Question 12 Transgender and sexuality

Is your gender identity the same as the gender you were assigned at birth?

Yes No Prefer not to say

If 'No' please state opposite whether you are a Trans Woman or Trans Man?

| | You | Joint tenant |
|-------------|--------------------------|--------------------------|
| Trans Woman | <input type="checkbox"/> | <input type="checkbox"/> |
| Trans Man | <input type="checkbox"/> | <input type="checkbox"/> |

How would you describe your sexuality?

| | You | Joint tenant | | You | Joint tenant |
|----------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|
| Bisexual | <input type="checkbox"/> | <input type="checkbox"/> | Heterosexual (straight) | <input type="checkbox"/> | <input type="checkbox"/> |
| Gay man | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> |
| Lesbian | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Question 13 Disabilities

Do you or anyone who will be living with you consider themselves to have a disability?

Yes No

| Disability | Household member affected (name please) |
|---|---|
| Uses a wheelchair | <input type="text"/> |
| Has problems getting around but does not use a wheelchair | <input type="text"/> |
| Is blind or has sight problems | <input type="text"/> |
| Is deaf or has hearing problems | <input type="text"/> |
| Cannot speak or has a difficulty with speech | <input type="text"/> |
| Has a learning difficulty | <input type="text"/> |
| Has mental-health problems | <input type="text"/> |
| Long-term health problems | <input type="text"/> |
| Prefer not to say | <input type="text"/> |
| Has a disability not mentioned above | <input type="text"/> |

If any of the above contributes to the reasons you wish to be re-housed (please provide details below)

Question 14 Adaptations

Do you require any special adaptations to your property?

Yes No

| | | |
|---|--|--|
| Walk-in shower <input type="checkbox"/> | Ramps <input type="checkbox"/> | 24-hour emergency call system <input type="checkbox"/> |
| Grab rails <input type="checkbox"/> | Door-entry system <input type="checkbox"/> | Other (please tell us below) <input type="checkbox"/> |
| Lever taps <input type="checkbox"/> | Stairlift <input type="checkbox"/> | |

Question 15 Why do you wish to mutually exchange your home?

Please tick the main reason you wish to exchange

- | | |
|---|--|
| <input type="checkbox"/> Property too small | <input type="checkbox"/> To move nearer to family/friends |
| <input type="checkbox"/> Property too large/under-occupying | <input type="checkbox"/> To move nearer to work/school |
| <input type="checkbox"/> Property unsuitable because of ill health/disability | <input type="checkbox"/> To move to accommodation with support |
| <input type="checkbox"/> Cannot afford the rent | <input type="checkbox"/> Other (please tell us below) |

Your housing requirements

When considering an application for mutual exchange we use Home Group's room requirement criteria. Applicants may be entitled to more than the minimum depending on circumstances, the age and gender of any children. This is a guideline only as variations may occur.

| Household members | Number of bedrooms |
|--|---------------------|
| Single person/couple | Bedsit or 1 bedroom |
| Two adults who are not a couple | 2 bedrooms |
| Couple/single parent with one or two children aged under 10 | 2 bedrooms |
| Couple/single parent with up to four children aged under 10 | 3 bedrooms |
| Couple/single parent with up to four children, and at least one whom is 10 years or over | 3 - 4 bedrooms |
| Couple/single parent with three adult dependants | 4 bedrooms |

- 'Adult' refers to anyone aged 16 or over
- Households with a medical requirement for level access will be given priority for ground floor flats and bungalows, where they are available.

Eligibility for spare bedrooms - a separate bedroom is considered necessary for:

- Every adult couple (married/civil partnership or unmarried)
- Any adult aged 16 or over who lives with you
- Any two children of the same sex aged under 16
- Any two children aged under 10
- A child with severe disabilities who is unable to share a bedroom
- Any other child
- An approved foster carer to use for placements (subject to meeting the DWP rules)
- A carer (or team of carers) who does not live with the applicant but provides the applicant or their partner with overnight care.

NOTE: Children whose main residence is elsewhere are not eligible for a bedroom.

Your financial and work status

Question 16 You and the joint tenant's work status

Please tick the box that you think is most relevant.

| | You | Joint tenant | | You | Joint tenant |
|-------------------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Works full-time | <input type="checkbox"/> | <input type="checkbox"/> | Is in full-time education at school, college or university | <input type="checkbox"/> | <input type="checkbox"/> |
| Works part-time | <input type="checkbox"/> | <input type="checkbox"/> | Is looking after family or the home | <input type="checkbox"/> | <input type="checkbox"/> |
| Is self-employed | <input type="checkbox"/> | <input type="checkbox"/> | Is permanently sick or disabled | <input type="checkbox"/> | <input type="checkbox"/> |
| Is on government-supported training | <input type="checkbox"/> | <input type="checkbox"/> | Is doing something else | <input type="checkbox"/> | <input type="checkbox"/> |
| Is unemployed | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> |
| Is retired from work | <input type="checkbox"/> | <input type="checkbox"/> | | | |

You Name and address of employer

Joint tenant Name and address of employer

Question 17 Which of the following benefits do you (and your partner if they live with you) receive?

Please tick as many boxes as apply.

| | You | Joint tenant | | You | Joint tenant |
|--------------------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| I DO NOT receive any benefits | <input type="checkbox"/> | <input type="checkbox"/> | Carer's Allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| Universal Credit | <input type="checkbox"/> | <input type="checkbox"/> | Personal Independence Payment | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Seekers Allowance | <input type="checkbox"/> | <input type="checkbox"/> | Disability Living Allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| Income Support | <input type="checkbox"/> | <input type="checkbox"/> | State Pension | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment and Support Allowance | <input type="checkbox"/> | <input type="checkbox"/> | Pension Credit | <input type="checkbox"/> | <input type="checkbox"/> |
| Incapacity Benefit | <input type="checkbox"/> | <input type="checkbox"/> | Attendance Allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Benefit | <input type="checkbox"/> | <input type="checkbox"/> | Housing Benefit | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Tax Credit | <input type="checkbox"/> | <input type="checkbox"/> | Council Tax Reduction | <input type="checkbox"/> | <input type="checkbox"/> |
| Working Tax Credit | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> |

Question 18 Do you have a bank, building society, savings or cheque account?

| | You | Joint tenant | | You | Joint tenant |
|-----|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| Yes | <input type="checkbox"/> | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> |
| No | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Declaration

Question 19 Immigration status

Did you or any of the persons applying with you come into the UK during the last five years? Yes No

Are you or any of the persons applying with you subject to any immigration controls? Yes No

Are you or the persons applying with you Asylum Seekers? Yes No

Question 20 Relationship to Home Group

Have you or the joint applicant, currently or in the past 12 months been:

- employed by Home Group? Yes No
- involved in customer and client activities? Yes No
- a Board Member of Home Group? Yes No

Are you or the joint tenant closely connected to anyone who would fall into the categories listed above? Yes No

If 'Yes' to any of the above, please give details below:

Office use only: If 'Yes' to the above, please refer application to your line manager prior to banding.

Process

Once we have received an application form, a reference will be requested from the other landlord (if applicable) and we will carry out a home visit. The home visit is to ensure all the details on the form are correct and to check the condition of your property before we can approve your exchange. Mutual exchanges are intended to be a voluntary arrangement between tenants, each accepting the accommodation they are moving into in the condition that it is left in by the outgoing tenant. This includes accepting responsibility for tenant's improvements and or/alterations.

The home visit will always be at your current address. We will aim to contact you within 7 working days of the home visit to discuss if the exchange can go ahead or whether certain works need to be carried out before you exchange.

Home will not accept responsibility for any environmental health issues, repairing damage, waste disrepair or poor decorative condition except where this is clearly the landlord's responsibility and where the fault is not the consequence of abuse or misuse.

Things to consider

- You can exchange with most other Home tenants, or a tenant(s) of another social landlord including local authorities.
- Applications can only be made by the tenant(s) as only tenants can exchange.
- No exchange can take place without prior written consent from Home and the other landlord (if applicable).
- You may be required to repair any defect which has been caused by alterations damage or neglect.
- You should remember that fixtures and fittings such as kitchen units, electric dimmer switches shower units and gas fires are part of the property and must be retained in the property, even if you fitted them yourself.
- If you have a garage and or shed you should agree to leave all keys to the incoming tenant.
- You should also remember to dispose of any unwanted effects or rubbish from the property/garages/sheds and gardens.
- You should also be aware that pets are only permitted with permission from Home.
- Depending on the type of tenancies you and your exchange partner have, you may lose security of tenure or benefits of your current tenancy by exchanging your home. In some cases, you take on the same terms as the tenant you are exchanging with. If for example, you have the right to buy or preserved right to buy, you may lose these rights. In other cases, you will be given a new tenancy which is the equivalent of the one you currently have. Whether you swap tenancies or have a new tenancy depends on who you swap with and what type of tenancy they have, as well as the type of tenancy you have. Please contact Home or your landlord (if it is not Home) for more information on how this will work.

Viewing the proposed exchange property – what to look for

When viewing the proposed exchange property please consider the following points and confirm with the outgoing tenant what they are leaving including sheds, garage, as part of their tenancy.

- What kind of heating is there?
- Has the garden been maintained?
- The decorative condition of the property - has there been any alterations by the tenant which will become your responsibility.
- Is there allocated parking?
- Is there a garage or shed with the property?

- What do they cook with gas/electric?
- Will your cooker, fridge freezer, washing machine etc. fit in these spaces?
- Are there enough electrical sockets?
- Will your furniture fit into the rooms?
- Are there any washing machine or dishwasher points?
- Is the outgoing tenant leaving behind carpets?
- What type of tenancy agreement do they have?
- How much is the rent?
- Are there any service charges for the property?

Reasons for refusal

Permission for an exchange will usually be granted however it may not be given if any of the tenants who wish to exchange:

- Are subject to an order of the court for the possession of their tenancy
- Face legal action for possession of their tenancy, or have been served with a notice of proceedings of possession and it is still in force.
- Has an application pending before any court for an order in relation to anti-social behaviour, demotion of their tenancy in relation to them or a person living with them.
- Has a property adapted for a person with special needs and nobody in the new tenant's household has special needs.
- Would have a home that is much larger than their household needs.
- Would have a home that is too small for their household needs.
- Is living in a property that is in a building that's not used for housing purposes and was let to the tenant or their predecessor as part of their job.

This list is not exhaustive and is intended to give applicants an indication of the main reasons for refusal. We will consider each application carefully and give full consideration to the applicants' circumstances.

Tenants who have housing related debts to Home Group will be required to repay all money owed before the exchange can take place.

Right to appeal

If you are unhappy with a decision we make, you have the right to appeal that decision. You can appeal against the decision made but not the policy itself.

If you have either given or accepted any money in order to exchange, Home may take legal action to gain possession of the property.

When undertaking a mutual exchange you take the property you are moving to in its present condition. If there is any damage in the property to which you are moving which is the tenant's responsibility, you should be aware that this will become your responsibility if not remedied.

A large rectangular area with a light pink border, containing horizontal lines for writing. The lines are evenly spaced and cover the majority of the page's height. The border is a slightly darker shade of pink.

Informed consent

| | You | Joint tenant |
|------------------------------|----------------------|----------------------|
| First name(s) | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Current address and postcode | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> | <input type="text"/> |

By signing this form you are confirming that:

1. You understand that the information supplied 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, mortgage lenders, local government departments, social workers, probation officers or the police. You hereby authorise and agree to us contacting any of the above to obtain such information as we feel is necessary.
2. **Data protection:** in order to manage your tenancy and help us deliver efficient services, we need to collect relevant personal details. We comply with the Data Protection Act 1998 when dealing with personal data. This means that your personal data will be processed in accordance with the law. Please note we may share personal data with other agencies or organisations where appropriate, such as but not limited to: government agencies and departments, local authority housing benefit departments, social services, contractors, utility companies, tracing agents and debt collection companies and with the Audit Commission in respect of the National Fraud Initiative for the prevention and detection of fraud.
By signing this application form, you are consenting to Home Group Limited processing and sharing your personal data.
3. The details given in this application are true. You understand that if you have knowingly or recklessly given false information, or withheld information in connection with this application, your home may be repossessed.

Please ensure that all sections of this form are completed. Partially completed forms will not be accepted. If you have a joint tenancy at the moment, this form MUST be signed by you and the joint tenant.

| You | Joint tenant |
|-----------------------------------|-----------------------------------|
| <input type="text"/> Signature | <input type="text"/> Signature |
| _____ Print name | _____ Print name |
| _____ Date | _____ Date |

If this form has been filled in by someone other than the person(s) making the application.

Please tell us why you are filling in this form for the applicant.

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

Name

Date

Relationship to the Applicant(s)

Please return this form to the address overleaf.

Please return this form to the address below:

(Attach office address label here)