**Wandsworth Council**

**Housing and Regeneration Department**

**MUTUAL EXCHANGE APPLICATION FORM**

This application form should be completed in full by all tenants seeking a mutual exchange. This form must be signed by all tenants, including any joint tenants wanting to exchange their tenancies. To complete the form you will need to get some information from the tenant(s) you want to exchange with. Failure to fully complete this form may result in delays when assessing the application. We will not assess applications unless all required declarations are signed.

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| **HOW MANY PROPERTIES ARE INVOLVED IN THE MUTUAL EXCHANGE?** |  |

**HOUSEHOLD 1 (WANDSWORTH COUNCIL TENANT)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE** | **SURNAME** | **FIRST NAME** | **DATE OF BIRTH** | **SEX (M/F)** | **NATIONALITY** | **RELATIONSHIP TO TENANT** | **TENANT\* (Y/N)** |
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**\*PROVIDE PASSPORT PHOTOS WITH A SIGNATURE ON THE BACK FOR THE SOLE OR JOINT TENANT (S)**

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| **DO YOU HAVE ANY PETS? (Y/N)** |  | **IF YES, PLEASE SAY WHAT THEY ARE AND HOW MANY** |  |

**Address and Contact Details**

|  |  |  |
| --- | --- | --- |
| **FULL POSTAL ADDRESS** | **YOUR CONTACT DETAILS** | |
|  | **MOBILE TEL. NUMBER** |  |
| **HOME TEL. NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **ADDRESS YOU WANT TO MOVE TO** |  | |
| **HOW DID YOU FIND YOUR MUTUAL EXCHANGE PARTNER?** |  | |
| **REASON FOR THE MUTUAL EXCHANGE?**  Please advise if you are fleeing domestic abuse, harassment, gang related issues or similar |  | |
| **THE BEDROOM SIZE OF THE PROPERTY YOU ARE PROPOSING TO EXCHANGE TO** Please note, if you exchange to a property larger than your household need then you may be subject to a tax via the social sector size criteria (bedroom tax). |  | |

**Property and Tenancy Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WHAT TYPE OF PROPETY DO YOU HAVE? (CIRCLE ONE)** | **FLAT** | **MAISONETTE** | **HOUSE** | **BUNGALOW** |

|  |  |
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| **HOW MANY BEDROOMS DO YOU HAVE IN YOUR CURRENT PROPERTY?** |  |
| **HAS YOUR PROPERTY BEEN ADAPTED FOR WHEELCHAIR USE, OR HAVE ANY OTHER ADAPTATIONS BEEN MADE TO THE PROPERTY? PLEASE LIST ALL ADAPTIONS**  Please note, the tenants you are proposing to exchange with must have a need for these adaptions and supporting evidence needs to be included with this application form. |  |

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| **WHAT DATE DID YOUR TENANCY START?** |  |

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| **WHAT TYPE OF TENANCY DO YOU HAVE?\* (FIXED TERM or SECURE PERIODIC)\*** If you are within your introductory period or you are an unauthorised occupant then you are not eligible for a mutual exchange |  |

\*If you are unsure of which tenancy you have you can ask Wandsworth Council.

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| **ARE THERE ARREARS ON YOUR RENT ACCOUNT AND/OR HAVE YOU BEEN GIVEN A NOTICE OF SEEKING POSSESSION FOR ANY REASON?** Your application may not be approved if you are in more than four weeks rent arrears or if your landlord is taking eviction proceedings to repossess your home. |  |

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| **DOES YOUR PROPERTY FALL UNDER A REGENERATION SCHEME?** |  |

**EQUALITIES MONITORING**

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| --- | --- | --- | --- | --- |
| **Wandsworth Council is committed to promoting racial equality and to ensuring that all communities in the borough have equal access to services. The information you give us is confidential and will be used only for the planning and monitoring of Services. Choose one section for both the applicant and joint applicant to best describe your ethnic group or background.** | | | | |
| **ETHNIC GROUP** | **ETHNIC ORIGIN** | **Applicant** | **Joint Applicant** | **Office Use Only** |
| WHITE | English/Welsh/Scottish/Northern Irish/British |  |  | WB |
| Irish |  |  | WI |
| Gypsy or Traveller |  |  | GT |
| Any Other White Background (Please write in) |  |  | WO |
| MIXED/MULTIPLE ETHNIC | White and Black Caribbean |  |  | CW |
| White and Black African |  |  | WA |
| White and Asian |  |  | WS |
| Any Other mixed/Multiple Ethnic background (Please write in) |  |  | MO |
| ASIAN/ASIAN BRITISH | Indian |  |  | AI |
| Pakistani |  |  | AP |
| Bangladeshi |  |  | AB |
| Chinese |  |  | CH |
| Any Other Asian background (Please write in) |  |  | AO |
| BLACK/AFRICAN/ CARIBBEAN/ BLACK BRITISH | African |  |  | BR |
| Caribbean |  |  | BN |
| Any Other Black Background (Please write in) |  |  | BB |
| OTHER ETHNIC GROUP | Arab |  |  | AR |
| Other Ethnic Group (Please write in) |  |  | OG |
|  | Prefer not to say |  |  | RD |

**HOUSEHOLD 1 DECLARATION**

**WE WILL NOT ASSESS YOUR APPLICATION FOR EXCHANGE UNTIL THIS DECLARATION IS SIGNED BY ALL TENANTS.**

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. We may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I/we declare that I/we have answered the questions on this form truthfully and completely, and I/we accept that Wandsworth Council may rely upon my/our answers in dealing with the mutual exchange.

I/we understand that if I/we move into a Wandsworth Council property, I/we will accept the property in its condition as at the date of exchange and I/we understand that Wandsworth Council will not be responsible for the maintenance or replacement of any non-standard fixtures and fittings in the property.

I/we consent to Wandsworth Council sharing and/or requesting relevant information with/from other registered social landlord of any household involved in the exchange.

|  |  |  |  |  |  |
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| **SIGNATURE** |  | **NAME** |  | **DATE** |  |
| **SIGNATURE** |  | **NAME** |  | **DATE** |  |
| **SIGNATURE** |  | **NAME** |  | **DATE** |  |
| **SIGNATURE** |  | **NAME** |  | **DATE** |  |

You must not make arrangements to move until written consent has been granted by your landlord and all legal documents have been signed.

**HOUSEHOLD 2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE** | **SURNAME** | **FIRST NAME** | **DATE OF BIRTH** | **SEX (M/F)** | **NATIONALITY** | **RELATIONSHIP TO TENANT** | **TENANT (Y/N)** |
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**\*PLEASE PROVIDE PASSPORT PHOTOS WITH A SIGNATURE ON THE BACK FOR EACH TENANT**

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| **DO THEY HAVE ANY PETS? (Y/N)** |  | **IF YES, PLEASE SAY WHAT THEY ARE AND HOW MANY** |  |

**Household Address and Contact Details**

|  |  |  |
| --- | --- | --- |
| **FULL POSTAL ADDRESS** | **YOUR CONTACT DETAILS** | |
|  | **MOBILE TEL. NUMBER** |  |
| **HOME TEL. NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **ADDRESS THEY WANT TO MOVE TO** |  | |
| **REASON FOR THE MUTUAL EXCHANGE?**  Please advise if you are fleeing domestic abuse, harassment, gang related issues or similar |  | |
| **THE BEDROOM SIZE OF THE PROPERTY THEY ARE PROPOSING TO EXCHANGE TO** Please note, if you exchange to a property larger than your household need then you may be subject to a tax via the social sector size criteria (bedroom tax). |  | |

**Landlord Details: We need this to request a reference check; failure to provide this information may result in a delay in assessing your application**

|  |  |
| --- | --- |
| **NAME AND ADDRESS OF LANDLORD**  Please provide the direct details of your  property manager if known |  |
| **LANDLORD’S EMAIL ADDRESS** |  |
| **LANDLORD’S TEL. NUMBER** |  |

**Property and Tenancy Details**

|  |  |  |  |  |
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| **WHAT TYPE OF PROPETY DO THEY HAVE? (CIRCLE ONE)** | **FLAT** | **MAISONETTE** | **HOUSE** | **BUNGALOW** |

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| **HOW MANY BEDROOMS DOES THE PROPERTY HAVE?** |  |

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| **HAS THE PROPERTY BEEN ADAPTED FOR WHEELCHAIR USE?**  Please note, the tenants you are proposing to exchange with must have a need for these adaptions and supporting evidence needs to be included with this application form. |  |

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| **WHAT TYPE OF TENANCY DO THEY HAVE?\***  If they are within the introductory period or they are an unauthorised occupant then they will not eligible for a mutual exchange |  |
| **WHAT DATE DID THIS TENANCY START?** |  |

\*The type of tenancy and start date can be obtained by the household’s landlord.

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| **DOES YOUR PROPERTY FALL UNDER A REGENERATION SCHEME?** |  |

**EQUALITIES MONITORING**

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| **Wandsworth Council is committed to promoting racial equality and to ensuring that all communities in the borough have equal access to services. The information you give us is confidential and will be used only for the planning and monitoring of Services. Choose one section for both the applicant and joint applicant to best describe your ethnic group or background.** | | | | |
| **ETHNIC GROUP** | **ETHNIC ORIGIN** | **Applicant** | **Joint Applicant** | **Office Use Only** |
| WHITE | English/Welsh/Scottish/Northern Irish/British |  |  | WB |
| Irish |  |  | WI |
| Gypsy or Traveller |  |  | GT |
| Any Other White Background (Please write in) |  |  | WO |
| MIXED/MULTIPLE ETHNIC | White and Black Caribbean |  |  | CW |
| White and Black African |  |  | WA |
| White and Asian |  |  | WS |
| Any Other mixed/Multiple Ethnic background (Please write in) |  |  | MO |
| ASIAN/ASIAN BRITISH | Indian |  |  | AI |
| Pakistani |  |  | AP |
| Bangladeshi |  |  | AB |
| Chinese |  |  | CH |
| Any Other Asian background (Please write in) |  |  | AO |
| BLACK/AFRICAN/ CARIBBEAN/ BLACK BRITISH | African |  |  | BR |
| Caribbean |  |  | BN |
| Any Other Black Background (Please write in) |  |  | BB |
| OTHER ETHNIC GROUP | Arab |  |  | AR |
| Other Ethnic Group (Please write in) |  |  | OG |
|  | Prefer not to say |  |  | RD |

**HOUSEHOLD 2: DECLARATION**

**WE WILL NOT ASSESS YOUR APPLICATION FOR EXCHANGE UNTIL THIS DECLARATION IS SIGNED BY ALL TENANTS.**

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I/we consent to Wandsworth Council sharing and/or requesting relevant information with/from other registered social landlords of any household involved in the exchange.

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| **SIGNATURE** |  | **NAME** |  | **DATE** |  |
| **SIGNATURE** |  | **NAME** |  | **DATE** |  |
| **SIGNATURE** |  | **NAME** |  | **DATE** |  |
| **SIGNATURE** |  | **NAME** |  | **DATE** |  |

You must not make arrangements to move until written consent has been granted by your landlord and all legal documents have been sign.

**HOUSEHOLD 3 (If applicable)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE** | **SURNAME** | **FIRST NAME** | **DATE OF BIRTH** | **SEX (M/F)** | **NATIONALITY** | **RELATIONSHIP TO TENANT** | **TENANT (Y/N)** |
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**\*PLEASE PROVIDE PASSPORT PHOTOS WITH A SIGNATURE ON THE BACK FOR EACH TENANT**

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| **DO THEY HAVE ANY PETS? (Y/N)** |  | **IF YES, PLEASE SAY WHAT THEY ARE AND HOW MANY** |  |

**Household Address and Contact Details**

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| **FULL POSTAL ADDRESS** | **YOUR CONTACT DETAILS** | |
|  | **MOBILE TEL. NUMBER** |  |
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| **ADDRESS THEY WANT TO MOVE TO** |  | |
| **REASON FOR THE MUTUAL EXCHANGE?**  Please advise if you are fleeing domestic abuse, harassment, gang related issues or similar |  | |
| **THE BEDROOM SIZE OF THE PROPERTY THEY ARE PROPOSING TO EXCHANGE TO** Please note, if you exchange to a property larger than your household need then you may be subject to a tax via the social sector size criteria (bedroom tax). |  | |

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**Property and Tenancy Details**

|  |  |  |  |  |
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| **WHAT TYPE OF PROPETY DO THEY HAVE? (CIRCLE ONE)** | **FLAT** | **MAISONETTE** | **HOUSE** | **BUNGALOW** |

|  |  |
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| **HOW MANY BEDROOMS DOES THE PROPERTY HAVE?** |  |

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| **HAS THE PROPERTY BEEN ADAPTED FOR WHEELCHAIR USE?**  Please note, the tenants you are proposing to exchange with must have a need for these adaptions and supporting evidence needs to be included with this application form. |  |

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| **WHAT DATE DID THIS TENANCY START?** |  |

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| **DOES YOUR PROPERTY FALL UNDER A REGENERATION SCHEME?** |  |

**EQUALITIES MONITORING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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| **ETHNIC GROUP** | **ETHNIC ORIGIN** | **Applicant** | **Joint Applicant** | **Office Use Only** |
| WHITE | English/Welsh/Scottish/Northern Irish/British |  |  | WB |
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| White and Black African |  |  | WA |
| White and Asian |  |  | WS |
| Any Other mixed/Multiple Ethnic background (Please write in) |  |  | MO |
| ASIAN/ASIAN BRITISH | Indian |  |  | AI |
| Pakistani |  |  | AP |
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| BLACK/AFRICAN/ CARIBBEAN/ BLACK BRITISH | African |  |  | BR |
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| OTHER ETHNIC GROUP | Arab |  |  | AR |
| Other Ethnic Group (Please write in) |  |  | OG |
|  | Prefer not to say |  |  | RD |

**HOUSEHOLD 3: DECLARATION**

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|  |  |  |  |  |  |
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| **SIGNATURE** |  | **NAME** |  | **DATE** |  |
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| **SIGNATURE** |  | **NAME** |  | **DATE** |  |

You must not make arrangements to move until written consent has been granted by your landlord and all legal documents have been sign.

**HOUSEHOLD 4 (If applicable)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE** | **SURNAME** | **FIRST NAME** | **DATE OF BIRTH** | **SEX (M/F)** | **NATIONALITY** | **RELATIONSHIP TO TENANT** | **TENANT (Y/N)** |
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**\*PLEASE PROVIDE PASSPORT PHOTOS WITH A SIGNATURE ON THE BACK FOR EACH TENANT**

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| **DO THEY HAVE ANY PETS? (Y/N)** |  | **IF YES, PLEASE SAY WHAT THEY ARE AND HOW MANY** |  |

**Household Address and Contact Details**

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**Property and Tenancy Details**

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| **WHAT TYPE OF PROPETY DO THEY HAVE? (CIRCLE ONE)** | **FLAT** | **MAISONETTE** | **HOUSE** | **BUNGALOW** |

|  |  |
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| --- | --- |
| **DOES YOUR PROPERTY FALL UNDER A REGENERATION SCHEME?** |  |

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**HOUSEHOLD 4: DECLARATION**

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I/we consent to Wandsworth Council sharing and/or requesting relevant information with/from other registered social landlords of any household involved in the exchange.

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| **SIGNATURE** |  | **NAME** |  | **DATE** |  |
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| **SIGNATURE** |  | **NAME** |  | **DATE** |  |

You must not make arrangements to move until written consent has been granted by your landlord and all legal documents have been sign.

**IF THERE ARE MORE THAN FOUR HOUSEHOLDS EXCHANGING, PLEASE PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEETS.**