

MUTUAL EXCHANGE APPLICATION



A separate form must be completed by each household applying.

Once complete, please return this form to:
Myriad House, 33 Springfield Lyons Approach, Chelmsford, Essex. CM2 5LB.

If you do not have access to the internet or would like assistance you can contact the Customer Service Centre on 0300 555 0500.

We need this information in order to enter into a contract with you as well as to satisfy our legal obligations to understand and assess your housing needs. By filling out this form, you are helping us assess your housing needs, please see www.chp.org.uk/privacy for more information on how we look after your data.

Title:	First name:	Surname:
Address (please include postcode):		
Home telephone:	Mobile telephone:	
Email:		

HOUSEHOLD DETAILS

Are you a current CHP resident? Yes No

What type of property do you currently occupy?

Bedsit Bungalow Maisonette House Apartment in block

How many bedrooms are there?

One Two Three Four Five

If you are not a CHP tenant, please provide contact details for your current landlord:

Title:	First name:	Surname:
Address (please include postcode):		
Home telephone:	Mobile telephone:	



Please advise how you found your exchange partner:

homeswapper.co.uk

Other

What type of tenancy do you have:

Assured

FTT

Secure

Probationary

Start date of current tenancy:

Please provide details of your current household (Start with lead tenant):

We need your National Insurance number to satisfy our obligation to prevent housing fraud.

Title:	First name:	Surname:	Date of birth:	Relationship to tenant:	NI number:
<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"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you have any pets? Yes No

If yes, please give details:

Is any member of the household expecting a baby? Yes No

If yes, please provide details

DISABILITY

We need this information to satisfy our legal obligations to ensure that the appropriate housing is provided to individuals.

Does any member of your household have a disability or have any special needs? Yes No

If yes, please give details:

Have you had any disabled adaptations to your home? Yes No

If yes, please give details:

* If your home has been adapted to meet your needs in the last five years you may not be able to complete a mutual exchange if you need these adaptations.

Will you require any adaptations to your new home? Yes No

If yes, please give details:



ADDITIONAL SUPPORT

Please tick the box(es) below if they apply to you. Please note, if you tick any of the boxes we may contact you for further information.

- | | | |
|---|---|---|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Serious illness | <input type="checkbox"/> History of rough sleeping |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Previous victim of violence |
| <input type="checkbox"/> Previous victim of abuse | <input type="checkbox"/> Mental health issue | <input type="checkbox"/> Communication difficulties |
| <input type="checkbox"/> Literacy issues or English is not first language | <input type="checkbox"/> Previous victim of a crime | <input type="checkbox"/> Visually impaired |
| <input type="checkbox"/> Evicted from previous home | <input type="checkbox"/> Under-25 | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Homeless with support needs | <input type="checkbox"/> Ex-offender | <input type="checkbox"/> Deaf and blind |
| <input type="checkbox"/> Recently bereaved | <input type="checkbox"/> Problems with alcohol | <input type="checkbox"/> Young person leaving care |
| | <input type="checkbox"/> Drugs misuse | <input type="checkbox"/> Single parent / teenage parent |

Name(s) of any person providing support:	Relationship to resident or occupation	Contact number:
<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"/>

CRIMINAL CONVICTIONS

We process this data to protect our legitimate interests and that of the public including helping us to identify and manage risks to you, our business and the local community.

Give details of any criminal offences of which any of your household have been convicted:

Name:	Details of convictions:	Date:
<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"/>	<input type="text"/>

Have you, or any of your household been charged with any offence that is pending prosecution?

Yes No

If yes, please provide details:

ANTISOCIAL BEHAVIOUR

Have you ever had any action taken against you for breach of tenancy including antisocial behaviour?

Yes No

If yes, please provide details:



YOU AND YOUR PARTNERS INCOME

We need this information to help us provide you support to manage your tenancy.

Do you receive housing benefit? Yes No

If yes, is this full or partial? Full Partial

Are you receiving the following:

Income support	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text" value="Amount per week: £"/>
Job Seekers Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text" value="Amount per week: £"/>
Employment Support Allowance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text" value="Amount per week: £"/>
Guaranteed Pension Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text" value="Amount per week: £"/>
Universal Credit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text" value="Amount per week: £"/>

You (and your partner) net (take home) weekly income - excluding Housing and Council Tax Benefit

Type of income:	You:	Your partner:
Net earnings from employment	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Do you pay into a private pension?	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Do you pay any childcare costs?	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Child Benefits (for how many children) Number: <input type="text"/>	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Child Tax Credit (Paid to the person responsible for children in the family)	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Working Tax Credit	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
State Retirement Pensions	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Occupational / Private Pensions	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Incapacity benefit	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
DLA Care: High / Medium / Low	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
DLA Mobility: High / Low	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Attendance Allowance: High / Low	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Personal Independence Payments: Daily Enhanced / Standard Mobility Enhanced / Standard rate	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Non-dependant's gross income (those over 16 not in full time education or receiving Child Benefit)	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Any other income	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>
Are you affected by the Benefit Cap? If yes, then by how much?	<input type="text" value="£ p/wk"/>	<input type="text" value="£ p/wk"/>



EXCHANGE DETAILS

We need this to assess your application

Title:	First name:	Surname:
Address (please include postcode):		
Home telephone:	Mobile telephone:	
Email:		

Please provide details of the reason you are seeking to mutually exchange:

Do you have a joint tenancy? Yes No

If yes, please give details:



If yes, do both tenants agree to make this application?

Yes No

If no, please give details:

DECLARATION

Non CHP tenants:

I/We inspected the property which I/we have applied to exchange with and accept the property in its current condition.

I/We are aware that consent from all landlords is required before the exchange.

CHP tenants:

I/We agree to leave the property and garden (if applicable) in a clean and tidy condition and repair any damage for which I am responsible.

I/We understand that, unless otherwise informed, I will be required to repair or renew all fixtures and fittings so that they are safe and serviceable before the move.

I/We understand that CHP, when dealing with my application will disclose information regarding my tenancy to other relevant landlords.

For all tenants:

I/we have just completed and signed a CHP Mutual Exchange form and agree that CHP may:

- Share information with relevant landlords regarding my / our application for housing, including copies of verification documents and identification;
- Contact previous landlords regarding my / our tenancy history.

We need this information to ensure that our properties are appropriately let.

If you complete this form CHP will store and process your data in accordance to the requirements of its Data Protection Policy and in keeping with the Data Protection Act.

CHP may supply information to other organisations such as contractors working for CHP, the police or local authorities in order to manage your tenancy and help us manage our neighbourhoods.

CHP maintains a register of vulnerable or potentially violent individuals in their properties. You will be informed if you are placed on this register. This information may be shared with concerned parties without your consent.

I undertake to notify CHP of any changes to these details;

I understand that the completion of this form does not mean my application for mutual exchange will be confirmed;

I understand that I will be required to verify the information supplied by my on this form;

I understand that landlord references will be required.

Signature (Lead tenant)	Print name:	Date:
Signature (Join tenant):	Print name:	Date:



CHP Privacy notice

CHP is committed to protecting your privacy and this Privacy Notice explains how we use information about you and how we protect your personal data.

Please view our full privacy notice here: www.chp.org.uk/privacy

Our Promises to you

We take the issue of your privacy extremely seriously and we promise to:

- Respect your personal data and keep it secure on your behalf;
- Allow you to access the data that we hold about you;
- Let you know how we use your data. We may update this notice, or contact you directly, from time to time to provide you with more information about how we use your data and protect your privacy;
- Keep your data accurate and up to date by amending your records when you contact us or by asking you, from time to time, if the information we hold on you is still up to date;
- Help you move your data to another landlord, if you want us to do so. If you stop having a tenancy with us, we will delete your data as soon as we are able to (certainly within 6 years) unless you still owe us money or have been evicted for anti-social behaviour, where we may keep your data for longer.

Your rights

The law gives you a number of rights to control what personal data is used by us and how it is used by us. You have the right to:

- Be informed about what we do with your data. This privacy notice (which may be updated from time to time) is the principal way we will do this;
- Access the data we hold about you;
- Object to CHP processing your data (on the basis of our legitimate interests);
- Tell us to correct your data where it is inaccurate and to ask us to stop processing your data until it has been corrected. If you think the data we hold on you is not accurate then please contact our Service Centre on 0300 555 0500 or visit our online portal;
- Ask us to erase your data. We will only do this if we no longer have any contractual obligations to you or there are compelling reasons to retain your data and we promise to explain these to you;
- Ask us to move your data to your new landlord free of charge if you transfer to another property owned by a different landlord.

We have a Data Protection Officer who makes sure that we respect your rights and follow the law. If you have any questions please contact our Data Protection Officer by emailing dpo@chp.org.uk (please put DPO in the email subject line); calling 0300 555 0500 or by writing to: CHP Data Protection Officer, Myriad House, 33 Springfield Lyons Approach, Chelmsford, Essex, CM2 5LB.

If you believe that CHP has not complied with your data protection rights, you can contact the Information Commissioner's Office, which can be contacted on 0303 123 1113 or via www.ico.org.uk



Please contact us if you would like a copy of this document in large print, on CD or in another language.

Proszę się z nami skontaktować, żeby otrzymać ten dokument w wersji dużym drukiem, na płycie CD lub w innym języku. (Polish)

倘若您需要本擋以大字體、音頻格式(CD)或另外一種語言提供,請聯絡我們。(Cantonese)

Bu belgeyi büyük boyutlu baskı olarak, CD ortamında veya başka bir dilde edinmek istiyorsanız lütfen bizimle irtibata geçin. (Turkish)

Kreipkitės į mus, jei norėtumėte gauti šio dokumento kopiją stambiu šriftu, jo garso įrašą kompaktiniame diske arba jei norėtumėte jį gauti kita kalba. (Lithuanian)

আপনি যদি এই নথিটির একটি কপি বড় অক্ষরের ছাপায়, সিডি তে অথবা অন্য একটি ভাষায় পেতে চান, অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন। (Bengali)

IF YOU HAVE ANY QUERIES PLEASE CONTACT US:

Web: chp.org.uk

Email: enquiries@chp.org.uk



[facebook.com/CHPHomes](https://www.facebook.com/CHPHomes)



twitter.com/CHPHomes

Tel: 0300 555 0500

Text relay: 18001 0300 555 050

Write to CHP at:

Myriad House,
33 Springfield Lyons Approach,
Chelmsford,
CM2 5LB



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