

APPLICATION FOR MUTUAL EXCHANGE

This form should be returned to: Housing Management, Housing Services,
Civic Centre, Home Gardens, Dartford, DA1 1DR

I/We _____ residing
at _____

Telephone Number _____

Landlord _____ Housing Officer's name: _____ Tel: _____

at a weekly rate of £ _____ request permission to exchange my home with:

Mr/Mrs/Miss/Ms _____

Of _____

Telephone Number _____

Landlord _____ Housing Officer's name: _____ Tel: _____

DETAILS OF ALL MEMBERS OF MY HOUSEHOLD ARE GIVEN BELOW:

SURNAME	FIRST NAMES	RELATIONSHIP TO TENANT	DATE OF BIRTH	SEX: M/F
		TENANT		

At present I occupy a *house/flat/maisonette _____ *PLEASE DELETE AS APPROPRIATE
With _____ living room(s) and _____ bedroom(s)

I apply for this exchange for the following reasons:

In the event of the exchange being sanctioned, you will be required to sign a declaration accepting the property in the condition it stands.

I understand that I am not to exchange without first obtaining the permission in writing of the Housing Officer.

Signed _____

Date _____

PLEASE READ AND COMPLETE

- I AM AWARE THAT THE COUNCIL WILL CREATE AND MAINTAIN COMPUTER AND PAPER RECORDS ON ME AND THAT THESE RECORDS WILL BE PROCESSED IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998 AND MAY BE USED BOTH INTERNALLY WITHIN IN THE COUNCIL AND TO EXTERNAL ORGANISATIONS/BODIES.
- I/WE UNDERSTAND THAT IF I/WE MAKE A FALSE STATEMENT KNOWINGLY OR RECKLESSLY WHICH HAS LEADS TO A TENANCY BEING GRANTED, THE COUNCIL MAY SEEK A COURT ORDER FOR POSSESSION

SIGNED _____
DATE _____