

Name							
Address							
				Postcode	Postcode		
Telephone	Home			Mobile	Mobile		
Email							
Tell us who	lives in your hoi	me. Please pı	ıt your (details first.			
	1						
First name	Surname	Date of birth	Age	Relationship to applicant		urance number aged 16 or over)	
First name	Surname		Age				
First name	Surname		Age	applicant			
First name	Surname		Age	applicant			
First name	Surname		Age	applicant			
First name	Surname		Age	applicant			
First name	Surname		Age	applicant			
First name	Surname		Age	applicant			
First name	Surname		Age	applicant			
	he list above preg	birth		applicant			



Your current home What type of property do you currently live in? (please tick)						
How many bedroo	oms do you have?					
What is your curre	ent weekly rent?					
Does your propert	ty have any aids or adaptati	Yes 🗌	No 🗆			
If yes, what are th	ey:					
Why do you wa	nt to swap homes?					
How many proper	ties are involved in this swa	ap?				
Where did you fin	d your exchange partner(s)	?				
Signature(s):						
Please write your	name(s) clearly:					
Date:						



Exchange partner's information

Each household involved in the exchange, not including the applicant, must complete this section of the form. Please duplicate this section of the form if necessary.

Exchange p	partner(s)		
Name(s)			
Address			
			Postcode
Telephone	Home	Work	Mobile
Email			
Exchange p	partner's landlord		
Name(s)			
Address			
			Postcode
Telephone			
Housing Offi	icer name		
Housing Offi	icer email		



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