



MUTUAL EXCHANGE APPLICATION FORM

ALL PARTIES MUST READ THIS SECTION BEFORE YOU COMPLETE THE FORM

The Housing Act allows for mutual exchanges to take place between tenants provided their tenancy gives them the right to assign under the following conditions:

1. The incoming tenant must comply with the landlord's allocation policy on household size.

Network Homes do not allow under occupation in our properties. We allocate bedrooms in line with Department of Work and Pensions (DWP) guidelines.

This means an applicant will be entitled to a bedroom for:

- Each adult couple
 - Any other person aged 16 or over (including a carer) if they deemed part of the permanent household
 - Two children of the same sex under the age of 16
 - Two children under the age of 10 regardless of their sex
 - Older person's units are sometimes harder to let; exceptions may be made at management discretion.
2. The outgoing tenant must have a clear rent account.
 3. The tenant must not be under a Notice.
 4. The incoming tenant takes the property as seen subject to the usual repairs as stipulated by the terms of the tenancy agreement.
 5. The outgoing tenant has not damaged the property to the extent where an insurance claim has been made.
 6. Alterations and improvements made by the outgoing tenant become the responsibility of the incoming tenant. **You will be expected to provide the paperwork that shows you had permission to make the alterations and if relevant a copy of the building certificate and planning permission.**
 7. The landlord suffers no financial loss either through rent, void or repair.
 8. The exchange takes effect by Deed of Assignment no less than 4 weeks once permission has been given in accordance with the notice period of the tenancy agreement.
 9. The property is not deemed a sheltered or older person's unit and the incoming tenant does not meet the need of such property.
 10. The property will be subject to an inspection.
 11. The property has not been adapted and the incoming tenant does not meet the need of such property.
 12. The property has not been funded for special use and exempt from exchanges.
 13. The landlord must inform their tenant of their decision within 42 days of receipt of an application.
 14. The property is checked and certified for gas and electricity.

How we will use your information

The purpose for collecting your personal details on this form is to allow the Housing department to have accurate records. Once the form has been completed the Housing office will store the details securely and confidentially within the Housing/Tenancy file. Access to the information you provide will be on a strictly need to know basis and the information will be retained for six years before being securely disposed of/deleted from our systems. The information will not usually be shared with any other department or external parties (unless the law allows in certain situations such as Court Hearings).

Please return the completed form to:

**NETWORK HOMES
36 Ware Road Hertford Herts SG13 7HH**

YOUR TENANCY DETAILS

Tenant(s) Details:					
	Tenant 1		Tenant 2 / Joint Tenant		
Name:					
Date of Birth:					
NI Number:					
Property:					
Address:			Postcode:		
			Tenancy Start Date:		
Weekly Rent:			Rent Balance:		
Tenure Type:	Assured / Fixed Term		Tenancy Ref:		
Contact Details:					
	Tenant 1		Tenant 2 / Joint Tenant		
Home Number:					
Mobile:					
email address:					
Landlord Info:	Contact Name & No:				
Landlord Address:					
Household Member Details:					
Name:				Gender:	
DOB:		Age:		Relationship:	
Name:				Gender:	
DOB:		Age:		Relationship:	
Name:				Gender:	
DOB:		Age:		Relationship:	
Name:				Gender:	

DOB:		Age:		Relationship:	
Name:				Gender:	
DOB:		Age:		Relationship:	
Other:					
Is there anyone else we should consider as part of your household who does not live with you?					
If YES , please state their name and the reason they do not live with you					
Do you have any pets? If YES please state what					
Have you applied to buy your present home?					

YOUR PROPERTY DETAILS

Your Property Description:					
Accommodation Type:	<i>House</i>	<i>Flat</i>	<i>Bungalow</i>	<i>Older Person</i>	<i>Sheltered</i>
Number of Bedrooms?					
Floor Level?					
Is there a Lift?					

Has the property been adapted for disabled (state):					
Level access shower:		Adapted Bathroom:		Ramps Outside:	
Lift/Stair lift:		Adapted Kitchen:		Ramps Inside:	
Other:					

EXCHANGE PARTNER DETAILS

Exchange Partner Details:					
	Tenant 1		Tenant 2 / Joint Tenant		
Name:					
Date of Birth:					
NI Number:					
Property:					
Address:			Postcode:		
			Tenancy Start Date:		
Weekly Rent:			Rent Balance:		
Tenure Type:			Tenancy Ref:		
Contact Details:					
	Tenant 1		Tenant 2 / Joint Tenant		
Home Number:					
Mobile:					
email address:					
Landlord Info:	Contact Name & No:				
Landlord Address:					
Household Member Details:					
Name:				Gender:	
DOB:		Age:		Relationship:	
Name:				Gender:	
DOB:		Age:		Relationship:	
Name:				Gender:	
DOB:		Age:		Relationship:	
Name:				Gender:	

DOB:		Age:		Relationship:	
Name:				Gender:	
DOB:		Age:		Relationship:	
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If YES , please state their name and the reason they do not live with you					
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Lift/Stair lift:		Adapted Kitchen:		Ramps Inside:	
Other:					

SIGNATURES

If the tenancy is joint; both tenants must be sign			
Tenant 1		Name:	
Tenant 2		Name:	
		Date:	
If the tenancy is joint; both tenants must be sign			
Exchange Partner 1		Name:	
Exchange Partner 2		Name:	
		Date:	

COMPLETE THIS SECTION IF MORE THAN 2 WAY MUTUAL EXCHANGE

All Exchange Party Details:			
	Tenants Name & Address	Landlord Contact Name & Address	Address you would like to move too
Your information:			
Exchange Party 1:			
Exchange Party 2:			
Exchange Party 3:			
Exchange Party 4:			