

# Application for a Mutual Exchange



Each applicant involved in a Mutual Exchange proposal is requested to complete this form

Please note that you will be required to accept the property **AS YOU FIND IT**, and that **NO REDECORATION, REGLAZING or REPAIRS** other than those specified in our repairs hand book will be carried out

The exchange can only be considered and approved once certain conditions are met (**THIS FOLLOWING LIST IS NOT EXHAUSTIVE**):

- ✓ The rent account is clear and there is no current court order in place
- ✓ Any unauthorised alterations to the property have been rectified
- ✓ No overcrowding or under-occupation will occur as a result of an exchange
- ✓ There are no breaches of the tenancy conditions
- ✓ The dwelling has not been adapted for any persons with physical disabilities
- ✓ Written approval and consent has been granted by the landlord

## **IMPORTANT, PLEASE READ GENERAL DATA PROTECTION REGULATIONS**

**The information you provide will be used in connection with your request for a mutual exchange. In order to assess the suitability of the proposed mutual exchange, the information you supply may be disclosed to another local authority or registered social landlord. Your consent is required for this purpose and only relevant information in support of your request will be shared with a third party.**

**By signing the forms overleaf, you will be authorising Solihull MBC / Solihull Community Housing to share the information required to assess the suitability of the mutual exchange.**

**Your details:**

Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_  (Please tick)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Name of joint tenant (If applicable): \_\_\_\_\_

Address (inc postcode): \_\_\_\_\_

Home phone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Please list below details of all persons in the household who will be moving (starting with you)

Name	Male/ Female	Age	Date of Birth	Relationship to Tenant
				Tenant

**Details of your current accommodation:**

Tenancy start date: \_\_\_\_\_ Weekly rent payment: \_\_\_\_\_

What type of property do you have?

House  Low rise flat  High rise flat  Mews flat  Bungalow

How many bedrooms do you have? \_\_\_\_\_

Do you own any pets (please specify what and how many) \_\_\_\_\_

Do you currently rent a garage from SCH? YES / NO

Address of garage if applicable: \_\_\_\_\_

**NB: please be aware if you do rent a garage this will not be included in your exchange and you may be required to terminate the tenancy**

Reason for requesting this exchange \_\_\_\_\_

Do you own or part-own any other property? YES/NO

If yes, please provide details of the address \_\_\_\_\_

Date of purchase \_\_\_\_\_

Proof of receipt of child benefit will be required for any children listed above

Proof of pregnancy will be required if you are currently expecting

**If you are not a Solihull MBC/Solihull Community Housing tenant please complete the details below:**

Name of landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_

**I/We have read and understood the conditions overleaf and can confirm the information I/we have provided on this form is correct and complete.**

**I understand that in order to process my/our application you may need to check or share some of the information I/we have supplied with our services within Solihull Community Housing and Solihull Metropolitan Borough Council, other councils and private sector organisations.**

**I understand if I have provided false information you may take further action against me including criminal proceedings.**

**PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE GENERAL DATA PROTECTION REGULATIONS ON PAGE ONE AND PAGE SIX OF THIS DOCUMENT BEFORE YOU SIGN BELOW (where a joint tenancy exists, both tenants must sign)**

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

Signed (Joint Tenant) \_\_\_\_\_ Date: \_\_\_\_\_

**I would like to exchange with:**

Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_  (Please tick)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Name of joint tenant (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home phone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

## Equal Opportunities

Solihull Community Housing is committed to fairness and equality for all, operating with professionalism, integrity and openness. We treat everyone with dignity, respect and fairness.

The aim of our policy is to ensure that no individual receives less favourable treatment on the grounds of colour, race, ethnic or national origin, gender, disability, sexual orientation, age or religion. In order to help us effectively monitor our services, **please can you complete this form if you are an SCH tenant who is exchanging with another SCH tenant or you are a tenant from another landlord who will be moving into an SCH property.** All information provided by you will be treated in confidence. Please return this with your Mutual Exchange application form.

Name \_\_\_\_\_ DOB

Emergency Contact Details \_\_\_\_\_

NI Number

### Ethnicity

**White:** White British  White Irish  Other

**Black or Black British:** Caribbean  African  Other

**Asian or Asian British:** Indian  Bangladeshi  Pakistani  Other

**Mixed:** White/Caribbean  White/Black African  White/Asian  Other

**Chinese or any other ethnic group:** Chinese  Other

### Language

Is your first preferred language English? Yes  No

If 'No' please state your first language: \_\_\_\_\_

### Faith

Do you have a faith, religion or belief you would like to advise us of? Yes  No

If 'Yes' please advise: \_\_\_\_\_

### Marital Status

Single  Married  Living with partner  Other

**Sexuality**

Heterosexual  Homosexual  Bisexual  Other

**Disability**

Under the Disability Discrimination Act (DDA) 1995 a disability is defined as ‘a physical or mental impairment which is substantial and has a long term adverse effect on the ability to carry out normal day to day activities’. Do you have an illness or condition that is considered a disability as defined under the DDA? Yes  No

If ‘Yes’ please state the nature of the disability: Visual Impairment  Hearing Impairment   
Learning Disability  Physical Disability  Other

Il information supplied on this form may be shared with organisations who have a specific role to play in the mutual exchange process and who may be external to the Council.

Information may also be shared with council services and partner organisations to ensure our records are kept accurate and to help us identify services or benefits you may be entitled to or interested in. We may also need to share your information for the prevention and detection of fraud and/or other crimes as the law requires. For further information about how we use your information, please refer to [SCH’s Privacy Statement](#) or contact [info@solihullcommunityhousing.org.uk](mailto:info@solihullcommunityhousing.org.uk)