



Forth Housing Association Ltd

MUTUAL EXCHANGE APPLICATION FORM

(Forth Housing Association Tenant)

Do you require any of the following options to help you with your application?

Large print text

Braille text

A signer or lip speaker

Language interpreting service

Please state the first language of:

Main Applicant

Joint Applicant

Office Use Only			
Main Applicant:		Joint Applicant:	
First Name:		First Name:	
Surname:		Surname:	
Applicant No.:		Date of Receipt:	

Registered Office: Kildean Business & Enterprise Hub, 146 Drip Road, Stirling, FK8 1RW

Telephone: 01786 446066 **Fax:** 01786 445846

Website: www.forthha.org.uk **Email:** info@forthha.org.uk

Forth Housing Association Ltd is a Registered Scottish Charity, No. SC003550



HAPPY TO TRANSLATE

Please answer **ALL** parts of the form so that we can assess your application. This form should be completed by the **FORTH HOUSING ASSOCIATION TENANT**.

We will write to you within **7** working days to confirm receipt of your application. You will be given a decision within **28** days of receiving your application.

SECTION I - ABOUT YOU

I.1 PLEASE COMPLETE APPLICATION IN BLOCK CAPITALS

Main Applicant (Main)
First Name (s):
Surname:
Title: (Mr/Mrs/Miss/Ms)
Date of Birth:
National Insurance Number: (This will be your password)
Address:
Postcode:
Date you moved into this address:
Home Tel. No.:
Work Tel. No.:
Mobile Tel. No.:
Email:

Joint Applicant (Joint)
First Name (s):
Surname:
Title: (Mr/Mrs/Miss/Ms)
Date of Birth:
National Insurance Number:
Address:
Postcode:
Date you moved into this address:
Home Tel. No.:
Work Tel. No.:
Mobile Tel. No.:
Email:
Relationship to main applicant:

SECTION 2 – HOUSEHOLD DETAILS

2.1 Please give details of everyone permanently living at your current address with you who will be rehoused with you.

Full Name	Date of Birth	Sex M/F	Relationship to you	Will this person move with you Yes/No
1. You			Self	Yes
2.				
3.				
4.				
5.				
6.				

2.2 Please give details of anyone else to be rehoused with you who does not live with you at present? (If you have a child/children who stays with you regularly overnight we will require proof of this – a birth certificate and letter from the other parent/guardian confirming this arrangement.)

Full Name	Date of Birth	Sex M/F	Relationship to you	Address

SECTION 3 - CURRENT HOUSING SITUATION

3.1 Please tell us why you wish to exchange:

Larger Property.....	<input type="checkbox"/>	Different Area	<input type="checkbox"/>
Smaller Property.....	<input type="checkbox"/>	Different Floor Level.....	<input type="checkbox"/>
		Other.....	<input type="checkbox"/>

3.2 Who do you wish to exchange with?

Name:	
Address:	
Date of Birth:	
Telephone Number:	Email Address:
Current Landlord (inc address & telephone number):	

3.3 Any other supporting information you wish to give:

CHECKLIST AND RELATIONSHIPS

HAVE YOU:

Understood that no arrangement should be made unless written permission has been received

Ensured that you have not undertaken any alterations or improvements to the property without consent

Declared that the information given is true and if any details are found to be false will result in my application being refused

Are you, or anyone on your application/in your household, required to register with the police under the Sex Offenders Act 1997 and Sexual Offences Act 2003?

YES NO

Relationship to staff or committee members of Forth Housing Association.

Are you, or anyone who wants to be housed with you, related to any member of the management committee or staff?

YES NO

If YES, please provide brief details:

Name of Committee member, employee or elected member:

Special permission may be needed for us to offer accommodation to employees, committee members or close relatives.

Relationship to Main Applicant

Relationship to Joint Applicant

DATA PROTECTION AND DECLARATION

Data Protection Act 2018

The information you provide us with in this application is covered by the Data Protection Act 2018.

Declaration

Before returning this form to us, please read through the following statements and sign and put the date in the boxes below, to show that you understand and agree with them. We will not process your application without it.

- I/we are 16 years of age or over.
- I/we understand that Forth Housing must protect public money and may use this information to prevent and detect fraud. I/we understand that the information may also be shared for the same purposes with other organisations handling public funds.
- I/we agree that you or your authorised representative may process, use and disclose any information which I have given on this form for social rented housing and the compiling of statistical information on housing needs.
- I/we agree that Forth Housing may share information with other third parties from whom you may seek information about me/us.
- I/we agree that my current or previous landlord(s) can be contacted for a reference.
- I/we agree that all the information given by me/us on this form is true. If I/we supply any false information or keep back any relevant information my/our application will not be progressed.
- I/we agree that if I/we are given a tenancy because I/we have supplied false information or I/we have kept back information, the tenancy may be ended.
- I/we agree that if at any time my/our circumstances change, it is my/our responsibility to update Forth Housing immediately, for example address / contact details.

Main Applicant
Name:
Signature:
Date:

Joint Applicant
Name:
Signature:
Date: