

CSM Case No: _____

TM17A



FALKIRK COUNCIL
Corporate & Neighbourhood Services
APPLICATION FOR MUTUAL EXCHANGE

DETAILS OF PRESENT TENANT

TENANTS SURNAME	ADDRESS
OTHER NAMES	
HOUSE TYPE & SIZE	DAYTIME TELEPHONE NO.

HOUSEHOLD DETAILS

NAME	DATE OF BIRTH	SEX	RELATIONSHIP TO TENANT
1.			TENANT
2.			
3.			
4.			
5.			
6.			
7.			
8.			

HOW LONG HAVE YOU BEEN THE TENANT OF THE HOUSE? _____ YEARS	DO YOU HAVE ANY PETS? (please give details)
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NAME AND ADDRESS OF THE PERSON YOU WISH TO EXCHANGE HOUSE WITH

(please note that all applicants should complete a form)

REASONS FOR APPLYING FOR A MUTUAL EXCHANGE (please give as much detail as possible)

ARE YOU ON THE GARDEN AID SCHEME? (please give details)	HAS YOUR PROPERTY BEEN SPECIALLY ADAPTED IN ANY WAY?
YES <input type="checkbox"/> NO <input type="checkbox"/>	

DO YOU OR ANY OF YOUR FAMILY HAVE A MEDICAL CONDITION? (please give details)

(COMPLETE THIS SECTION ONLY IF ONE APPLICANT IS NOT A FALKIRK COUNCIL TENANT)

I/We give permission for my landlord to release any information about my tenancy to allow this application to be processed.

Name of Landlord: _____

Address of Landlord: _____

Signature _____

Date _____

Signature _____

Date _____

GUIDANCE NOTES

- 1. LANDLORDS 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.**

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 further authorise Falkirk Council to make any necessary enquiries in connection with this application, and to provide information relating to our tenancy to any other landlord as appropriate.

Signature of applicant (s) _____ Date _____

_____ Date _____

FOR OFFICE USE ONLY

RENT ACCOUNT BALANCE	HOUSING APPLICATION DELETED
CONDITION OF PROPERTY DETAILS	DATE
REFERENCE REQUESTED FROM OUTSIDE LANDLORD	NO(TS) RECOMMENDATIONS
DATE _____	
DETAILS OF REFERENCE	APPROVED / REFUSED
ACCEPTABLE <input type="checkbox"/> NOT ACCEPTABLE <input type="checkbox"/>	SIGNATURE OF NEIGHBOURHOOD MANAGER
NEW SUPPLY SOCIAL HOUSING	_____
YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE _____
IF YES, ENSURE THAT THE 7-DAY NOTICE IS SERVED ON NEW TENANT	

