

**EAST DEVON DISTRICT COUNCIL
HOUSING DEPARTMENT**

REQUEST FOR MUTUAL EXCHANGE

TENANT NAME
TENANT NAME (IF JOINT TENANCY).....
ADDRESS
..... TELEPHONE NUMBER

DETAILS OF YOUR FAMILY

FULL NAMES OF ALL HOUSEHOLD (INC TENANTS)	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
.....
.....
.....
.....
.....
.....

Any Pets? YES/NO If Yes, Details

PRESENT DWELLING

Property Type: House / Flat / Bungalow / Bedsit / Sheltered Accommodation No..of Bedrooms

Weekly Rent

Date Tenancy Commenced at this address

Reasons for Requesting an Exchange

Name and Address of Landlord

.....

If you are exchanging to Sheltered Accommodation, if you are not of retirement age, please give details of your disability

.....

Have there been any adaptations made to your current property

.....

DETAILS OF FAMILY WITH WHOM YOU WISH TO EXCHANGE

TENANT NAME
ADDRESS
..... TELEPHONE NUMBER

NAME OF LANDLORD (IF NOT EAST DEVON DISTRICT COUNCIL).....

Dated Signed

PLEASE NOTE THAT EACH TENANT INVOLVED IN THE EXCHANGE IS REQUIRED TO COMPLETE AN APPLICATION FORM. CONSIDERATION WILL NOT BEGIN UNTIL FORMS RECEIVED FROM ALL PARTIES CONCERNED