**YOUR DETAILS**

NAME ………………………………………………………………………………………….

ADDRESS .………………………………………………………………………………….

….……………………………………………………………………………….

.………………………………………………………………………………….

TELEPHONE NUMBER..…………………………………………………………………….

EMAIL: …………………………………………………………………………………………

NAME AND ADDRESS

OF YOUR LANDLORD

.………………………………………………………………………………….

.………………………………………………………………………………….

.………………………………………………………………………………….

SIZE OF PRESENT ACCOMMODATION (number of bedrooms) ..…………………..

TYPE OF PRESENT ACCOMMODATION (tenement etc) ……………..…………….

PLEASE GIVE YOUR REASON FOR WISHING TO EXCHANGE.

……….………………………………………………………………………………………….

……….………………………………………………………………………………………….

……….………………………………………………………………………………………….

PLEASE GIVE DETAILS OF WHO YOU WISH TO BE HOUSED WITH YOU, STARTING WITH YOURSELF.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF EVERYONE WHO IS GOING TO BE HOUSED – STARTING WITH YOURSELF | WHAT RELATION ARE THEY TO YOU? | DATE OF BIRTH | ARE THEY LIVING WITH YOU AT PRESENT? |
|  | SELF |  | NOT APPLICABLE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EXCHANGE TENANT’S DETAILS**

NAME ………………………………………………………………………………………

ADDRESS …………………………………….…………………………………………….

TELEPHONE NUMBER …………………..……………………………………………….

NAME AND ADDRESS OF THEIR LANDLORD

……….………………………………………………………………………………………….

……….………………………………………………………………………………………….

SIZE OF ACCOMMODATION (number of bedrooms) …………………………………

TYPE OF ACCOMMODATION (tenement etc)..…………………………………………

**DECLARATION** (Please read the declaration below, then sign and date the form)

I/we declare that the information given in the Mutual Exchange Request Form is true. If the information is found to be false or misleading or if relevant information is withheld, I/we understand that my request will be refused. If a tenancy has been obtained as a result of false information, I/we understand that the Association will begin legal action to recover that tenancy.

I/we authorise Tollcross Housing Association to make any enquiries with any present or previous landlords, to verify my/our circumstances, and I/we authorise my/our present or previous landlords to provide information that is relevant to my/our previous tenancy(ies) to Tollcross Housing Association.

I/we confirm that no payment has been made or will be made in respect of this exchange.

**Signature of tenant(s) – If you have a spouse or partner, they must also sign the form**

SIGNATURE ……………………………………………… DATE .………………………..

JOINT TENANT ………………………………………….. DATE …………………………

SPOUSE/PARNER ………………………………………. DATE ………………………...

**PLEASE NOTE THAT YOU ARE ADVISED NOT TO MAKE ANY ARRANGEMENTS WITH REGARD TO YOUR PROPOSED EXCHANGE UNTIL YOU HAVE RECEIVED WRITTEN ERMISSION TO MOVE FROM TOLLCROSS HA & ANY OTHER INVOLVED LANDLORD.**