



Mutual Exchange Application Form



For your assistance, this document can also be made available in another language, in Braille, in large print, or on audio cassette.

Please ask any member of staff and the necessary arrangements will be made.

Instructions For Completion

1. Please complete all sections fully. If you require assistance, please contact us on 01387321300.
2. Where boxes are provided, tick the box which indicates the response most relevant to you.
3. Where you are asked for more detail, and there is not enough room, please use the additional space provided.
4. Please refer to the Guidance Notes when completing this Form.

Data Protection Act 1998

Your application will be treated in confidence and in compliance with the Data Protection Act 1998.

1. Personal Details

1.1 Present Address

Applicant

Male / Female

Partner

(if applicable)

Male / Female

Title: (Mr/Mrs/Miss/Other) _____

Title: (Mr/Mrs/Miss/Other) _____

Name: _____

Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Telephone: _____ (Mobile)

Telephone: _____ (Mobile)

(Home)

(Home)

Email: _____

Email: _____

Date of Birth: _____

Date of Birth: _____

Marital Status: _____

Marital Status: _____

National Insurance: _____

National Insurance: _____

1.2 Reason for Mutual Exchange

Please list your main reason(s) for seeking a Mutual Exchange, giving as much detail as possible:

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1.3 Details of Property You Wish To Exchange With

If you have identified a person(s) to exchange with, please provide their details below:

.....

.....

.....

Please note that if you have viewed the property and your Mutual Exchange is successful, you agree to accept the property in its existing condition. You will be responsible for any repairs that are the responsibility of the tenant.

2. Household

2.1 Household Details

Please give details of other people who are currently housed with you and people who are not living with you at present, but who will be moving with you. Do not include yourself or the joint tenant.

Name	Relationship	Date of Birth	Sex M / F	Currently Living With You?	Will Be Living With You?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification of all children and custodial / access arrangements may be required.

<p>If you or any person named above is expecting a baby, please give the anticipated date of birth (we will need to see written confirmation of this):</p> <p>.....</p>

Do you have a wife or husband who is not currently living with you, but who has rights to occupy the property you want to exchange from? Yes No

If **Yes**, please provide full details of their current address, or where they can be contacted:

.....

.....

.....

3. Present Accommodation

3.1 Present Accommodation Details

In order to assess your application, the Association needs to know your current household details. Please tick all that apply

- Sheltered
- General Needs
- Lift
- Terraced
- Other Please specify
- Amenity
- Wheelchair Accessible
- Semi-Detached
- Flat Level:

Number of Double Bedrooms

Number of Single Bedrooms

Does the property have a garden? Yes No

If **Yes**, is it (please tick most appropriate) Communal Private

Does the property have off-street parking / driveway? Yes No

Please state the type of heating in the property:

3.2 Present Landlord

If you are **not** a Loreburn Housing Association tenant, please give full details of your current landlord:

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.....

.....

3.2.1 Housing History

Please provide your housing history for the last 5 years

Address	Date From	Date To	Tenure Type	Reason for Leaving	Landlord Details

3.3 Alterations

Please list any alterations or improvements you have made (eg. hand rails in the bathroom, installed a shower, replaced doors)

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.....
.....

3.4 Adaptations

Has your property been specifically adapted to suit your needs by referral from an Occupational Therapist (OT)? Yes No

If **Yes**, please give details:

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.....
.....

4. Personal Housing Needs

4.1 Housing Needs

Do you or any other household members suffer from any illness or medical condition which would be improved or alleviated by a Mutual Exchange? Yes No

If **Yes**, please give details:

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.....
.....

4.2 Support

Do you or any other household members receive / provide support? Yes No

If **Yes**, please give details:

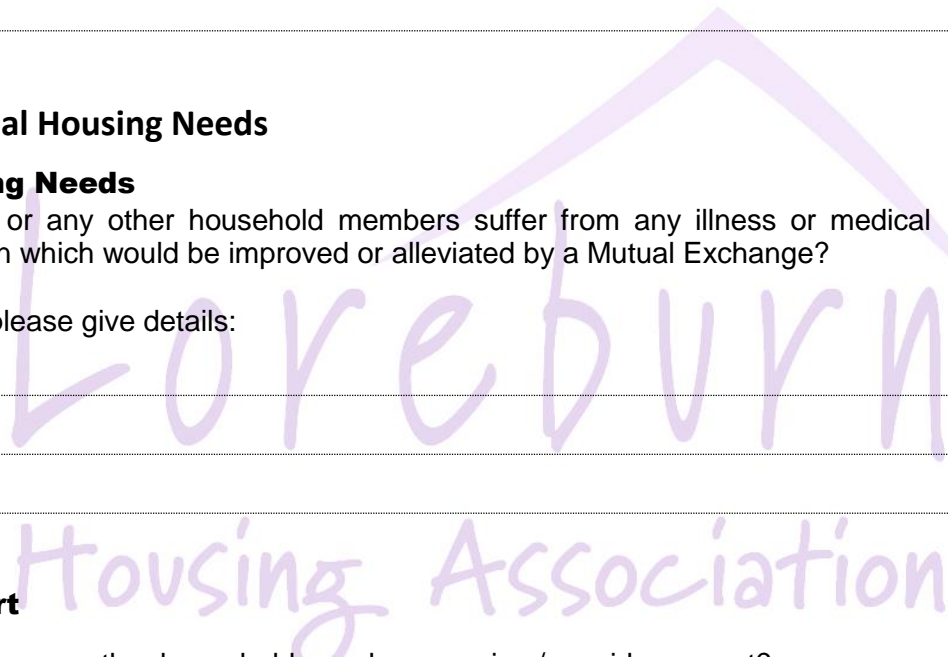
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4.3 Pets

Do you have any pets? Yes No

If **Yes**, please give details:

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.....



5. Additional Information

Please use this space to provide any additional comments



6. Important Information

Please read the Guidance Notes provided with the Application before signing the Declaration in Section 7.

By signing the Declaration, you confirm that:

- ▶ I / We are willing to accept the property in its present condition and understand that there will be no cost to the Association as a result of this Mutual Exchange.
- ▶ My / Our Rent Account is not more than one month in arrears.
- ▶ I / We have read the Guidance Notes and fully understand and accept all the conditions detailed in the rules.
- ▶ I / We will occupy the property as my / our principal residence.
- ▶ I / We understand that by exchanging tenancies, my / our "Right to Buy" will be affected.

7. Declaration

Is any person covered by this application related to any member of Loreburn's Committee of Management or staff? Yes No

If **Yes**, please state:

Name:

Position Within Loreburn:

Relationship:

I / We hereby authorise Loreburn to make whatever enquiries it may feel appropriate:

- ▶ To any landlord(s) within the last 5 years in respect of compliance with conditions of tenancy.
- ▶ To any Doctor to verify medical circumstances.
- ▶ To any agency for further details, or to authenticate or to clarify details provided in this application, or associated forms.

I / We certify that I / we will notify Loreburn immediately of any changes in my / our circumstances as related to this Application Form.

Signature: Signature:
Applicant Joint Applicant

Date: Date:

Please return this Application Form to the office indicated below:

Loreburn Housing Association Ltd
Huntingdon
27 Moffat Road
DUMFRIES
DG1 1NN
Tel 01387 321300

Loreburn Housing Association Ltd
Area Office
29 Hanover Street
STRANRAER
DG9 7RX
Tel 01776 705479

Email: customerservice@loreburn.org.uk
Website: www.loreburn.org.uk
Loreburn is a recognised Scottish Charity No SC029917