

## Application for consent to mutual exchange of accommodation

**Forename:**

(Mr/Mrs/Miss/Ms) \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Tel. no.:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Please describe your present accommodation:** (please tick box)

House  Bungalow  Flat/maisonette

**Which floor?** (if flat/maisonette) \_\_\_\_\_

**Is it an independent living or flexible scheme?** Yes  No

**Does it have any adaptations for people with disabilities?** Yes  No

**If yes, please give details:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of bedrooms:** \_\_\_\_\_ **Number of living rooms:** \_\_\_\_\_

**Date tenancy began:** \_\_\_\_\_

**If you rent a garage (that is not part of your home) please give the address:** \_\_\_\_\_

\_\_\_\_\_

Please give details of all members of your household (including yourself first)

| Surname | Forename | Date of birth | Relationship to applicant |
|---------|----------|---------------|---------------------------|
|         |          |               |                           |
|         |          |               |                           |
|         |          |               |                           |
|         |          |               |                           |
|         |          |               |                           |
|         |          |               |                           |
|         |          |               |                           |
|         |          |               |                           |
|         |          |               |                           |

Are any of these people expecting a baby? Yes  No

If yes, please give approximate due date: \_\_\_\_\_

Do any of the people listed have any additional support needs? If so, please briefly explain:

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Do you have any pets? Yes  No

If yes, please give details: \_\_\_\_\_

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**Name(s) of tenant(s) of this property (whether or not listed above)**  
(capital letters)

**First tenant:** \_\_\_\_\_

**Second tenant:** \_\_\_\_\_

**If you are not currently a Watford Community Housing tenant, have you ever been one?**

Yes  No

**If yes, please give previous address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What type of tenancy do you have?** Starter  Fixed-term  Assured

### **CENTRAL GOVERNMENT REQUIREMENTS FOR NEW LETTINGS**

**First applicant**

**Have you come to live in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man in the last five years?**

Yes  No  **If yes, what is your nationality?** \_\_\_\_\_

**Second applicant**

**Have you come to live in the United Kingdom, the Republic of Ireland, the Channel Islands or the Isle of Man in the last five years?**

Yes  No  **If yes, what is your nationality?** \_\_\_\_\_

**Who do you want to exchange with?**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Details of their landlord**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

**Is the property you want to move into a...?**

House  Bungalow  Flat/maisonette

If it's a flat/maisonette, which floor is it on? \_\_\_\_\_

Does it have any adaptations for people with disabilities? Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is it an independent living or flexible scheme? Yes  No

Number of bedrooms: \_\_\_\_\_ Number of living rooms: \_\_\_\_\_

**Ethnic monitoring**

We want to ensure that we are serving the whole community. Please help us to do so by providing the following information.

**I would describe my ethnic origin (and that of my family) as:** (please tick all applicable)

|                 |                          |                   |                          |               |                          |
|-----------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|
| Black - African | <input type="checkbox"/> | Black - Caribbean | <input type="checkbox"/> | Black - Other | <input type="checkbox"/> |
| Indian          | <input type="checkbox"/> | Pakistani         | <input type="checkbox"/> | Bangladeshi   | <input type="checkbox"/> |
| Chinese         | <input type="checkbox"/> | White             | <input type="checkbox"/> | Other         | <input type="checkbox"/> |

If other, please give details: \_\_\_\_\_

## Declaration

I declare that the answers I have given are correct and I will give any supporting proof that may be needed. I understand that any false or misleading information may result in the cancellation of this application.

I also understand that Watford Community Housing can prosecute me if I knowingly give false information. If I refuse to give information which Watford Community Housing reasonably needs from me, I understand that this may result in this application being cancelled.

I understand that the information on this form may be used in connection with the administration of any housing, homeless or transfer application which I have registered or may register with Watford Community Housing in future, and in connection with any tenancy which is allocated to me by Watford Community Housing. I further understand that the information may be shared with other Watford Community Housing departments and other public bodies for the prevention of fraud.

|                  |                                  |             |
|------------------|----------------------------------|-------------|
| _____            | _____                            | _____       |
| <b>Signature</b> | <b>Name (in capital letters)</b> | <b>Date</b> |

|                  |                                  |             |
|------------------|----------------------------------|-------------|
| _____            | _____                            | _____       |
| <b>Signature</b> | <b>Name (in capital letters)</b> | <b>Date</b> |

**Please print this form once completed, making sure to sign it, and return to: Watford Community Housing, 59 Clarendon Road, Watford, WD17 1LA.**

**Alternatively, you can email the completed form to: [neighbourhoodservices@wcht.org.uk](mailto:neighbourhoodservices@wcht.org.uk)**

## Data protection notice

Watford Community Housing will use the information provided on this form for the form's stated purpose. No personal information you have given us will be passed on to third parties for commercial purposes. Watford Community Housing's policy is that all information be shared across departments, and with other agencies, where the legal framework allows it if this will help to improve the services you receive and to develop other services.