

MUTUAL EXCHANGE APPLICATION FORM

FOR OFFICE USE						
,						
APPLICANT	JOINT	JOINT APPLICANT				
First Name:		First Name: Last Name: Date of Birth: / / Title: Mr/Mrs/Miss/Ms/Other Sex: M/F				
Tel. No:		N.I. No:				
PRESENT ADDR		lication				
Surname	First name	Male/female	Date of birth	Relationship to you		

PRESENT ACCOMMODATION

Do you live i	iii d				
House		Bedsit		Flat	Maisonette
Sheltered		Other			
Number of b	edrooms:	•••••			
If you do not	t live in a hou	se, on which	floor do	you live?	
Are there ar	ny special fea	tures such a	s disabled	d adaptations	3
(eg walk in s	shower, grab	rails etc)? Ye	es N	0	
If yes please	give details:	••••	••••		
How long ho	ive you lived	at this addre	ess?	•••••	
Do you have	e any pets? Y	es No			
Reason for e	exchange	•••••	• • • • • • • • • • • • • • • • • • • •		
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EXCHAN			••••••••••••		
EXCHAN					
EXCHAN	IGE address of pe			change with	APPLICANT
EXCHANNAME and a	IGE address of pe	rson(s) you w	vish to ex	change with	
EXCHANINAME and a APPLICA	IGE address of pe	rson(s) you w	vish to ex	change with JOINT A First Name:	APPLICANT
Name and a APPLICA First Name: Last Name:	IGE address of per ANT	rson(s) you w	vish to ex	Change with JOINT A First Name: Last Name:	APPLICANT
Name and a APPLICA First Name: Last Name:	IGE address of per ANT	rson(s) you w	rish to ex	Change with JOINT A First Name: Last Name:	APPLICANT
Name and a APPLICA First Name: Last Name: Title: Mr/Mr	IGE address of per ANT	rson(s) you w	rish to ex	change with JOINT A First Name: Last Name: Title: Mr/Mr	APPLICANT
EXCHANIAN Name and a APPLICA First Name: Last Name: Title: Mr/Mr Tel. No:	IGE address of per ANT	rson(s) you w	rish to ex	change with JOINT A First Name: Last Name: Title: Mr/Mr Tel. No:	APPLICANT
EXCHANIAN Name and a APPLICA First Name: Last Name: Title: Mr/Mr Tel. No:	IGE address of per ANT	rson(s) you w	rish to ex	change with JOINT A First Name: Last Name: Title: Mr/Mr Tel. No:	APPLICANT
EXCHANNAME and a APPLICA First Name: Last Name: Title: Mr/Mr Tel. No: Email:	IGE address of per ANT	rson(s) you w	rish to ex	change with JOINT A First Name: Last Name: Title: Mr/Mr Tel. No:	APPLICANT

EXCHANGE (CONT.)

Household details

Surname	First name	Male/female	Date of birth	Relationship to you

NAME AND ADDRESS OF THEIR LANDLORD
Tel. No:
Right to rent documents will be required which must be a passport or two other documents such as birth certificate and a document with your national insurance number on it.
These documents will be required for all persons over 18. You can learn all about these requirements <u>HERE</u>
Signed: Date:
If your circumstances change after completing this form please let us know as soon as possible.

Please return the form to your Neighbourhood Specialist or email it to: customerservices@onward.co.uk

DATA PROTECTION

Onward Homes is a controller of personal information for the purposes the General Data Protection Regulations (GDPR), any personal data you have provided will be stored and processed in accordance with Onwards obligations to comply with the GDPR.

For full details, please see Onward Homes Privacy Notice, available at www.onward.co.uk

Onward Homes collects, stores and processes personal data under a lawful basis of contractual necessity and legitimate interest. Any information you provide will be treated in the strictest of confidence and will not be used without your consent.