

RUTHERGLEN & CAMBUSLANG HOUSING ASSOCIATION
APPLICATION FOR MUTUAL EXCHANGE OF ACCOMMODATION

NAME : _____ TEL NO : _____

ADDRESS : _____

DATE OF ENTRY TO PRESENT ADDRESS : _____

NUMBER OF BEDROOMS : _____ MONTHLY RENT : _____

NAME OF HOUSING AUTHORITY : _____

NUMBER OF PERSONS IN YOUR HOUSEHOLD : _____

PLEASE LIST MEMBERS OF HOUSEHOLD TO BE REHOUSED WITH YOU.

| <u>NAME</u> <u>APPLICANT</u> | <u>AGE</u> | <u>RELATIONSHIP</u> | <u>TO</u> |
|---------------------------------|------------|---------------------|-----------|
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DETAILS OF TENANT WITH WHOM YOU PROPOSE EXCHANGING HOUSE

NAME : _____ TEL NO : _____

ADDRESS : _____

DATE OF ENTRY TO PRESENT ADDRESS : _____

NUMBER OF BEDROOMS : _____ MONTHLY RENT : _____

NAME OF HOUSING AUTHORITY : _____

NUMBER OF PERSONS IN YOUR HOUSEHOLD : _____

PLEASE LIST MEMBERS OF HOUSEHOLD TO BE REHOUSED.

NAME

AGE

RELATIONSHIP TO APPLICANT

REASONS FOR MUTUAL EXCHANGE

DECLARATION

- ◆ I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS CORRECT AND I CONSENT TO RUTHERGLEN & CAMBUSLANG HOUSING ASSOCIATION MAKING ENQUIRIES TO CONFIRM INFORMATION.
- ◆ I AGREE TO ADVISE THE ASSOCIATION OF ANY CHANGES OF CIRCUMSTANCES WHICH MAY AFFECT THIS APPLICATION.
- ◆ I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION, OR INFORMATION DELIBERATELY WITHHELD, MAY RESULT IN ACTION BEING TAKEN TO REVERSE THE MUTUAL EXCHANGE AND TERMINATE THE TENANCY.

CONDITIONS OF EXCHANGE

1. THE EXCHANGED HOUSES ARE TO BE OCCUPIED BY THOSE PERSONS INCLUDED IN THE APPLICATION.
2. EACH PARTY MUST REMAIN IN OCCUPATION FOR AT LEAST ONE YEAR FROM DATE OF ENTRY TO EXCHANGED HOUSE.

SIGNATURE OF APPLICANT : _____

ADDRESS : _____

DATE : _____