

# Application for Mutual Exchange

Tenant Name \_\_\_\_\_

Joint Tenant Name \_\_\_\_\_

Address

\_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

## PLEASE NOTE

All applicants wishing to carry out a Mutual Exchange must complete a separate form.

## PLEASE ANSWER ALL QUESTIONS IN FULL USING BLOCK LETTERS

Do you require any of the following options to aid you with your application?

Large Print Text ☐

Language Interpreting Service ☐

Braille Text ☐



Date Issued:

Date Returned:

### 1. Are you a tenant of one of the following landlords?

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dundee City Council | <input type="checkbox"/> Angus HA   | <input type="checkbox"/> Hillcrest HA |
| <input type="checkbox"/> Angus Council       | <input type="checkbox"/> Abertay HA | <input type="checkbox"/> Sanctuary HA |
| <input type="checkbox"/> Home HA             | <input type="checkbox"/> Cairn HA   | <input type="checkbox"/> Caledonia HA |

**If 'No' who is your Landlord? (Name and Address)**

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## Present Property Details

Date You Moved in to Your Current Home	Type of Property eg. Flat, House	Number of Bedrooms	Detail any Adaptation's in your home	Heating Type	Is your Home on the Ground Floor?

**Please give your reason(s) for requesting an exchange –**  
(For example overcrowding or medical reasons)

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**Please give details of all people who will be moving**

[illegible]

**Do You Have Any Pets ?**Yes ☐No ☐

If yes please detail

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**2. Details of the Person Moving into Your Home****Details of Tenant You are Exchanging with**

Full Name		Joint Tenant Name <i>(if applicable)</i>	
Address			
Town / City		Postcode	
Telephone Number (Home)		Email	
Telephone Number (Mobile)		National Insurance Number	

**Details of their Property**

Date You Moved in to Your Current Home	Type of Property eg. Flat, House	Number of Bedrooms	Detail any Adaptation's in your home	Heating Type	Is your Home on the Ground Floor?

**Their Landlord Details**

Landlord Name	
Landlord Address	
Landlord Telephone Number	

### 3. Three Way Exchange Only – only to be completed when more than 2 households are exchanging

#### Details of Tenant You are Exchanging with

Full Name		Joint Tenant Name (if applicable)	
Address			
Town / City		Postcode	
Telephone Number (Home)		Email	
Telephone Number (Mobile)		National Insurance Number	

#### Details of their Property

Date You Moved in to Your Current Home	Type of Property eg. Flat, House	Number of Bedrooms	Detail any Adaptation's in your home	Heating Type	Is your Home on the Ground Floor?

#### Their Landlord Details

Landlord Name	
Landlord Address	
Landlord Telephone Number	

**4. Has anyone included on this application been evicted for anti-social behaviour within the last 3 years?**

Yes ☐

No ☐

**If Yes, please provide details:**

Name of Person Evicted \_\_\_\_\_

Evicting Landlord \_\_\_\_\_

**Has any person covered by this application been the subject of an Anti-Social Behaviour Order (ASBO) under Section 19 of the Crime and Disorder Act 1998, on or after 30th September 2002?**

Yes ☐

No ☐

**If YES please provide details:**

Name of person subject to ASBO \_\_\_\_\_

**Are you, or any person noted on this application form required to register with police under the Sex Offenders Act 1997**

Yes ☐

No ☐

**Do you have any rent arrears or other tenancy debt?**

Yes ☐

No ☐

**If you have a partner moving with you, have they held a Tenancy (Council/RSL/Private) in the last 5 years**

Yes ☐

No ☐

**5. Person moving with you – previous addresses for the past 5 years**

Address	From - To	Landlord	Reason for Moving

## DECLARATION

Please read through the following statements and sign at the bottom to acknowledge and show you understand and agree with them

- I confirm that all the information on this form is correct and give permission to check the details and obtain further information if required e.g. Landlord References.
- I understand that any false information provided may result in my application being cancelled or if I am rehoused by the Association may result in legal action being taken against me.
- I understand the information provided in this form will be used by Landlords to assess the application in accordance with their own policies.
- I understand I must not exchange properties until all Landlords have given written consent and new Tenancy Agreements have been signed.
- I have viewed the property I plan to exchange to and am happy it is suitable for my medical needs including the heating type.
- I am happy with the condition of the property and I accept the condition of the property. I will take over any repairs, alterations which are the outgoing tenant's responsibility.
- I confirm my Husband/Wife/Cohabitee (where applicable) has been consulted about the proposed exchange, gives their consent and is not seeking a transfer of tenancy to their sole name under the Matrimonial Homes (Family Protection) (Scotland) Act 1981 as amended.
- I confirm that my Civil Partner (where applicable) has been consulted about the proposed exchange, gives their consent and is not seeking transfer of tenancy to their sole name under the Civil Partnership Act 2004.
- I am aware the Landlord will not accept any responsibility for any costs incurred as part of the exchange.
- I understand the information provided in this form is covered by the Data Protection Act 2018.
- I understand I will be required to pay a month's rent in advance at the time of signing for the tenancy.

Name (Block Capitals) \_\_\_\_\_

Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_

Name Joint Tenant (Block Capitals) \_\_\_\_\_

Signature of Joint Tenant \_\_\_\_\_ Date \_\_\_\_\_

## Once completed please send your form to:

### Arbroath Office:

Angus Housing Association Ltd  
93 High Street  
Arbroath  
DD11 1DP

### Dundee Office:

Angus Housing Association Ltd  
Ormiston Crescent  
Whitfield, Dundee  
DD4 0UD

**OFFICIAL USE ONLY - to be completed by Housing Management Staff**

Are there Rent Arrears or any outstanding debt in relation to the tenancy amounting to more than 1 months rent. If yes, repayment agreement must be in place and honoured for 3 months prior to approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a Notice of Proceedings or an Order for Recovery in Force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is it reasonable to refuse an exchange request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, specify reasons why below		
Is the Property designed/adapted for occupation by person whose special needs requires such accommodation? If yes, refuse exchange unless incoming tenant has special needs requiring such accommodation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Property substantially larger than that required by the incoming tenant and their family and would it result in the property being under-occupied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Property unsuitable to the incoming tenant's needs or their family needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would the mutual exchange request result in the Property being overcrowded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to any of the above, refuse exchange request.		
<b>Additional Information</b>		
Is the other Landlord involved an RSL or Local Authority? If no, refuse exchange request	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenancy Ref Check Requested	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date		
Tenancy Ref Check Received	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date		
Visit to AHA tenant carried out	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date		
Visit to incoming tenant carried out	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date		
Application Approved by AHA	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the other Landlord(s) involved approved the Mutual Exchange?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agreed date for Mutual Exchange to commence		
Application Refused	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If refused, state reason		
If application is refused, has the applicant been advised of appeal rights	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Application Approved - Housing Officer Signature	Date	
Application Approved - Housing Manager Signature	Date	

## **YOUR PERSONAL INFORMATION (TENANT)**

We, Angus HA, are the controller of the personal information that we hold about you. This means that we are legally responsible for how we hold and use personal information about you. It also means that we are required to comply with data protection laws when holding and using your personal information. This includes providing you with the details of how we hold and use your personal information, who we may share it with and your rights in relation to your personal information. Full Statement available on our website

We have appointed a Data Protection Officer (DPO), Daradjeet Jagpal, who ensures we comply with data protection laws. If you have any questions about this statement or how we hold or use your personal information, please contact the DPO by: e-mail at [angusdpo@infolawsolutions.co.uk](mailto:angusdpo@infolawsolutions.co.uk) or writing to: The Data Protection Officer, Angus Housing Association Limited, 93 High Street, Arbroath, DD11 1DP.

You can contact us by: e-mail at [admin@aha.org.uk](mailto:admin@aha.org.uk); telephone on 0345 177 22 44; or writing to: Angus Housing Association Limited, 93 High Street, Arbroath, DD11 1DP

### **Angus Housing Association Limited**

93 High Street, Arbroath  
Angus DD11 1DP

The Square, Ormiston Crescent  
Dundee DD4 0UD

Tel 0345 177 2244 Email [admin@aha.org.uk](mailto:admin@aha.org.uk) [www.angusha.org.uk](http://www.angusha.org.uk)

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