

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:

Do you have any pets? Yes No

If yes, please give details: _____

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.

Signature	Name (in capital letters)	Date
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Signature	Name (in capital letters)	Date
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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

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.

FOR OFFICE USE ONLY

Housing Officer recommendations

Signature

Name (in capital letters)

Date

Area Manager signature

Name (in capital letters)

Date