



APPLICATION FOR CONSENT TO A MUTUAL EXCHANGE

Surname
First Name(s)
Day time telephone No.

Address

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

--

Is your home
centrally heated?

--

Number of single
bedrooms

--

Do you have sole use
of a garden?

--

Is there a lift?

--

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

Surname
First Name(s)
Daytime Telephone

Address

Name & Address of Exchange Landlord

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Contact name (if known)
Telephone Number

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

FOR OFFICE USE ONLY

	Arcon Tenant	Other Tenant		Arcon Tenant	Other Tenant
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 :

MU-EX.APP