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| **CSM Case No.:** |  | **TM17A** |

**FALKIRK COUNCIL**

**Housing and Communities**

**APPLICATION FOR MUTUAL EXCHANGE**

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| DETAILS OF PRESENT TENANT |

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| --- | --- |
| TENANTS SURNAME | ADDRESS OF PROPERTY |
|  |  |
| **OTHER NAMES** | **POST CODE** |
|  |  |
| **HOUSE SIZE AND TYPE** | **DAYTIME TEL. No.** |
|  |  |

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| HOUSEHOLD DETAILS |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Sex | Relationship to Applicant |
|  |  |  | **(TENANT)** |
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| **HOW LONG HAVE YOU BEEN THE TENANT OF THE HOUSE?** |  | **YEARS** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DO YOU HAVE ANY PETS:** | **YES:** |  | **NO:** |  |

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| PLEASE PROVIDE DETAILS OF PETS |
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| NAME AND ADDRESS OF THE PERSON YOU WISH TO EXCHANGE HOUSE WITH(Please note that all applications should complete a form) |
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| REASONS FOR APPLYING FOR A MUTUAL EXCHANGE (Please give as much detail as possible) |
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| **ARE YOU ON THE GARDEN AID SCHEME?** | **YES:** |  | **NO:** |  |

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| PLEASE PROVIDE DETAILS |
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| **HAS YOUR PROPERTY BEEN SPECIALLY ADAPTED IN ANY WAY?** | **YES:** |  | **NO:** |  |

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| PLEASE PROVIDE DETAILS |
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| **DO YOU OR ANY OF YOUR FAMILY HAVE A MEDICAL CONDITION?** (Please give details) |
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| ONLY COMPLETE THIS SECTION IF ONE APPLICANT IS NOT A FALKIRK COUNCIL TENANT |

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| **Name of Landlord** | **Address of Landlord** |
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| --- | --- | --- | --- |
| **Signature(s):** |  | **Date:** |  |
| **Signature(s):** |  | **Date:** |  |

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| GUIDANCE NOTES |
| 1. Landlord’s consent, including landlords other than Falkirk Council, must be obtained in writing prior to carrying out a mutual exchange.
2. Exchanges will only be approved where all applicants have conducted satisfactory tenancies.
3. Where a mutual exchange is approved, all parties must accept their new houses in its current condition.
4. Following re-housing by a mutual exchange, applicants current housing applications will be cancelled.
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| DECLARATION |
| **I / We** have read the guidance notes above and declare that the information given on this form is correct. **I / We** also understand that to give false information at any time may result in the mutual exchange being cancelled and/or legal proceedings being initiated to terminate the tenancy. **I / We** authorise Falkirk Council to make relevant enquiries within the Council and external agencies to confirm the details I have given or to request information regarding my application for a mutual exchange and to provide information relating to our tenancy to any other landlord as appropriate. |

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| **Signature of applicant(s):** |  | **Date:** |  |
| **Signature of applicant(s):** |  | **Date:** |  |

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| PLEASE RETURN FORM TO: |

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| Via Email: | housingservices@falkirk.gov.uk |
| Or Post: | Income & Customer Relations Team, Suite 5, The Forum, Callendar Business Park, Callendar Road, Falkirk, FK1 1XR. |

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| FOR OFFICE USE ONLY |
| **HOUSING OFFICER COMMENTS/RECOMMENDATIONS** |
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| --- | --- | --- | --- |
| **Signature of Housing Officer:** |  | **Date:** |  |
| **Signature of Area Housing Officer:** |  | **Date:** |  |

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| --- | --- | --- |
| **APPROVED** | **/** | **REFUSED** |