

#### Leicestershire Rural Housing Association Ltd Whitwick Business Centre, Stenson Road, Coalville, Leicestershire, LE67 4JP Tel: 01530 278080 Fax: 01530 278086

## **APPLICATION FOR MUTUAL EXCHANGE**

Each applicant in the proposed mutual exchange will need to complete a copy of this form.

Tenants Name:Address:	OFFICIAL USE ONLY
Telephone Number: Property Type: No of Bedrooms: Name of Landlord: Address of Landlord:	Balance:   Property Type:   Floor:   Rechargeables:

Name & Address of Person you wish to exchange with:

In the event of more than two households being involved, please give details:

### (a) Your Family Details

Relationship to Tenant	First Names	Surname	Age	Date of Birth	Address if different from Tenant	Visitors Comments

If child is expected, please give approximate date:

(b) Do you live in accommo	dation especially built for the	elderly? Yes 🗆 or No 🗅
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(c) Does you accommodation have any adaptations making it suitable for a disabled person? Yes  $\Box$  or No  $\Box$ 

If yes, please give details: \_\_\_\_\_

Is any	y member of	you family	v registered	disabled with	Social Services?	Yes 🗅 or No 🗅
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(d) Do you have any pets? Yes  $\Box$  or No  $\Box$ 

If yes, please give details: Reasons for requesting an Exchange:

Please confirm how the Exchange	was found:	
Tenants Exchange Scheme 🗅	Councils Exchange Book 🛛	Other 🗅
Please specify:		

Please not that you will only be required to accept the property as you find it, and that no redecoration, reglazing or repairs, other that those which would be done in the normal way, will be carried out.

The Exchange can only be considered and approved if all the following conditions are met:

- 1. Rent Account is clear, NO ARREARS.
- 2. Any unauthorised alterations to the property have been remedied.
- No Overcrowding or Under –Occupation will result. 3.
- 4. A strong local connection to the village you are applying for
- Parties must not Exchange tenancies without written approval and consent of the 5. department.

I have read the above conditions. To the best of my knowledge all information given by me on this form is true.

Signed: \_\_\_\_\_ (Tenant)

Please return to:

Date:

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# FOR OFFICIAL USE ONLY:

PROPERTY SURVEY

	Condition	Work Required
Kitchen		
Dining Room		
Living Room		
Bedroom 1		
2		
3		
Bathroom		
W/C		
Hall / Landing / Stairs		
Garden		

# Other Comments:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_