Logo, company name

Description automatically generated

**Mutual Exchange**

**Application Form**

**Your Details**

|  |  |
| --- | --- |
| Name (include any joint tenants) |  |
| Address & Postcode |  |
| Date of birth |  |
| Phone Number(s)  Email |  |

**Are you a Tenant of One of the Following Landlords?**

Aberdeenshire Council Osprey Housing Castlehill H.A.

Grampian HA Hanover (Scotland) H.A. Langstane HA

Sanctuary Scotland Moray Council Aberdeen City Council

If 'No' who is your Landlord? (Name, Address and contact number)

**Present Property Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date you moved in | Type of property i.e. House, Flat | Number of  Bedrooms | Is your home on the ground floor? | Heating Type |  |
|  |  |  |  |  |  |
| Detail any adaptations in your home |  | | | | |
| Will these adaptations be used by people who need them once the exchange has taken place?  Yes/No | | | | | |

**Please give your reason(s) for requesting an exchange, for example overcrowding or medical reasons.**

**Please give details of the people who will be moving with you**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of birth | Gender | Relationship to tenant |
|  |  |  |  |
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Is anyone moving with you pregnant? YES/NO

If yes, who?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any rent arrears or other debt on your tenancy? YES/NO

Are you or any member of your household subject to an Antisocial Behaviour Order? YES/NO

Have you or any member of household been evicted for Antisocial Behaviour? YES/NO

Are you or any member of your household required to register with the Police under the

Sexual Offences Act 2003 or for any other reason? YES/NO

Please confirm your nationality UK resident/other – EU resident/other – Non EU resident

If you have a partner moving with you, have they held a tenancy (Council/RSL/Private)

in the last 5 years? YES/NO

Do you have any domestic pets/animals that will be moving with you? YES/NO

|  |
| --- |
| If yes, please state the number and type of pets you have |

Person moving with you - previous addresses for the past 5 years

|  |  |  |  |
| --- | --- | --- | --- |
| Address | From – To | Landlord | Reason for moving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please provide applicants exchanging with you overleaf.**

**Details of tenant you are exchanging with**

|  |  |
| --- | --- |
| Name (include any joint tenants) |  |
| Address & Postcode |  |
| Date of birth |  |
| Phone Number(s)  Email |  |

**Details of their property**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date they moved in | Type of property i.e. House, Flat | Number of  Bedrooms | Is your home on the ground floor? | Heating Type |  |
|  |  |  |  |  |  |
| Detail any adaptation’s in their home |  | | | | |
| Will these adaptations be used by people who need them once the exchange has taken place?  Yes/No | | | | | |

**Please give details of the people who will be moving with them**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of birth | Gender | Relationship to tenant |
|  |  |  |  |
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**Their Landlords Name and Address**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Phone Number(s) |  |

**Three-way exchange only**

**Details of third tenant in exchange.**

|  |  |
| --- | --- |
| Name (include any joint tenants) |  |
| Address &  Postcode |  |
| Date of birth |  |
| Phone Number(s)  Email |  |

**Details of their property.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date they moved in | Type of property i.e. house, flat | Number of  Bedrooms | Is their home on the ground floor? | Heating Type |  |
|  |  |  |  |  |  |
| Detail any adaptations in their home |  | | | | |
| Will these adaptations be used by people who need them once the exchange has taken place?  Yes/No | | | | | |

**Please give details of all people who will be moving with them.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of birth | Gender | Relationship to tenant |
|  |  |  |  |
|  |  |  |  |
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**Their Landlords Name and Address.**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Phone Number(s) |  |

**Please read the following statements and sign to confirm you understand.**

I confirm that all the information on this form is correct and I give you my permission to check the details and obtain further information if required. The Landlord you are applying to may seek references about the management of your tenancy from current or previous landlords.

I have viewed the property I plan to exchange to and am happy that it is suitable for my medical needs and I am happy with the condition of the property.

I understand the information provided in this form is covered by the General Data Protection Regulations 2018 and you will not pass it on to others without my permission.

I understand that the landlords involved in this exchange will access the information in this form to assess the application in accordance with their own policy.

I am aware that if I have a right to buy this may be affected by any mutual exchange.

I confirm that my husband/wife/cohabitee (where applicable) has been consulted about the proposed exchange, gives their consent and is not seeking a transfer of tenancy to their sole name under the Matrimonial Homes (Family Protection) (Scotland) Act 1981 as amended.

I confirm that my civil partner (where applicable) has been consulted about the proposed exchange, gives their consent and is not seeking transfer of tenancy to their sole name under the Civil Partnership Act 2004

I understand that I must not exchange properties until both Landlords have given their written consent and both exchange parties and Landlords have signed a new tenancy Agreement.

I am aware that after a mutual exchange has been completed the Landlord will not consider making alterations to the heating system. I have checked that the heating system is suitable for any existing medical conditions.

I am aware that the Landlord will only carry out essential repairs.

I accept the condition of the property and will take over any repairs or alterations which are the outgoing tenant’s responsibility.

I am aware that the Landlord will not accept any responsibility for any costs incurred as part of the exchange.

Signature of Tenant …………………………………… Date………………………………….

Joint Tenant …………………………………… Date…………………………………

**Please return your application to the landlord who manages your property**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aberdeenshire Council** |  | **Osprey Housing** |  | **Castlehill Housing Association** |
| Infrastructure |  | 22 Abercrombie Court |  | 4 Carden Place |
| Gordon House |  | Westhill |  | Aberdeen |
| Inverurie |  | AB32 6FE |  | AB10 1UT |
| AB51 3WA |  |  |  |  |
|  |  |  |  |  |
| **Grampian Housing Association** |  | **Hanover (Scotland) Housing Association** |  | **Langstane Housing Association** |
| Huntly House |  | 12 Institution Road |  | 680 King Street |
| Aberdeen |  | Elgin |  | Aberdeen |
| AB10 1TD |  | IV30 1QX |  | AB24 1SL |
|  |  |  |  |  |
| **Grampian Housing Association** |  | **Sanctuary Scotland** |  | **Moray Council** |
| 21 Culbard Street |  | 2 Donside Village Square |  | PO Box 6760 |
| Elgin |  | Aberdeen |  | Elgin |
| IV30 1JT |  | AB24 2PL |  | IV30 9BX |
|  |  |  |  |  |
| **Aberdeen City Council** |  |  |  |  |
| Marischal College Customer Service Centre |  |  |  |  |
| Ground Floor |  |  |  |  |
| Marischal College  Broad Street  Aberdeen  AB10 1AB |  |  |  |  |