

Mutual Exchange application form

(Only to be completed by tenants who have a proposed exchange partner).

Please fully complete this form in full using type or black ink.

Return the completed form to:
 PO Box 34750
 London
 N7 9WJ

Mr Mrs Ms Miss (please tick one)

Last name(s): First name(s)

Telephone number: Date of birth:

Address:
 Post code:

Email address:

Name and Address of your landlord: (NB: IMPORTANT! You must state the housing office that you belong to. This is especially applicable if you are NOT an Islington Council tenant.)

Name:
 Address:
 Post code:

Please state details of all other people for whom accommodation is required

Last name	First name(s)	Relationship to you	Date of birth
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Is your home a? (tick relevant box)

House Maisonette Bungalow Flat Conversion

How many bedrooms are there in your property?

What floor is your property on?

Is there a lift? Yes: No:

Please state whether this is a two-way or three-way exchange:

How did you find your exchange partner? (E.g. HomeSwapper.co.uk etc)

Why do you wish to move?

Signature:

Print name

Date:

Return the completed form to:

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London
N7 9WJ

Name and address of your proposed exchange partner:

Last name(s): First name(s)

Telephone number: Date of birth:

Address:

Post code:

Name and address of their landlord: (NB: please state the housing office).

Name:

Address:

Post code: