

## Mutual Exchange Application Form

### Your Details

Name (include any joint tenants)	
Address & Postcode	
Date of birth	
Phone Number(s) Email	

### Are you a Tenant of One of the Following Landlords?

Aberdeenshire Council

Castlehill H.A.

Osprey Housing

Grampian HA

Hanover (Scotland) H.A.

Sanctuary Scotland

Langstane HA

Moray Council

If 'No' who is your Landlord? (Name, Address and contact number)

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**Present Property Details**

Date you moved in	Type of property i.e. House, Flat	Number of Bedrooms	Is your home on the ground floor?	Heating Type	
Detail any adaptations in your home					
Will these adaptations be used by people who need them once the exchange has taken place? Yes/No					

**Please give your reason(s) for requesting an exchange, for example overcrowding or medical reasons.**

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**Please give details of the people who will be moving with you**

Name	Date of birth	Gender	Relationship to tenant

Is anyone moving with you pregnant? YES/NO

If yes, who? \_\_\_\_\_ Due Date \_\_\_\_\_

Do you have any rent arrears or other debt on your tenancy? YES/NO

Are you or any member of your household subject to an Antisocial Behaviour Order? YES/NO

Have you or any member of household been evicted for Antisocial Behaviour? YES/NO

Are you or any member of your household required to register with the Police under the Sexual Offences Act 2003 or for any other reason? YES/NO

Please confirm your nationality UK resident/other – EU resident/other – Non EU resident

If you have a partner moving with you, have they held a tenancy (Council/RSL/Private) in the last 5 years? YES/NO

Do you have any domestic pets/animals that will be moving with you? YES/NO  
If yes, please state the number and type of pets you have

Person moving with you - previous addresses for the past 5 years

Address	From – To	Landlord	Reason for moving

**Please provide applicants exchanging with you overleaf.**



## Their Landlords Name and Address

Name	
Address	
Postcode	
Phone Number(s)	

## Three-way exchange only

### Details of third tenant in exchange.

Name (include any joint tenants)	
Address & Postcode	
Date of birth	
Phone Number(s) Email	

### Details of their property.

Date they moved in	Type of property i.e. house, flat	Number of Bedrooms	Is their home on the ground floor?	Heating Type	
Detail any adaptations in their home					
Will these adaptations be used by people who need them once the exchange has taken place? Yes/No					

**Please give details of all people who will be moving with them.**

Name	Date of birth	Gender	Relationship to tenant

**Their Landlords Name and Address.**

Name	
Address	
Postcode	
Phone Number(s)	

**Please read the following statements and sign to confirm you understand.**

I confirm that all the information on this form is correct and I give you my permission to check the details and obtain further information if required. The Landlord you are applying to may seek references about the management of your tenancy from current or previous landlords.

I have viewed the property I plan to exchange to and am happy that it is suitable for my medical needs and I am happy with the condition of the property.

I understand the information provided in this form is covered by the General Data Protection Regulations 2018 and you will not pass it on to others without my permission.

I understand that the landlords involved in this exchange will access the information in this form to assess the application in accordance with their own policy.

I am aware that if I have a right to buy this may be affected by any mutual exchange.

I confirm that my husband/wife/cohabitee (where applicable) has been consulted about the proposed exchange, gives their consent and is not seeking a transfer of tenancy to their sole name under the Matrimonial Homes (Family Protection) (Scotland) Act 1981 as amended.

I confirm that my civil partner (where applicable) has been consulted about the proposed exchange, gives their consent and is not seeking transfer of tenancy to their sole name under the Civil Partnership Act 2004

I understand that I must not exchange properties until both Landlords have given their written consent and both exchange parties and Landlords have signed a new tenancy Agreement.

I am aware that after a mutual exchange has been completed the Landlord will not consider making alterations to the heating system. I have checked that the heating system is suitable for any existing medical conditions.

I am aware that the Landlord will only carry out essential repairs.

I accept the condition of the property and will take over any repairs or alterations which are the outgoing tenant's responsibility.

I am aware that the Landlord will not accept any responsibility for any costs incurred as part of the exchange.

Signature of Tenant ..... Date.....

Joint Tenant ..... Date.....

**Please return your application to the landlord who manages your property**

**Aberdeenshire Council**

Infrastructure  
Gordon House  
Inverurie  
AB51 3WA

**Osprey Housing**

22 Abercrombie Court  
Westhill  
AB32 6FE

**Castlehill Housing  
Association**

4 Carden Place  
Aberdeen  
AB10 1UT

**Grampian Housing  
Association**

Huntly House  
Aberdeen  
AB10 1TD

**Hanover (Scotland)  
Housing Association**

12 Institution Road  
Elgin  
IV30 1QX

**Langstane Housing  
Association**

680 King Street  
Aberdeen  
AB24 1SL

**Grampian Housing  
Association**

21 Culbard Street  
Elgin  
IV30 1JT

**Sanctuary Scotland**

2 Donside Village Square  
Aberdeen  
AB24 2PL

**Moray Council**

PO Box 6760  
Elgin  
IV30 9BX

**Osprey Housing**

Clifton Road  
Lossiemouth  
IV31 6DJ