

OXBODE HOUSING ASSOCIATION

APPLICATION FOR MUTUAL EXCHANGE

Your Full Name: _____

Your Phone No., including Mobile if applicable: _____

Your Date of Birth: _____

About your home:

Current Address: _____

No. of bedrooms in your home now _____

Name of your current Landlord: _____

Your Landlords Address _____

Is your rent account clear? YES/NO * Delete as applicable

Is the tenancy in your name? YES/NO * Delete as applicable

If NO, who's name is on the tenancy _____

About the property you want to move to:

Address of the property you would like to move to _____

No of bedrooms in the property _____

Please tell us the why you want to move: _____

Please list all the people who will be moving with you:

| <u>Name</u> | <u>Relationship to you</u> | <u>Date of Birth</u> | <u>Male or female</u> |
|-------------|----------------------------|----------------------|-----------------------|
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If your exchange is approved when would you like to move? _____

REMEMBER YOU CANNOT MOVE UNTIL YOU ARE SENT A LETTER CONFIRMING YOUR EXCHANGE IS APPROVED. IF YOU MOVE WITHOUT APPROVAL YOU WILL BE REQUIRED TO MOVE BACK.

Please SIGN: _____ DATE: _____

(NOTE: Both tenants must sign if you hold a joint tenancy)

FOR OFFICIAL USE ONLY

VISIT CARRIED OUT YES/NO

REFERENCE RECEIVED YES/NO

APPROVED BY HOUSING OFFICER: _____ DATE: _____

APPROVED BY HOUSING MANAGER: _____ DATE: _____

EXCHANGE DATE _____