## CONFIDENTIAL

## TENANCY EXCHANGE APPLICATION FROM



ull Name (Tenant1): National Insurance No:					
Full Name (Tenant 2): National Insurance No:					
Address:		•••••	•••••		
Telephone No:		••••••	••••••		
Name of all persons in your household who will be moving with you if the exchange is granted. (Tenant's name first followed by your family members details)	Date of Birth	М	F	Relationship to Applicant	
Number of rooms in the property:					
	Bathroom:		K	itchen:	
Other:					
Has the property been adapted for a person with disa	abilities? Yes	] ۱	No [		
(If 'Yes' please give details):		••••••	•••••		
Pets (please provide details on type and number):		•••			
Weekly rent: £					
Full name and address of your landlord:		••••••	•••••		
Has your landlord commenced any legal steps agains	t you to re-possess	the	prop	perty? Yes No	

(If 'Yes' please give details): .....

Reasons for making your application for an exchange:				
Downsizing due to Welfare Reform Unable to manage property Overcrowding				
Anti-social behaviour Employment Location				
Other (please give details):				
Full name and address (including post code) of person with whom you wish to exchange:				
Their landlord (Local Authority/Housing Association):				
CCG will use your personal information as provided by you in this application form and any additional information which you may give for all purposes in connection with your application for an exchange and for administration of your tenancy if you are successful.				
I AUTHORISE CCG/OR MY LANDLORD TO DIVULGE INFORMATION ABOUT MY TENANCY IN CONNECTION WITH THIS APPLICATION FOR AN EXCHANGE.				
TENANT 1 SIGNATURE:				
TENANT 2 SIGNATURE:				
DATE:				
The completion of this form does not authorise you to exchange house in any way. The applicants are warned that they need written consent from Cartrefi Cymunedol Gwynedd Cyf (CCG) before exchanging. We shall be arranging for a Designated Allocations Officer to visit you in the meantime.				
<b>NOTE:</b> CCG will not decorate the interior of the property and the property is accepted as seen. We advise you to visit the property you want to move into, in order to ensure that it is suitable for you and in an condition acceptable to you.				
CHECK LIST Any information not included may delay the process. Have you remembered to include:				
$\square$ Your full name and contact details $\square$ Your details and the details of your household members				
Details surrounding the property and why you wish to exchange				
Name and address of your landlord				
Name and address of the person you wish to exchange with				
Landlord details of the person you wish to exchange with				
☐ Signature and date				
Please return this form to: Cartrefi Cymunedol Gwynedd, PO BOX 206, Bangor, Gwynedd, LL57 9DS				
If you require any further support in completing this form, please contact our Allocations department on 0300 123 8084. Or, If you would like to receive this leaflet in a different format, such as braille, large text or in another language, contact us on 0300 123 8084.				
<b>Please Note:</b> We would advise you to send all applications forms relevant to the request together in order to ease the process.				