

Mutual Exchange

Tenants Details

	Tenant 1	Tenant 2 (If Joint)
Title Mr/Mrs/Ms/Miss		
First name(s)		
Surname		
Date of birth (dd/mm/yy)		
National Insurance Number		
Address		
Postcode		
Telephone Number		
Telephone Number		
Email address		

Your Current Accommodation

About your current home		
Are there adaptations for disabled person(s)?		
Is your home a: house <input type="checkbox"/> flat <input type="checkbox"/> maisonette <input type="checkbox"/> bungalow <input type="checkbox"/>		
If your home is a maisonette or flat, what floor level is it on?		
Are there stairs inside your property? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes how many?		
How many bedrooms do you have?	Single:	Double:
Do you have a separate dining room?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a garden?	Shared/Communal <input type="checkbox"/>	Private <input type="checkbox"/>
	No Garden <input type="checkbox"/>	
Do you have any pets? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:		

About Your Household

List all the other members of your household who want to be rehoused with you.

First name	Last name	Sex	Date of birth	Their relationship to you

Please give details of anyone not living with you at present but you wish to live with you if you are rehoused.

First name	Surname	Sex	Date of birth	Relationship to you

Please give the reason why they are not living with you and why you want them to be considered.

Is anyone listed above an asylum seeker? Yes No

If yes, you must attach their latest Home Office papers.

Did you use HomeSwapper to find the person you wish to exchange with? Yes No

If not, how did you find the person you wish to exchange with?

Details of the person you wish to exchange with

	Tenant 1	Tenant 2 (If Joint)
Title Mr/Mrs/Ms/Miss		
First name(s)		
Surname		
Address		
Postcode		
Telephone Number		
Email address		
Name and address of their landlord:		
Type of home: house <input type="checkbox"/> flat <input type="checkbox"/> maisonette <input type="checkbox"/> bungalow <input type="checkbox"/>		
Number of bedrooms	Single:	Double:
Are there adaptations for disabled person(s)?		
Signature of tenants:		
Date:		

This form is to be completed by non-Arhag tenants

	Tenant 1	Tenant 2 (If Joint)
Title Mr/Mrs/Ms/Miss		
First name(s)		
Surname		
Date of birth (dd/mm/yy)		
National Insurance Number		
Address		
Postcode		
Telephone Number		
Email address		
Name and address of landlord:		
Landlord Telephone Number:		Landlord Email:
Type of home: house <input type="checkbox"/> flat <input type="checkbox"/> maisonette <input type="checkbox"/> bungalow <input type="checkbox"/>		
Number of bedrooms	Single:	Double:
Are there adaptations for disabled person(s)?		
Details of Arhag Tenants	Tenant 1	Tenant 2 (If Joint)
Title Mr/Mrs/Ms/Miss		
First name(s)		
Surname		
Address		
Postcode		
Your Signature:	Date:	