

Peak District Rural Housing Association Ltd  
 First Floor, 10 Cromford Mill, Mill Road, Cromford, Matlock, Derbyshire. DE4 3RQ  
 Tel: 01629 826040 Fax: 01629 826468

**APPLICATION FOR MUTUAL EXCHANGE**

Each applicant in the proposed mutual exchange will need to complete a copy of this form.

**Tenants Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Property Type:** \_\_\_\_\_  
**No of Bedrooms:** \_\_\_\_\_  
  
**Name of Landlord:** \_\_\_\_\_  
**Address of Landlord:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OFFICIAL USE ONLY**

Tenant:      Secured     Assured   
 Weekly Rent: \_\_\_\_\_  
 Balance: \_\_\_\_\_  
 Property Type: \_\_\_\_\_  
 Floor: \_\_\_\_\_  
 Rechargeables: \_\_\_\_\_  
 Court Costs: \_\_\_\_\_

**Name & Address of Person you wish to exchange with:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In the event of more than two households being involved, please give details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(a) Your Family Details**

Relationship to Tenant	First Names	Surname	Age	Date of Birth	Address if different from Tenant	Visitors Comments

**If child is expected, please give approximate date:** \_\_\_\_\_

**(b) Do you live in accommodation especially built for the elderly?**    Yes  or No

**(c) Does your accommodation have any adaptations making it suitable for a disabled person?**  
 Yes  or No

**If yes, please give details:** \_\_\_\_\_

\_\_\_\_\_

Is any member of you family registered disabled with Social Services? Yes  or No

(d) Do you have any pets? Yes  or No

If yes , please give details: \_\_\_\_\_

Reasons for requesting an Exchange: \_\_\_\_\_

Please confirm how the Exchange was found:

Tenants Exchange Scheme

Councils Exchange Book

Other

Please specify: \_\_\_\_\_

Please note that you will only be required to accept the property as you find it, and that no redecoration, re-glazing or repairs, other than those which would be done in the normal way, will be carried out.

The Exchange can only be considered and approved if all the following conditions are met:

1. **Rent Account is clear, NO ARREARS.**
2. **Any unauthorised alterations to the property have been remedied.**
3. **No Overcrowding or Under –Occupation will result.**
4. **A strong local connection to the village you are applying for**
5. **Parties must not Exchange tenancies without written approval and consent of the department.**

I have read the above conditions. To the best of my knowledge all information given by me on this form is true.

Signed: \_\_\_\_\_ (Tenant)      Date: \_\_\_\_\_

Please return to:

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