Mutual Exchange Application

OFFICE USE - DMS

Filing system: **Person**

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» Each household must complete an application form.

Your details

- » If three households wish to exchange their properties please list all three addresses on the form.
- » Please note you will not be given permission to exchange unless you have a clear rent account.
- » Please return all application forms together to the Home Exchange Team, Sheffield Property Shop, Union Street or by post to PO Box 483, M33 0DH
- » For further information or advice and assistance on how to exchange your property contact the Call Centres on either 205 3333 or 293 0000

Name		Date of birth			
Joint Applicant Name (if applicable)		Date of birth			
Address					
Postcode	Telephone				
Who is your landlord					
Property type		Number of bedrooms			
Please give details of all members of your household who will be moving with you					
Relationship to you (if any)	First Name(s)	Surname or Family Name	Sex M/F	Date of birth	
1					
2					
3					
4					
5					
6					

Continued overleaf



Please give details of all members of your household who will be moving with you

Relationship to you (if any)	First Name(s)	Surname or Family Name	Sex M/F	Date of birth			
7							
8							
9							
10							
11							
12							
More about you							
Are you an employee of Sheffield City Council Yes No							
Do you have a cat or dog?							
Details of your property	y						
a) Have any adaptations	s been made to	your property?					
☐ Yes ☐ No		your property?					
		your property?					
☐ Yes ☐ No		your property?					
☐ Yes ☐ No	tails:	your property? Yes					
☐ Yes ☐ No If yes, please provide de	tails: upply?						
☐ Yes ☐ No If yes, please provide de b) Do you have a gas su	tails: upply? tails:	Yes					
☐ Yes ☐ No If yes, please provide de b) Do you have a gas su If yes, please provide de	tails: upply? tails:	Yes					
☐ Yes ☐ No If yes, please provide de b) Do you have a gas su If yes, please provide de Name of supplier	tails: upply? tails: ter?	Yes					
☐ Yes ☐ No If yes, please provide de b) Do you have a gas su If yes, please provide de Name of supplier	tails: upply? tails: ter? s of your electr	Yes					
b) Do you have a gas sulf yes, please provide de Name of supplier	tails: upply? tails: ter? s of your electr	Yes					
☐ Yes ☐ No If yes, please provide de b) Do you have a gas su If yes, please provide de Name of supplier	tails: upply? tails: ter? s of your electres ter?	Yes					

Details of the person/people you wish to exchange with

Name	Name
Address	Address
Telephone	Telephone
Landlord	Landlord
Property type	Property type
Number of bedrooms	Number of bedrooms
	(e.g. Homeswapper, Friends and family etc) ?
I/We declare that the information given in the	nis form is a true and accurate statement.
I/We have read and understand the information leaflet.	ation on this form and in the Mutual Exchange
I/We intend to move into the property should	d the exchange be agreed.
I/We agree not to move into the property ur agreement form.	ntil the exchange is agreed and I/we sign the
If an exchange proves to be an improper or return to our former dwelling.	ne based on false information I/We agree to
Signed	Date

A translation of this form is available in the languages below:

Arabic

Bengali

এই প্রচারপত্র (নীফ্নেট্)-এর বাংনা অনুবাদ পাওয়া যাবে

Czech

Překlad tohoto letáku je taky dostupný v češtině.

Farsi

French

Une traduction de ce prospectus est disponible en français

Kurdish Kurmanji

Bi Kurdî Kurmancî wergera vê belavokê peyde dibe.

Kurdish

Portuguese

Este folheto está disponível em Português

Punjabi

ਇਸ ਇਸ਼ਤੇਹਾਰ ਦਾ ਅਨੁਵਾਦ ਪੰਜਾਬੀ ਵਿੱਚ ਉਪਲਬੱਧ ਹੈ

Slovak

Preklad tohto letáku je tiež dostupný v slovenčine.

Somali

Turjibaanka guub-yarahaan waxaa lagu heli karaa Soomaali Tigrinya

Turkish

Bu broşürün Türkçe çevirisi bulunmaktadır.

Urdu

This document can be supplied in alternative formats, please contact 0114 293 0000

Sheffield City Council
Home Exchange Team
Tel: 0114 293 0000 or 205 3333
www.sheffield.gov.uk/councilhousing