

# Application for a mutual exchange

**All applicants in this exchange must please read this carefully.**

**We may refuse your application. If any of the following reasons apply, they are based on the reasons stated in the housing Act 1988:**

- 1 A court order has been made giving the landlord possession of the tenant's home.
- 2 A notice of seeking possession has been served on either the tenant or the person with whom the tenant wants to exchange the tenancy and the notice is still in force.
- 2a The tenant or any member of his household has behaved in an anti social way and action including Possession proceeding, injunctions, anti-social behaviour orders or a demotion orders against them are in place or are being sought.
- 3 The tenant's home is substantially larger than is reasonably needed by the person with whom the tenant wants to exchange the tenancy.\*
- 4 The tenant's home would be too small for the needs of the person with whom the tenant wants to exchange the tenancy.
- 5 The home has been let to a tenant who was an employee of the landlord and the home is within the boundaries of an operational building or within a cemetery.
- 6 The landlord is a registered charity and the exchange would result in the new tenant's occupation conflicting with the purposes of the charity.
- 7 The home is designed or adapted to suit the needs of a physically disabled person and the exchange would result in it being occupied by someone without these needs.
- 8 The landlord is a housing trust that caters for people with special needs and the exchange would result in the home being occupied by someone without those needs.
- 9 The home is in a group of homes let to people with special needs near some special facility (for example and old people's club) and the exchange would result in the home being occupied by someone without those needs.
- 10 The property is the subject of a management agreement under which the manager is a Housing Association and there are specific arrangements in place that the proposed new tenant will not participate it.

**Please do not exchange properties until both landlords have given you permission to do so.**

**Please note that your landlord has 42 days in which to process your application.**

**Also please note that this form needs to be completed by both the Outgoing resident (main Newlon applicant) and Incoming resident (exchange partner): Outgoing residents (main Newlon applicants) need to complete sections 1 - 4, and Incoming residents (exchange partners) need to complete sections 5 - 8.**

\* 'Substantially larger' means two bedrooms more than you need.

**Sections 1 - 4 to be completed by the Outgoing resident (main Newlon applicant)****1 Newlon Housing Trust resident (Outgoing/main Newlon applicant)****Resident 1****Name** (please state Mr/Mrs/Miss/Ms, your last name and your first name)**Date of birth** (day, month, year)**Resident 2****Name** (please state Mr/Mrs/Miss/Ms, your last name and your first name)**Date of birth** (day, month, year)**2 Your details and details of other people living with you****Flat number****Street number****Block name****Street/road name****Area****Postcode****Home phone number****Work phone number****Mobile phone number****Email address**

Please give details of your family and anybody living with you.

Name	Relationship to you	Date of birth

### 3 Details of where you live

Please tell us about where you are living now (please tick)

Flat
  Maisonette
  Bungalow
  House
  Warden controlled

Other (please specify)

How many bedrooms do you have?

Floor level

Rent per week inclusive

Garden

Pets

### 4 Declaration and signature

By completing this form you are accepting the following:

- If you have a legal interest in any other property apart from your present address you need to declare this.
- If incorrect or false information is provided, Newlon may seek possession of the property as this is a breach of Ground 17 of Schedule 2 to the Housing Act 1988. This ground can be used where the landlord has been induced to grant a tenancy by a false statement made knowingly or recklessly by a tenant.

I /we certify that all the information I have given on this application is true in every detail.

Signed

Date


I request that Newlon Housing Trust allows me to exchange accommodation with the resident named below.

### Sections 5 - 8 to be completed by the incoming resident (Exchange Partner)

#### 5 Incoming resident (Exchange Partner)

Name (please state Mr/Mrs/Miss/Ms, their last name and their first name)

Date of birth (day, month, year)

Flat number

Street number

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Block name

Street/road name

Area

Postcode

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**Contact person****Name** (please state Mr/Mrs/Miss/Ms, their last name and their first name)**Telephone****Email**

Please give details of your family and anybody living with you.

Name	Relationship to tenant	Date of birth

**6 Details of where you live**

Please tell us about where you are living now (please tick)

 Flat
  Maisonette
  Bungalow
  House
  Warden controlled
**Other** (please specify)**How many bedrooms do they have?****Floor level****Rent per week (inclusive)****Garden****Pets**

Please note that if the answer is yes, this would not prevent the exchange from happening. We just need to record it.

**Their landlord's contact details****Name** (please state title/full name)**Address** (including postcode)**Telephone****Email**

## 7 Accessibility

**To be completed by the incoming resident (exchange partner).**

### Privacy and data protection

Newlon is committed to managing residents' personal data securely in line with the GDPR. Information about how we manage and store your data, details of our Data Protection Officer and your rights in relation to any personal data we hold can be found in our privacy notice for residents at [www.newlon.org.uk/residents/data-protection](http://www.newlon.org.uk/residents/data-protection).

**Do you consider yourself to have a disability?**

Yes  No

If yes please give details

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Degenerative illness | <input type="checkbox"/> Housebound                     | <input type="checkbox"/> Hearing impairment  |
| <input type="checkbox"/> Sight impairment     | <input type="checkbox"/> Learning difficulties          | <input type="checkbox"/> Restricted mobility |
| <input type="checkbox"/> Wheelchair user      | <input type="checkbox"/> Other (please provide details) |  |

**Did you need help to complete this form?**

Yes  No

If yes please say why

**Does anybody in the household speak English?**

Yes  No

**If no one in your household speaks English, what is your preferred language?**

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Amharic   | <input type="checkbox"/> Kurdish    | <input type="checkbox"/> Urdu                   |
| <input type="checkbox"/> Arabic    | <input type="checkbox"/> Polish     | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Bengali   | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yoruba                 |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Punjabi    |   |
| <input type="checkbox"/> English   | <input type="checkbox"/> Somali     | <input type="checkbox"/> Braille                |
| <input type="checkbox"/> French    | <input type="checkbox"/> Sorani     | <input type="checkbox"/> Large print            |
| <input type="checkbox"/> Gujarati  | <input type="checkbox"/> Spanish    |   |
| <input type="checkbox"/> Italian   | <input type="checkbox"/> Turkish    | <input type="checkbox"/> Other (please specify) |

## 8 Declarations and signature

**To be completed by the incoming resident (Exchange Partner) after completing sections 5 - 7.**

Are you related to a Newlon Group employee or Board member?

Yes

No

Please note that if the answer is yes, this would not prevent the exchange from happening. We just need to record it.

**By completing this form you are accepting the following:**

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- If incorrect or false information is provided, Newlon may seek possession of the property as this is a breach of Ground 17 of Schedule 2 to the Housing Act 1988. This ground can be used where the landlord has been induced to grant a tenancy by a false statement made knowingly or recklessly by a tenant.

**I certify that all the information I have given on this application is true in every detail.**

**Signature**

**Date**

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Please return this form when complete to:

**Newlon Housing Trust  
Newlon House  
4 Daneland Walk  
Hale Village  
London  
N17 9FE**