



# 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**

**The data protection act 2018 is the general data protection regulation (GDPR).**

**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 will 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. We are not permitted to share information about our decision to refuse or grant a mutual exchange with any other party.**



### Your details:

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ (please specify) \_\_\_\_\_

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

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

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

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

Email address: \_\_\_\_\_

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

Name	Male/ Female	Age	Date of birth	National Insurance Number	Relationship to 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 ☐

Tenure type: \_\_\_\_\_

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

**I / We have read and understood the conditions overleaf**

**To the best of my / our knowledge all information provided is true**

**PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE DATA PROTECTION ACT 2018 ON PAGE ONE OF THIS DOCUMENT BEFORE YOU SIGN BELOW (where a joint tenancy exists, both tenants must sign)**

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

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

**I would like to exchange with:**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ (please specify) \_\_\_\_\_

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

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

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

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

Email address: \_\_\_\_\_

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

Name	Male/ Female	Age	Date of birth	National Insurance Number	Relationship to tenant





### Details of your current accommodation:

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

For non SCH/SMBC tenants only - are you in receipt of housing benefit? Yes ☐ No ☐

If yes, how much per week/month? \_\_\_\_\_

What type of property do you have?

House ☐ Low rise flat ☐ High rise flat ☐ Mews flat ☐ Bungalow ☐

Has your property been adapted for any persons with physical disabilities? Yes ☐ No ☐

If yes, please list adaptations made:

\_\_\_\_\_

Tenure type: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

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

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

Email address: \_\_\_\_\_

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

**I / We have read and understood the conditions overleaf**

**To the best of my / our knowledge all information provided is true**

**PLEASE ENSURE YOU HAVE READ AND UNDERSTOOD THE DATA PROTECTION ACT 2018 ON PAGE ONE OF THIS DOCUMENT BEFORE YOU SIGN BELOW (where a joint**



**tenancy exists, both tenants must sign)**

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

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





## 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: \_\_\_\_\_

### 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 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 ☐