



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 9WF

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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:

PO Box 34750
London
N7 9WF

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:



Equalities Monitoring Information Form

The completion of this form, or any part of it is voluntary

The London Borough of Islington is committed to equality of opportunity, both in the provision of service and in our role as a major employer. We believe that all people have the right to be treated with dignity and respect. We are committed to the elimination of unfair discrimination and we are determined to ensure that all service users receive fair and equitable treatment.

We would be grateful if you would complete the monitoring information below. The purpose of this information is to assist in monitoring fair and effective service delivery and to develop our policies and practices. The information will be treated and maintained confidentially and will be used for monitoring and to identify service improvements only. No personal information, such as your name or address, will be released when reporting statistical data.

All information will be treated and maintained confidentially

	Applicant	Joint Applicant
Your full name		
Your date of birth		
Your gender (please show)	Male / Female / Transgender	Male / Female / Transgender
Your contact telephone number		
Your email address		

Question 1

Islington Council will usually contact its customers by telephone or letter. If you would like to be contacted in another way please let us know.

LBI aims to meet your request whenever we can. (tick only one)

	Applicant	Joint Applicant
Braille		
Email		
Easy read		
Home Visit		
Large Print		
Mobile Phone Texting		
Tape		
Text phone		
Text or sound CD		

Question 2

What is the main language you use? (tick only one)

	Applicant	Joint Applicant
Albanian	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	<input type="checkbox"/>
BSL	<input type="checkbox"/>	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>
Turkish	<input type="checkbox"/>	<input type="checkbox"/>
Other (please say)	<input type="checkbox"/>	<input type="checkbox"/>
Do you need an interpreter when contacting LBI? (please show)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Question 3

Do you consider yourself to have an impairment or be disabled? (tick any that apply)

	Applicant	Joint Applicant
No disability	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>
I am blind or visually impaired	<input type="checkbox"/>	<input type="checkbox"/>
I have experience of mental health distress	<input type="checkbox"/>	<input type="checkbox"/>
I have a learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>
I use a hearing aid or communicate using BSL – “hearing impairment”	<input type="checkbox"/>	<input type="checkbox"/>
I have a physical impairment	<input type="checkbox"/>	<input type="checkbox"/>
I use a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Other impairment (e.g. diabetes, epilepsy, multiple sclerosis, back problem etc.) (please say)	<input type="checkbox"/>	<input type="checkbox"/>

Question 4

Is there someone living with you (other than applicant) that has an impairment or disability?
Please tick

Yes No Prefer not to say

If Yes, please give their full name

Please let us know about their impairment or disability. Tick any that apply

They are blind or visually impaired	<input type="checkbox"/>
They have experience of mental health distress	<input type="checkbox"/>
They have a learning difficulty	<input type="checkbox"/>
They use a hearing aid or communicate using BSL	<input type="checkbox"/>
They use a wheelchair	<input type="checkbox"/>
They have a physical Impairment	<input type="checkbox"/>
Other impairment (e.g. diabetes, epilepsy, multiple sclerosis, back problem etc.) (please say)	

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Question 5

What is your religion or belief? (tick only one)

	Applicant	Joint Applicant
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
Christian	<input type="checkbox"/>	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<input type="checkbox"/>
Humanist	<input type="checkbox"/>	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	<input type="checkbox"/>
Rastafarian	<input type="checkbox"/>	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	<input type="checkbox"/>
No religion or belief	<input type="checkbox"/>	<input type="checkbox"/>
Other religion or belief (please say)	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 6

How would you describe your ethnic origin? (tick only one)

	Applicant	Joint Applicant
Asian or Asian British		
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British		
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>	<input type="checkbox"/>
African		
Eritrean	<input type="checkbox"/>	<input type="checkbox"/>
Ghanaian	<input type="checkbox"/>	<input type="checkbox"/>
Nigerian	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>
Other African background	<input type="checkbox"/>	<input type="checkbox"/>
Chinese or other ethnic group		
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic background	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Heritage		
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
Other Mixed background	<input type="checkbox"/>	<input type="checkbox"/>
White		
British	<input type="checkbox"/>	<input type="checkbox"/>
Greek/Greek Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
Irish	<input type="checkbox"/>	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	<input type="checkbox"/>
Turkish/Turkish Cypriot	<input type="checkbox"/>	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	<input type="checkbox"/>

If your ethnic origin is not included above, please say

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Question 7

How do you describe your sexual orientation? (tick only one)

	Applicant	Joint Applicant
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	<input type="checkbox"/>
Heterosexual (straight)	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Question 8

Do you consider yourself to be a Gypsy or Traveller (tick only one)

	Applicant	Joint Applicant
Gypsy	<input type="checkbox"/>	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	<input type="checkbox"/>

Please sign

	Applicant	Joint Applicant
Signed		
Date		

Staff use

Form completed by: