

Mutual exchange application

Please complete this form if you wish to be considered for exchange.

Please complete this form and return it to your local office. A leaflet about exchanges will be given to you with this form. By law, we must tell you our decision within six weeks of receiving all relevant information.

We will respect your privacy and always use the information you provide to us in accordance with current Data Protection law.

Please fill in this form using black ink.

1 About you

Please print in BLOCK CAPITALS

Mr Miss Mrs Ms Other, please state

Full name

Are you Male Female

Date of birth Age

Present address

..... Postcode

Telephone (Day) (Evening)

2 About your household

Please give details of everyone else living with you now.

Full name	Male/ Female	Date of birth	Relationship to you
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For office use only

The information on this form must be kept **CONFIDENTIAL** within Riverside.

Ref no

Please give details of anyone not living with you at the moment that will be living with you if you move in.

Full name	Male/ Female	Date of birth	Relationship to you
.....
.....
.....

3 Present housing

Please tick which of the following describes where you live now.

House Flat/maisonette

Bedsit Bungalow

Other, please state

How many bedrooms are there at your present address?

If you live in a flat or maisonette which floor is it on?

Ground First Second or above

Does anyone living at the property have a disability? Yes No

If Yes, has your home been adapted in any way? Yes No

If Yes, please give details

.....

.....

4 About the exchange tenants

Please give the following details

Full name	Male/ Female	Date of birth	Relationship to you
.....
.....

Present address

..... Postcode

Email

Telephone (Day) (Evening)

Please give details of everyone else living with you now.

Full name	Male/ Female	Date of birth	Relationship to you
.....
.....
.....
.....
.....

Please give details of anyone not living with you at the moment that will be living with you if you move in.

Full name	Male/ Female	Date of birth	Relationship to you
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Please tick which of the following describes where you live now.

- House Flat/maisonette
 Bedsit Bungalow
 Other, please state

How many bedrooms are there at your present address?

If you live in a flat or maisonette which floor is it on?

- Ground First Second or above

Does anyone living at the property have a disability? Yes No

If Yes, has your home been adapted in any way? Yes No

If Yes, please give details

.....

.....

5 Extra information

Write down any extra information which is important to your application.

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6 Equal opportunities

We believe it is important that everyone has an equal opportunity to access the services we provide.

It is against the law to discriminate against anyone on the basis of race, gender, sexuality, age, culture, disability or belief. We need to keep these records to make sure we provide equal opportunities for all. We will not pass this information to anyone else.

Please tick only one box in each column, for each of the people to be housed.

	Applicant	Joint applicant	Others				
White							
British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other White background (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed							
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Mixed background (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British							
Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British							
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black background (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please state

7 Declaration

- As far as I know the answers I have written on this form are true. I know that I may lose my tenancy if I have paid or received any premium for this exchange.
- I understand that by signing this declaration, I am giving permission for Riverside to contact any previous landlords and relevant agencies, including local authorities, DSS, employers, police and probation service to check the information I have given.

**You are signing to say the information you have provided is accurate.
For joint tenancies, both tenants must sign.**

Applicant's signature

Print name Date

Joint Applicant's signature

Print name Date

Important note

If your request to exchange your home is agreed you must accept your new home 'as seen'. Riverside will only carry out repairs for which it is legally responsible. We will not carry out any decorations or undertake any work arising from a tenant's neglect or damage.

Thank you for completing this form.

All personal data will be processed, held and stored in accordance with current Data Protection legislation.

