

## Mutual Exchange Application Form

Name:	
Name.	
Address:	
Address.	
Postcode:	Home Tel No:
1 0310000.	
Mobile No:	Email:
	Email.

#### Who is your current landlord?

Landlord Name:	
Address:	
Postcode:	Tel No:

### Details of your home

Type of Property (e.g. tenement, multi storey, main door, maisonette, four-in-block etc.)			
No of Bedrooms:	Floor Level:	Type of Heating:	
Has your house been built for someone with a disability, has any adaptations or is a Sheltered Ho Yes No If Yes, please give details below			

#### People who live with you

Full Name	Date of birth	(M) Male (F) Female	Relationship to you	Will they be moving with you? (Y/N)

Are you a member of staff or committee member or are you related one?	Yes	No
If Yes, please give details:		

#### Tenant you wish to exchange with

Name:	
Address:	
Postcode:	Home Tel No:
Mobile No:	Email:
Name of Landlord:	

Your reason for applying for an exchange:

#### DECLARATION

I / We certify that the information provided in this application is true and I understand that any false or misleading information may result in the tenancy granted to me through this application being terminated.

I / We give consent to Queens Cross Housing Association making enquiries with my current landlord to confirm that the circumstances given in this form are correct and to obtain a tenancy report.

# I / We agree not to move house until approval is given and a lease agreement has been signed.

Signature or tenam	Signature	of	tenant
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Date:

Joint / Tenant

Date:

Please return your completed form to:

Queens Cross Housing Association, 45 Firhill Road, Glasgow G20 7BE

OFFICE USE ONLY	Date	Signed
Form received		
Rent check		
Tenancy check		
Approved / Refused		
Reason		







