



CRM Ref No:

App Ref No:

Application for Mutual Exchange

BOTH PARTIES WISHING TO EXCHANGE MUST COMPLETE THIS FORM

WE WANT TO PROCESS YOUR APPLICATION EFFICIENTLY. PLEASE ANSWER ALL QUESTIONS ON THIS FORM AND PROVIDE ALL FORMS OF ID.

IF YOU NEED HELP TO COMPLETE THE FORM, PLEASE CONTACT ACCESS OFFICE OR COMMUNITY HOUSING TEAM

Name Mr/Mrs/Ms/Miss

Joint Tenant Mr/Mrs/Ms/Miss

Address

Postcode:

Tel No. Home

Mobile Number

Tel No. Work

Email address. We will email all written correspondence to you if you have an email address.

Please give the name and address of the tenant you want to exchange with

Name Mr/Mrs/Ms/Miss

Joint Tenant Mr/Mrs/Ms/Miss

Address

Postcode:

Tel No. Home

Mobile Number

Work

email

Please give the name and address of their landlord

No. of bedrooms in your home?

Number of bedrooms in the property you want to move to?

Is the property a house, flat or maisonette?

Please provide details of those who will be occupying the property with you. (Include your own details) Proof of Child Benefit and NI no: is required as applicable.

Name	Relationship to Applicant	Date of Birth	National Insurance Number
	Self		

If you/your partner/joint tenant have lived in your home for less than 3 years please list below where you have lived during the last 3 years.

Address	From - To	Owner/Tenant	Landlord Details

Has any person on this application been the subject of an Anti-social Behaviour Order (ASBO) or under S19 of the Crime and Disorder Act 1998, on or after 30.09.02

YES / NO

If yes, which person is this?

Is anyone on this application Registered under the Sexual Offences Act (2003)

YES / NO

If yes, which person is this?

INFORMATION REQUIRED BEFORE YOUR MUTUAL EXCHANGE FORM CAN BE ACCEPTED

- 2 pieces of ID for all adult applicants
- Passport or birth certificate for each child applicant
- MATB1 or letter from GP/Midwife confirming pregnancy
- Child Benefit letter – copy can be obtained by calling 0300 200 3100 or copy of bank statement showing CHB payment.

FAILURE TO PROVIDE ACCURATE INFORMATION MAY RESULT IN YOU LOSING YOUR TENANCY AND YOU MAY BE LIABLE TO LEGAL PROCEEDINGS.

Declaration – I declare that the information given by me is true and I authorise Angus Council to make enquiries in connection with this application for housing with other relevant agencies.

Data Protection Act - the information you have provided on this form will be used by Angus Council in order to process your application for an exchange and the management of your tenancy. The information will be held securely by the Council and will be treated as confidential except where the law requires it to be disclosed. The Council may check information provided by you or information about you by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law. Any applications to purchase a property allocated to you will be subject to the terms and conditions of the Housing (Scotland) Act, 2001 and 2010.

PLEASE NOTE: WE CAN'T PROCESS YOUR APPLICATION UNLESS YOU HAVE SIGNED BELOW AND PROVIDED APPROPRIATE PROOF

Name of Applicant: (Block Capitals).....

Signature

Name of Joint Applicant: (Block Capitals)

Signature

Date:

Forms needed

Location	Forms
One CHT – e.g. Brechin and Montrose	One form from each tenant
Two CHT's – e.g. Forfar and Carnoustie	Both CHT's will need a form from each tenant
CHT and another housing provider	CHT will need a form from each tenant

ACCESS Checklist

For official use only			
Action	Yes	No	Comments if applicable
Dates of birth for all applicants - view all birth certificates of all household members (or passport if birth certificate not available)			
MATB1 form or letter from GP/other medical professional (if applicable)			
Copy of child benefit form (if applicable)			
National Insurance No: (all in household over 16)			
Contact details			
Address(s) for last 3 years plus Landlord(s) Name and Address (both applicants)			
Proof of residency – A8 countries (proof of right to reside documents) – Czech Republic; Estonia; Hungary; Latvia; Lithuania; Poland; Slovakia; Slovenia A2 countries (Accession workers card) – Bulgaria; Romania			
Signed and dated by all applicants			

CHT checklist

For official use only			
Action	Date completed	Initials	Comments if applicable
Date received			
Target date			
Acknowledgement letter sent via email or post if no email			
Confirmed any medical requirements			
Tenancy reference requested			
Tenancy Reference returned			
Home Visit requested			
Home Visit returned			
Outcome – “Approved” letter sent			
Outcome – “Refused” letter sent			

Requested by HO (M):

Date:

Approved by SHO:

Date:

Refused by SHO:

Date:

Reason for refusal: