

# Application for Mutual Exchange

Before asking permission for a mutual exchange, please ask yourself the following questions:

## Checklist:

- Do I have an exchange partner?
- Are my outstanding debts to the Council cleared?
- Are any outstanding repairs completed?
- Is the condition of the property satisfactory?

If the answer to these questions is 'Yes' please continue with completion of your Application for Mutual Exchange. If the answer is 'No' please make sure you have made all necessary arrangements before continuing with your Application for Mutual Exchange.

## Guidance Notes

As a secure tenant, you have the right to swap properties with another council tenant or a housing association tenant - this is called a mutual exchange.

If you wish to carry out a mutual exchange and have found somebody who wants to exchange with you, **both parties** must complete the Application for Mutual Exchange form.

### Can I keep any pets that I have?

The Application for Mutual Exchange form will ask for details of any pets that live with you. If you have a dog and you are moving to a property where there is no private garden, we may not give you written permission to keep a dog. If this is the case, you will have to make alternative arrangements. Please refer to your tenancy agreement for further details.

### The Application Form

You need to complete the form on page 3 when you have found an 'exchange partner' to swap tenancies with. **All exchange tenants need to complete this form.** Section 1 needs to be completed by the secure/introductory tenant and Section 2 by the 'exchange partner' and both need to sign the declaration in

Section 3. Please read the guidance notes carefully before completing this form.

**If you have any questions or queries, or need help on completing the form, please contact the Customer Contact Centre on 020 8547 5003.**

### What happens next?

The next step is for us to obtain references from your housing officer. If you are not a Kingston Council tenant we will need to contact your landlord to obtain references. The landlord of your 'exchange partner' will also need to approve the reference for their tenant. Once both landlords agree the references the exchange can go ahead.

**Please Note:** It is unlikely agreement will be given for the exchange to take place if either party is in rent arrears. In the event of this request being agreed, the Council's consent will be withdrawn if the exchange has not physically taken place within 4 weeks of the agreed date.

If you have difficulty reading this document because of a disability or because English is not your first language, we can help you. Please call our helpline on 020 8547 5000 or ask someone to call on your behalf.

## Farsi

چنانچه قادر نیستید این نامه را به دلیل ناتوانی یا مشکل زبان بخوانید ما میتوانیم به شما کمک کنیم. لطفاً خود یا شخص دیگری با شماره کمک شهرداری کینگستون تماس بگیرید.  
تلفن 020 8547 5000 ۰۲۰۸۵۴۷۵۷۵۷

## French

Si vous êtes dans l'incapacité de lire ce document à cause des barrières linguistique ou autre, nous pouvons vous aider. Appelez ou faites appeler le numéro d'assistance du Kingston Council au 020 8547 5000.

## Kurdish Sorani

ئەگەر توانای خویندەوێ ئەم نوسراوەت نیە ئەبەر پەكەوتە/ بئ توانای یاخود ئەبەر زمان تێنە گەشتن ، ئەوا ئیەم ئەتوانین یارمەتیت بدەین . تەكایە پەيوەندی بکە بە هێلی یارمەتی شارەوانی کینگستونەو (Kingston Council) بەژمارە تەلەفونی 020 8547 5000 یان بەکەسی بلی کەبەناوی تۆو پەيوەندی بکات .

## Arabic

إن لم تكن قادراً على قراءة هذا النص بسبب اللغة أو أي عائق آخر، اتصل بنا فنحن نستطيع مساعدتك. الرجاء الاتصال بخط مجلس كنجستون للمساعدة (Kingston Council Helpline) على الرقم 020 8547 5000 أو اطلب من أي شخص آخر الاتصال بنا نيابة عنك.

## Punjabi

ਜੇਕਰ ਤੁਸੀਂ ਅਪਾਹਜਤਾ ਜਾਂ ਭਾਸ਼ਾ ਦੇ ਕਾਰਣ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਅਸਮਰਥ ਹੋ, ਤਾਂ ਅਸੀਂ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੇ ਹਾਂ। ਕਿਰਪਾ ਕਰਕੇ 020 8547 5000 'ਤੇ ਕਿੰਗਸਟਨ ਕੌਂਸਲ ਦੀ ਹੈਲਪਲਾਇਨ 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਵੱਲੋਂ ਕਿਸੇ ਨੂੰ ਕਾਲ ਕਰਨ ਲਈ ਕਹੋ।

## Portuguese

Caso você não consiga ler este documento devido a deficiência ou idioma, nós podemos ajudar. Por favor, ligue para o canal de atendimento Kingston Council no telefone 020 8547 5000, ou solicite a alguém para ligar por você.

## Tamil

உங்களால் இந்த கடிதத்தை படிக்க இயலவில்லை என்றால் தயவு கூர்ந்து கிங்ஸ்டன் உதவி மையத்தை நீங்களோ அல்லது உங்களை சார்ந்த எவராவது தொடர்பு கொள்ளவும்.  
தொடர்பு கொள்ள வேண்டிய எண் 020 8547 5000

## Urdu

اگر آپ معذوری یا زبان کے سبب اس دستاویز کو پڑھنے سے قاصر ہیں تو ہم آپ کی مدد کر سکتے ہیں۔ براہ مہربانی 020 8547 5000 پر کنگسٹن کونسل ہیلپ لائن کو فون کریں یا کسی سے درخواست کریں کہ وہ آپ کی جانب سے فون کرے۔

# Jargon explained

## **Adaptations**

Is where a change needs to be made to a home to make it suitable for a person with physical, sensory or mental health.

## **Bungalow**

A one storey house.

## **Flat**

A self-contained unit of accommodation usually on one level - usually one of a number within a building.

## **Introductory Tenancy**

An Introductory Tenancy currently lasts for a minimum of 1 year (subject to statute). If you break the tenancy conditions we can end the tenancy in court before you become a secure tenant.

## **Housing Association (also known as a registered social landlord)**

A housing association or a not for profit company registered by the Housing Corporation to provide social housing.

## **Joint Tenants**

Joint tenants are both responsible for all the rent and charges. That means if one joint tenant leaves we can collect all the rent, charges and any arrears from the remaining tenant. Either joint tenant can give notice to end the tenancy. The other joint tenant would then have to leave unless we decided they could stay. We will not end a joint tenancy without trying to contact both tenants.

## **Landlord**

Us, Kingston Council.

## **Maisonette**

A flat with usually more than one floor with its own entrance from the outside.

## **Mutual Exchange**

Exchanging your Property/Your Home for another by mutual consent, subject to approval by the Council by way of assignment.

## **Secure Tenant**

By law secure tenants have the right to stay in a Property/Your Home. We cannot remove a secure tenant from a Property/Your Home unless a court grants an Order for Possession.

## **Tenant**

You, the person who signs the Tenancy Agreement.

## **Us, We, Our or the Council**

Kingston Council. "Officers", "employees" or "contractors" means everyone working on behalf of the Council.

## **You**

Everyone who signs the Tenancy Agreement. Joint tenants are equally responsible, either individually or together, to carry out the terms of the tenancy.

## **Your Household**

Your family and any other persons living at your Property/Your Home including any lodgers and pets.

# The Application Form

Please complete the details below in block capitals using black ink.

## SECTION 1: TO BE COMPLETED BY KINGSTON COUNCIL TENANT

**1A. Your details.** Joint tenants need to decide who is making this application and complete their details below. Both tenants will need to sign the declaration on page 14.

Title (Mr, Mrs, Ms, Miss, other)

### Marital status

Married/civil partnership

Divorced

Widowed

Single

With partner

Surname

First Names

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

National Insurance Number

Present address

Telephone:	Home
	Work
	Mobile
	Email

Date moved in

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 1B. Your Current Home.

What type of housing do you live in? Please tick the relevant box.

Bungalow

House

How many bedrooms do you have?

Flat

Maisonette

How many living rooms?

If you live in a flat or maisonette, what floor level?

Have you made any adaptations? Yes  No   
If **yes**, please give details.

Do you have any pets? Yes  No   
If **yes**, please give details below.

Type and number of pets:

Please confirm whether or not you will make arrangements for your pet(s) if they can't go with you if you are rehoused.

I will make arrangements for my pet(s).

Yes

No

**1C. Household details.**

**Please give details of each person you want to live with you. Include anyone you want to live with you but who currently lives elsewhere because you don't have the room for them.**

<b>Surname</b>	<b>First Names</b>	<b>Date of Birth</b>	<b>Male/ Female</b>	<b>Nationality</b>	<b>Relationship to applicant</b>	<b>Address if different</b>

**1D. Your Landlord's Contact Information if you are not a Kingston Council tenant.**

Name of Organisation  
(ie if Housing Association)

Address

Telephone:

Email

**1E. Please use this section to provide us with feedback on how you found your exchange partner.**

How did you find your exchange partner? Please tick the relevant box.

Homeswapper

House exchange

Word of mouth

Advert in shop window

Other (please state below)

# Housing Services

## Equality monitoring

Please help us to provide better services for everyone by completing this form. If you do not want to answer a question, you can tick the 'I prefer not to tell you' box. We will keep this information confidential. Thank you for your time.

### What is your age?

16 to 29       30 to 44       45 to 59       60 to 74       75 or over   
I prefer not to tell you

### Disability and health

Do you have a long-term physical or mental-health condition or disability?  
(Long-term means has lasted, or is likely to last, 12 months or more.)

Yes       No       I prefer not to tell you

If yes, please say what type of condition you have.

Hearing impairment       Mobility, muscular or physical disability   
Sight impairment       Learning disability   
Speech impairment       Mental-health problem (for example, depression, schizophrenia, bi-polar disorder or anxiety)   
Diagnosed health condition (for example, cancer, HIV, multiple sclerosis)

Please tell us if you have any other disability   
I prefer not to tell you

Does this condition have a considerable effect on your ability to carry out normal day-to-day activities?

Yes       No       I prefer not to tell you

Are you a wheelchair user?

Yes       No       I prefer not to tell you

### What is your first language?

I prefer not to tell you

If English is not your first language, do you consider yourself to be non-English speaking?

Yes       No       I prefer not to tell you

### Sex

Are you: Male?       Female?       I prefer not to tell you

### What is your religion or belief?

Buddhist       Christian       Hindu       Jewish       Muslim       Sikh       No religion or belief

Please tell us if you follow any other religion or belief   
I prefer not to tell you

**What is your sexuality?**

Heterosexual     Bisexual     Gay     Lesbian     I prefer not to tell you

**What is your nationality?**

   I prefer not to tell you

**What is your ethnic origin?**

**White**

British     Irish     Other White     Please say which   
Gypsy or Romany     Irish traveller

**Mixed**

White and Black African     White and Black Caribbean     White and Asian   
Other mixed     Please say which

**Asian or Asian British**

Bangladeshi     Indian     Pakistani     Tamil   
Other Asian     Please say which

**Black or Black British**

African     Caribbean     Other Black     Please say which

**Other ethnic origin**

Chinese     Korean     Other ethnic origin     Please say which

**I prefer not to tell you**

**What is your socio economic grouping? (your occupation)**

Full time student     Full time work (more than 30 hours a week)   
Part time work (less than 30 hours a week)     Not seeking work     Other adult   
Government training     Job seeker     Retired   
Unable to work due to ill health     I prefer not to tell you

**Computer System Alert**

**An alert can be placed on our computer system that will let our staff and partners know of any special need or requirement you have. Where possible this will enable your housing services to be delivered appropriately and according to your needs. This alert will only show the information you have provided on this form.**

I agree to this alert facility     I do not agree to this alert facility

Tenant's signature:



## SECTION 2: TO BE COMPLETED BY THE EXCHANGE PARTNER

**2A. Your Details.** *Joint tenants need to decide who is making this application and complete their details below. Both tenants will need to sign the declaration on page 14.*

Title (Mr, Mrs, Ms, Miss, other)	<input type="text"/>	<b>Marital status</b>	
Surname	<input type="text"/>	Married/civil partnership	<input type="checkbox"/>
First Names	<input type="text"/>	Divorced	<input type="checkbox"/>
		Widowed	<input type="checkbox"/>
		Single	<input type="checkbox"/>
		With partner	<input type="checkbox"/>
Date of Birth	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	National Insurance Number	<input type="text"/>
Present address	<input type="text"/>		
	Telephone: Home		
	Work		
	Mobile		
	Email		
Date moved in	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>		

## 2B. Your Current Home.

What type of housing do you live in? Please tick the relevant box.

Bungalow	<input type="checkbox"/>	House	<input type="checkbox"/>	How many bedrooms do you have?	<input type="text"/>
Flat	<input type="checkbox"/>	Maisonette	<input type="checkbox"/>	How many living rooms?	<input type="text"/>
				If you live in a flat or maisonette, what floor level?	<input type="text"/>

Have you made any adaptations? Yes  No  If **yes**, please give details.

Do you have any pets? Yes  No  If **yes**, please give details below.

Type and number of pets:

Please confirm whether or not you will make arrangements for your pet(s) if they can't go with you if you are rehoused.

I will make arrangements for my pet(s). Yes  No

**2C. Household details.**

Please give details of each person you want to live with you. Include anyone you want to live with you but who currently lives elsewhere because you don't have the room for them.

Surname	First Names	Date of Birth	Male/ Female	Nationality	Relationship to applicant	Address if different			

**2D. Your Landlord's Contact Information.**

Name of Organisation  
(ie if Housing Association)

Address

Telephone:

Email

**2E. Please use this section to provide us with feedback on how you found your exchange partner.**

How did you find your exchange partner? Please tick the relevant box.

Homeswapper

House exchange

Word of mouth

Advert in shop window

Other (please state below)

# Equality monitoring

Please help us to provide better services for everyone by completing this form. If you do not want to answer a question, you can tick the 'I prefer not to tell you' box. We will keep this information confidential. Thank you for your time.

## What is your age?

16 to 29       30 to 44       45 to 59       60 to 74       75 or over   
I prefer not to tell you

## Disability and health

Do you have a long-term physical or mental-health condition or disability?  
(Long-term means has lasted, or is likely to last, 12 months or more.)

Yes       No       I prefer not to tell you

If yes, please say what type of condition you have.

Hearing impairment	<input type="checkbox"/>	Mobility, muscular or physical disability	<input type="checkbox"/>
Sight impairment	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>	Mental-health problem (for example, depression, schizophrenia, bi-polar disorder or anxiety)	<input type="checkbox"/>
Diagnosed health condition (for example, cancer, HIV, multiple sclerosis)	<input type="checkbox"/>		

Please tell us if you have any other disability

I prefer not to tell you

Does this condition have a considerable effect on your ability to carry out normal day-to-day activities?

Yes       No       I prefer not to tell you

Are you a wheelchair user?

Yes       No       I prefer not to tell you

## What is your first language?

I prefer not to tell you

If English is not your first language, do you consider yourself to be non-English speaking?

Yes       No       I prefer not to tell you

## Sex

Are you: Male?       Female?       I prefer not to tell you

## What is your religion or belief?

Buddhist       Christian       Hindu       Jewish       Muslim       Sikh       No religion or belief

Please tell us if you follow any other religion or belief

**What is your sexuality?**

Heterosexual     Bisexual     Gay     Lesbian     I prefer not to tell you

**What is your nationality?**

   I prefer not to tell you

**What is your ethnic origin?**

**White**

British     Irish     Other White     Please say which   
Gypsy or Romany     Irish traveller

**Mixed**

White and Black African     White and Black Caribbean     White and Asian   
Other mixed     Please say which

**Asian or Asian British**

Bangladeshi     Indian     Pakistani     Tamil   
Other Asian     Please say which

**Black or Black British**

African     Caribbean     Other Black     Please say which

**Other ethnic origin**

Chinese     Korean     Other ethnic origin     Please say which

**I prefer not to tell you**

**What is your socio economic grouping? (your occupation)**

Full time student     Full time work (more than 30 hours a week)   
Part time work (less than 30 hours a week)     Not seeking work     Other adult   
Government training     Job seeker     Retired   
Unable to work due to ill health     I prefer not to tell you

**Computer System Alert**

**An alert can be placed on our computer system that will let our staff and partners know of any special need or requirement you have. Where possible this will enable your housing services to be delivered appropriately and according to your needs. This alert will only show the information you have provided on this form.**

I agree to this alert facility     I do not agree to this alert facility

Tenant's signature:

## SECTION 3: DECLARATION

**If you have completed Section 1 of this form, please sign the Declaration below. Please delete as appropriate\***

**\*I/We declare that I/we am/are the Main Tenant/Joint Tenants at the address given in Section 1 and understand that all the details given by me/us will be shared for the purposes of this application.**

Signature of  
main tenant:

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of  
joint tenant:

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of  
joint tenant:

Officer:

Interpreter:

**If you have completed Section 2 of this form, please sign the Declaration below. Please delete as appropriate\***

**\*I/We declare that I/we am/are the Main Exchange Partner/Joint Exchange Partners at the address given in Section 2 and understand that all the details given by me/us will be shared for the purposes of this application.**

Signature of  
Main Exchange  
Partner:

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of  
Joint Exchange  
Partner:

Date:

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of  
Joint Exchange  
Partner:

Officer:

Interpreter:

**Please return completed forms to:**

Housing Business Support  
Guildhall Two  
Kingston upon Thames  
KT1 1EU



