



APPLICATION FOR MUTUAL EXCHANGE

Name:.....

Date of Birth:..... **Sex:** M / F

Address:.....

Postcode:.....

Contact Telephone Number:.....

E-Mail:.....

Details of people who would live with you if you exchanged properties:

Name	Date of Birth	Sex	Relationship to You
.....
.....
.....
.....
.....
.....

Name & Address of Your Current Landlord:

Name:.....

Address:.....

Postcode:.....

Telephone Numbers:.....

E-Mail:.....

Present Accommodation:

Number of Bedrooms:.....

Type of Property (e.g. flat/house):.....

Do you have a garden?.....

Do you have stairs?

Type of Heating:.....

Accommodation Wanted:

Area wanted:.....

Number of Bedrooms:.....

Type of Property (e.g. flat/house):.....

Would you accept a property with a Garden?.....

Can you manage stairs?

Type of Heating:.....

Details of the household you wish to exchange with (If Known at Present):

Name:.....

Address:.....

Postcode:.....

Telephone Numbers.....

E-Mail:.....

By signing this form I hereby authorise Gardeen Housing Association to contact the above stated landlord for a reference, or to make any necessary enquiries about the information provided in this form.

Signed:.....

Date:.....