



CUNNINGHAME HOUSING ASSOCIATION LIMITED

APPLICATION FOR MUTUAL EXCHANGE

APPLICANT A – Cunninghame Housing Association Limited Tenant

Surname: First Name:

Address:

..... Tel No:

Date of Entry:

HOUSEHOLD DETAILS

Please list below all household members who wish to be rehoused with you:

NAME	SEX	DATE OF BIRTH	RELATIONSHIP TO YOU

Please list below any members of your family who are pregnant:

NAME	SEX	EXPECTED DATE OF CONFINEMENT

Please list any members of your household who have medical condition:

NAME	BRIEF DESCRIPTION OF MEDICAL COMPLAINT



CUNNINGHAME HOUSING ASSOCIATION LIMITED

YOUR ACCOMMODATION

Please indicate the type of accommodation you presently occupy:

TENEMENTAL FLAT –	Basement	<input type="checkbox"/>	
	Ground Floor	<input type="checkbox"/>	
	First Floor	<input type="checkbox"/>	
	Second Floor	<input type="checkbox"/>	AMENITY PROPERTY <input type="checkbox"/>
	Third Floor	<input type="checkbox"/>	
	Attic	<input type="checkbox"/>	OTHER (please describe)
TERRACED PROPERTY -	Mid	<input type="checkbox"/>	_____
	End	<input type="checkbox"/>	
	Semi Detached	<input type="checkbox"/>	
	Detached	<input type="checkbox"/>	

How many bedrooms do you have?

What type of heating do you have?

Has your house been adapted in any way? If so, please give details:

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Please state briefly your reasons for this mutual exchange:

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CUNNINGHAME HOUSING ASSOCIATION LIMITED

ETHIC ORIGIN

This Association operates an Equal Opportunities Policy.

We ask this question so we can monitor the number of applications and allocations made to different sections in the community to ensure that no one group suffers disadvantages. The information is not used for any other purpose.

To which of these groups do you feel you belong:

Group	YOURSELF	PARTNER
Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Black African	<input type="checkbox"/>	<input type="checkbox"/>
Black Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>

A combination of the above (please specify)

If none of the above, how would you describe yourself

DECLARATION

I hereby declare that the information provided on this form is complete and accurate and I consent to the Housing Association making such enquiries as necessary in confirmation. I have read and understood the conditions governing the exchange of houses and agree to be bound by them. Should there be a breach of these conditions by either or both parties, we agree that this application will become null and void and that we may be required to return to our former address.

Applicant A Signature (Tenant)

Signature (Joint Tenant)

Date:



CUNNINGHAME HOUSING ASSOCIATION LIMITED

NOTES FOR GUIDANCE

OCCUPANCY CRITERIA

The requirements for households are as follows:

- One single bedroom for each single person under a sole application
- One double bedroom for each husband and wife, or persons living together as such
- Plus one single bedroom for each child over 10 years
- Plus one double bedroom for 2 children under 10 years regardless of sex
- Plus one single bedroom for each remaining member of the household
- Where a member of a household is pregnant, allowance will be made for an addition to the household three months prior to date of confinement of the pregnancy.

The above guidelines assume that each household should have a livingroom which is not being used for sleeping.

On completion, please return to:

Cunninghame Housing Association Limited
82-84 Glasgow Street
ARDROSSAN
KA22 8EH

Tel: No: 01294 468360



CUNNINGHAME HOUSING ASSOCIATION LIMITED

APPLICATION FOR MUTUAL EXCHANGE

APPLICANT B

Surname: First Name:

Address:

..... Tel No:

Date of Entry:

HOUSEHOLD DETAILS

Please list below all household members who wish to be rehoused with you:

NAME	SEX	DATE OF BIRTH	RELATIONSHIP TO YOU

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NAME	SEX	EXPECTED DATE OF CONFINEMENT

Please list any members of your household who have medical condition:

NAME	BRIEF DESCRIPTION OF MEDICAL COMPLAINT



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YOUR ACCOMMODATION

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	Second Floor	<input type="checkbox"/>	AMENITY PROPERTY <input type="checkbox"/>
	Third Floor	<input type="checkbox"/>	
	Attic	<input type="checkbox"/>	OTHER (please describe)
TERRACED PROPERTY -	Mid	<input type="checkbox"/>	_____
	End	<input type="checkbox"/>	
	Semi Detached	<input type="checkbox"/>	
	Detached	<input type="checkbox"/>	

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Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
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Applicant A Signature (Tenant)

Signature (Joint Tenant)

Date:



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CONDITIONS GOVERNING PROPOSED MUTUAL EXCHANGE

The following conditions relate specifically to mutual exchange applications. It is important that you read these carefully and sign the form below to confirm your acceptance of these conditions.

- 7. It is necessary for both parties on the exchange application to have a clear rent account. In the case of an applicant not being Cunninghame Housing Association tenant, a satisfactory tenancy report is required from the relevant landlord.
- 8. It is necessary for both parties wishing to exchange houses to state that it is their intention to occupy the prospective house for a minimum 12 month period.
- 9. No mutual exchange will be permitted where this causes overcrowding or under occupation as determined by the Allocations Policy of Cunninghame Housing Association Limited (Appendix 1).
- 10. Cunninghame Housing Association Limited shall not incur any expense in connection with granting of a mutual exchange outwith normal repairs which are the responsibility of the Association. An inspection of the property will be undertaken on receipt of the mutual exchange application and where repairs are required as a result of tenant negligence, the cost of such repairs must be borne by the tenant prior to the exchange being approved.
- 11. Both parties should be satisfied, following inspection, which the house to which they propose to exchange is in an acceptable condition. Each party should ensure all fixtures and fittings are intact, including approved additional fitments provided by the tenant.
- 12. Neither party should proceed with exchange until they have received written confirmation from the landlord(s) concerned that the application has been approved. A date of entry after which time you may proceed with removal arrangements will be stipulated.

Your application will be processed as quickly as possible. The Association will aim to contact each applicant in writing within 4 week period from receipt of your application.

Please sign below to confirm your acceptance of the above conditions. A copy of these conditions will be issued for your retention.

Applicant A Signature (Tenant)

 Signature (Joint Tenant)

 Date



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NOTES FOR GUIDANCE

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