



Mutual exchange application form

Complete this form if you wish to exchange with another resident. Both parties must complete a separate Metropolitan application form.

We will try to ensure that we tell you our decision within six weeks of receiving this form. Consent is conditional on our receiving all the information we need. You must not exchange properties or make any removal arrangements until:

1. Both parties have the full written permission of the landlord(s) involved
2. Both parties have signed deeds of assignment
3. Both parties have met any conditions of consent.

How many tenancies are involved with the mutual exchange?

1. Name and address

Tenant 1 - Full Name (include title) :

NI Number: Email Address:.....

Mobile Tele No: Work Tel:

Tenant 2 - Full Name (include title) :

NI Number: Email Address:.....

Mobile Tele No: Work Tel:

Tenancy Address:

.....

Post Code: Home Tel. No. :

Do you have any Pets? YES NO If Yes, Details: _____

2. Your present home

What type of property do you live in?

House: Flat/Bedsit: Bungalow: Maisonette:

How many bedrooms do you have?

Please give details about yourself and anyone living in your household (please use an additional sheet of paper if required).

Full Name	Relationship	D/O/B	NI Number if age 16+	Pregnant? (if yes, expected due date)

3. Reason for moving:

(Please tick one)

- | | | | |
|------------------------|--------------------------|-------------------------------------|--------------------------|
| Don't like area | <input type="checkbox"/> | Accommodation unsuitable | <input type="checkbox"/> |
| Property too small | <input type="checkbox"/> | Property too large | <input type="checkbox"/> |
| Relationship breakdown | <input type="checkbox"/> | Move to be nearer employment | <input type="checkbox"/> |
| Health/medical reasons | <input type="checkbox"/> | Move to supported/sheltered housing | <input type="checkbox"/> |
| Rent too expensive | <input type="checkbox"/> | Neighbourhood dispute | <input type="checkbox"/> |
| Racial harassment | <input type="checkbox"/> | Other harassment | <input type="checkbox"/> |
| Domestic Violence | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Is the reason or part of the reason due to Welfare Reform? (If yes, please tick one):

- | | | | |
|----------------------------------|--------------------------|--|--------------------------|
| Affordability due to Benefit Cap | <input type="checkbox"/> | Affordability due to Under Occupancy tax | <input type="checkbox"/> |
| Council Tax cuts | <input type="checkbox"/> | Affordability due to Universal Credit | <input type="checkbox"/> |

Further details:

.....

.....

.....

4. Who is your landlord?

Name:

Address:

.....

Post Code: Tel. No.:

Name of Housing Officer:

I am registered with HomeSwapper

YES NO

I found the person I want to exchange with through HomeSwapper

YES NO

5. Name and address of the persons you wish to exchange with

Tenant 1 - Full Name (include title):

Tenant 2 - Full Name (include title):

Tenancy Address:

.....

Post Code: Home Tel. No. :

Mobile Tele No: Work Tel:

Do they have any Pets? YES NO If Yes, Details: _____

6. What type of property do they live in?

House: Flat/Bedsit: Bungalow: Maisonette:

How many bedrooms do you have?

7. Who is their landlord?

Name:

Address:

.....

Post Code: Tel. No.:

Name of Housing Officer:

PLEASE BE AWARE OF THE FOLLOWING:

- If applicable, we will conduct necessary document checks to establish a right to rent in accordance with the Immigration Act 2014.
- An affordability checklist should be completed, this will help you to assess whether or not you can afford the rent on the property. *(a checklist should have been sent to you with this form, if not please contact your Housing Officer)*
- During your appointment to sign the deeds of assignment you will be required to pay your first rent payment.

STATEMENT

I have inspected the property and understand that the proposed exchange can only be approved subject to the following conditions:-

- I accept full responsibility for any defects or damage to the fittings and fixtures which are not due to fair wear and tear.
- I accept full responsibility for any alterations carried out by the outgoing tenant.
- I will rectify any breach in my tenancy agreement, such as payment of outstanding rent arrears.

I declare that I have not accepted any payment in connection with this exchange.

I give permission for Metropolitan/my landlord* to disclose information to the proposed exchangee's landlord regarding my rent account, any action taken against me in respect of possession proceedings and any breach of tenancy.

**Delete as appropriate*

If this is a joint tenancy both tenants must sign

Signed: Date:.....

(Applicant)

Signed: Date:.....


(Joint Applicant)

Please return your completed form to your local office:

MIDLANDS

- **Raleigh House**
68 - 84 Alfreton Road
Nottingham, NG7
3NN
- **Masons Place Business Park**
Unit 16
Derby, DE21 6YZ

CAMBRIDGE

- **Trinity Court** 
Buckingway Business Park
Swavesey
Cambridge, CB24 4AE

LONDON

- **The Grange**
100 High Street, Southgate
London, N14 6PW
- **Roundshaw**
5 Mollison Square
Wallington, Surrey
SM6 9DA
- **Clapham Park**
91-93 New Park Road
London, SW2 4AX
- **The Welford Community Centre**
113 Chalkhill Road
Wembley
Middlesex, HA9 9FX
- **Canalside**
240a Kingsland Road Hackney
London, E2 8AX
- **Singer Mews**
344 Clapham Road
Lambeth
London, SW9 9AJ



This form can be made available in a number of other languages and alternative formats.

Telephone: 020 3535 3535

Website: www.metropolitan.org.uk