



## APPLICATION FOR CONSENT TO A MUTUAL EXCHANGE

Surname
First Name(s)
Day time telephone No.

Address
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### HOUSEHOLD DETAILS

	Surname	First name(s)	Relationship to Applicant	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				

### PROPERTY DETAILS

Is your home

a House     
  a Flat     
  a Maisonette     
  a Bungalow

Number of double bedrooms

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Is your home centrally heated?

--

Number of single bedrooms

--

Do you have sole use of a garden?

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Is there a lift?

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Is there a Garage?

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**REASONS FOR WISHING TO MOVE**

Please note that this information is requested solely for monitoring purposes. It has no effect whatsoever on your application.

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**DETAILS OF EXCHANGE PARTNER**

<b>Surname</b>
<b>First Name(s)</b>
<b>Daytime Telephone</b>

<b>Address</b>
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**Name & Address of Exchange Landlord**

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<b>Contact name (if known)</b>
<b>Telephone Number</b>

<b>Details of Exchange Landlord</b>	<b>Number of adults in household</b>	<input type="text"/>
	<b>Number of children (under 16)</b>	<input type="text"/>

**FOR OFFICE USE ONLY**

	<b>Arcon Tenant</b>	<b>Other Tenant</b>		<b>Arcon Tenant</b>	<b>Other Tenant</b>
1. Arrears	<input type="checkbox"/>	<input type="checkbox"/>	6. Conditional Consent (arrears only)	<input type="checkbox"/>	<input type="checkbox"/>
2. Notice/legal action	<input type="checkbox"/>	<input type="checkbox"/>	7. Consent refused	<input type="checkbox"/>	<input type="checkbox"/>
3. Elderly accommodation	<input type="checkbox"/>	<input type="checkbox"/>	8. Licence to Assign	<input type="checkbox"/>	<input type="checkbox"/>
4. Disabled accommodation	<input type="checkbox"/>	<input type="checkbox"/>	9. Deed of Assignment	<input type="checkbox"/>	<input type="checkbox"/>
5. Other special needs	<input type="checkbox"/>	<input type="checkbox"/>	10. Comments	<input type="checkbox"/>	<input type="checkbox"/>

**APPROVAL FOR EXCHANGE :**

Signed : ..... (Housing Director)      Date : .....

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