



Mutual Exchanges

Colne considers requests for Mutual Exchanges between its own tenants or the tenants of another Housing Association or Local Authority.

The application must be made on the appropriate form by each party, and cannot proceed without the written consent of Colne and of the other Landlord.

Consent will normally be granted unless:-

- 1 There is a Court Possession Order in force against either tenant.
- 2 Proceedings have commenced for Possession of either property.
- 3 The accommodation has features which were specifically designed for a physically disabled person, which the prospective tenant does not require.

If consent is withheld on any of the grounds set out above, notice must be given within 42 days of the date of receipt of the application, specifying the reason for refusal.

An application form must be submitted by each party wishing to take part in such an exchange.

Permission for pets will be assessed on a discretionary basis.

The Colne size criteria for numbers of bedrooms allowed for incoming tenants is as follows:

Household size	Property size required
Single adult	One bed, one or two person
Adult couple co-habiting	One bed, two person
Two adults not cohabiting e.g. siblings or single tenant with a live-in carer	Two bed, two or three person
Family – one or two adults, one child	Two bed, three person
Family – two adults, two children or more	Minimum two bed, four person – children aged 16 or over require their own single bedroom. Children of the same sex can share a bedroom until that age; however those of opposite sex will need their own single bedroom once the oldest is ten.
Family – three adults or more (includes extended family groups)	Couples require a double bedroom and all single adults over the age of 16 require their own single room as a minimum.

The only exception to this is:

If the incoming tenant is already underoccupying their home they can continue to do so upon exchange. For example a couple with no children have a 2 bed property and want to move to another 2 bed property. This would be agreed. However, a couple with no children in a 1 bed property would not be able to exchange to a 2 bed property.

Once an application has been received, we will proceed with the necessary enquiries. This involves inspecting your home and forwarding a reference on the other Landlord. Once references have been exchanged, and the approval of both Landlords has been given, the applicants will be notified and asked to arrange a date for the exchange to take place. Each tenant accepts the accommodation as it stands. If any refuse or furniture is left by the outgoing tenant Colne will not be held responsible.

No move can take place without our permission, and a formal letter of offer being made in writing.



APPLICANT DETAILS FOR MUTUAL EXCHANGE

Complete this page and forward to the person you are exchange with to complete the rest of the form. We can supply this form in large print or a staff member can complete it with you, in person or over the phone. Just call us on 01206 244700.

1) CURRENT COLNE TENANT

Title:	Mr / Mrs / Miss / Ms / Dr / Prof	Gender:	
First Name:		Surname:	
Telephone numbers:		Email:	
Date of Birth:		National Insurance No:	

Your Partner's Details (leave blank if this is application is for one person)

Title:	Mr / Mrs / Miss / Ms / Dr / Prof	Gender:	
First Name:		Surname:	
Telephone numbers:		Email:	
Date of Birth:		National Insurance No:	

Household Members Please tell us about everyone who will be living in your home with you. If there is anyone who will not be living with you full time e.g. a child where there are shared care arrangements, please provide details of those arrangements.

Title	First name	Last name	Gender	Date of Birth	Age	Relationship to you

I currently live at:.....

2) INCOMING EXCHANGE APPLICANT – THE REST OF THIS FORM TO BE COMPLETED BY INCOMING APPLICANT

Title:	Mr / Mrs / Miss / Ms / Dr / Prof	Gender:	
First Name:		Surname:	
Telephone numbers:		Email:	
Date of Birth:		National Insurance No:	

Your Partner's Details (leave blank if this is application is for one person)

Title:	Mr / Mrs / Miss / Ms / Dr / Prof	Gender:	
First Name:		Surname:	
Telephone numbers:		Email:	
Date of Birth:		National Insurance No:	

Household Members Please tell us about everyone who will be living in your home with you. If there is anyone who will not be living with you full time e.g. a child where there are shared care arrangements, please provide details of those arrangements.

Title	First name	Last name	Gender	Date of Birth	Relationship to you

Is anyone in the household currently pregnant? Yes No

Has anyone in the household ever served in the British regular armed forces? Yes No

More About You

This section is optional but the more information you give us, the easier it is for us to help and support you. This information isn't used to identify you – just make sure that we are not treating anyone unfairly because of who they are. Please tick the appropriate boxes.

	1 st applicant	2 nd applicant	
Ethnic origin	<input type="checkbox"/>	<input type="checkbox"/>	White British
	<input type="checkbox"/>	<input type="checkbox"/>	White Irish
	<input type="checkbox"/>	<input type="checkbox"/>	White Other
	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White & Black Caribbean
	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White & Black African
	<input type="checkbox"/>	<input type="checkbox"/>	Mixed White & Asian
	<input type="checkbox"/>	<input type="checkbox"/>	Mixed Other
	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British/Indian
	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British/Pakistani
	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British/Bangladeshi
	<input type="checkbox"/>	<input type="checkbox"/>	Asian or Asian British/Other
	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British Caribbean
	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British African
	<input type="checkbox"/>	<input type="checkbox"/>	Black or Black British Other
	<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	Gypsy/Romany/Irish Traveller	
<input type="checkbox"/>	<input type="checkbox"/>	Other ethnic group	
<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to answer	

Nationality	_____	_____	<i>Please write in</i>
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	1 st applicant	2 nd applicant	
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual
	<input type="checkbox"/>	<input type="checkbox"/>	Homosexual (gay)
	<input type="checkbox"/>	<input type="checkbox"/>	Bi-sexual
	<input type="checkbox"/>	<input type="checkbox"/>	Prefer not to answer

Religion or belief	_____	_____	<i>Please write in</i>
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Emergency Contact (in case we can't get hold of you)

Name:			
Address:			
Telephone Number(s):		Relationship to you:	

Pets

Pets are not permitted in some schemes e.g. some blocks of flats or sheltered housing schemes. Where permission is given we sign a “responsible pet ownership contract” with the tenant as a condition of keeping their pet. Do you have any pets you will want to have living with you in future?

Yes – if so complete the section below No

Type of animal		Breed	
Age		Size (approx)	

Employment

Applicant 1 - Are you currently in paid employment?

Yes – if so complete the section below No

Job title		Employer	
Hours worked		Salary	£ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

Applicant 2 - Are you currently in paid employment?

Yes – if so complete the section below No

Job title		Employer	
Hours worked		Salary	£ Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

Your Income

Please tell us about any benefits and savings. Give weekly figures.

Salary	£	Income Support / Job Seekers Allowance	£
Working or Child Tax Credit	£	Child Benefit	£
State Pension or Pension Credit	£	Private pension(s)	£
Personal/Independence payment	£	Attendance Allowance (over 65's)	£
Disability Living Allowance (under 65's)	£	ESA – Employment and Support Allowance	£
Other	£	TOTAL WEEKLY INCOME	£

Do you currently receive housing benefit towards your rent payments?

Yes – £_____ per week No

To the nearest £100, please tell us the total value of your savings: £_____

3) YOUR CURRENT HOME

Address (including post code):	
When did your tenancy start?	

Who is your Landlord: _____

Housing Officer contact details: _____

Type of tenancy held: **secure / assured/ fixed term**

Do you owe any money for the accommodation you live in i.e. rent arrears?

Yes – if so tell us how much below No

£ _____ which is _____ number of weeks / months* (*delete as applicable)

If you have an agreement to clear this debt, please tell us about it – include how much you pay, how often and how long you have had the arrangement. Please note that we might need proof of this arrangement before we offer you housing.

The Size of Your Current Home

What type of property do you currently live in e.g. house, bungalow, maisonette, single room?	
How many bedrooms does your home have?	

4) CARE, SUPPORT AND ASSISTANCE

If there is anyone supporting you who does **not** live with you, but whose details you would like us to have, please write them here. This can be your next of kin or a professional who supports you.

Their name	Their contact details	Their relationship to you e.g. son, daughter, doctor, support worker etc	Do you give permission for us to discuss your tenancy with them?
			Yes / No
			Yes / No
			Yes / No

Tell us about any conditions that affect your mobility or day to day life e.g. arthritis, stroke, epilepsy, heart disease, sight or hearing impairment etc. Tell us who this affects:

Do you use any of the following:

Walking stick(s) or frame?	Yes / No	A mobility scooter?	Yes / No
A wheelchair sometimes?	Yes / No	A wheelchair all the time?	Yes / No
Oxygen cylinders?	Yes / No	Any other specialist equipment?	Yes * / No

* Please tell us what mobility or assistance equipment you use and how often:

Will you need any adaptations to your new home so you or your family can live independently?

Yes

No

Please tell us what you think you will need _____

Do you need documents in large print?

Yes

No

Do you need any translation services?

Yes

No

If so, what type e.g. BSL, languages: _____

Will you need any support in understanding letters we send you?

Yes

No

Is there anything else we should know about that would help us support you? e.g. learning disabilities, mental health problems, dementia or confusion etc.

5) DECLARATIONS

Are you related to any member of staff or Board member of Colne? Yes No

If yes, please tell us who and your relationship: _____

Do you have any unspent criminal convictions? Yes No

If yes, please tell us the date and nature of the offence: _____

In the last 2 years, have you had any action taken against you for anti-social behaviour?

Yes No

If yes, please tell us the dates, details and outcome: _____

You should read the following carefully. Please sign to confirm that:

- The information you have given is correct to the best of your knowledge.
- You give permission for us to use the information you have given to process your application and use your personal data if you become a tenant. We will only use this information for this purpose and for statistical reports where you will not be identified. This is in accordance with the Data Protection Act.
- You give your permission for us to verify the details you have given.
- You understand that if you deliberately give false or misleading information, you may be disqualified from housing. Furthermore if you are offered housing on this basis, action may be taken to end your tenancy.

Signed by applicant 1: _____

Signed by applicant 2: _____

Dated: _____

Return this form to: Colne Housing Society, Digby House, Riverside Office Centre, Causton Road, Colchester, Essex CO1 1RJ

If you need any support with completing the form or need it in another format e.g. large type or Braille, other languages etc you can call us on 01206 244700 or email info@colnehousing.co.uk.

Colne Housing Society is a charitable housing association. Established in 1973, we now own or manage over 2200 affordable homes throughout North Essex.

We provide general needs housing for families, couples and individuals. It is our aim to provide excellent homes and services to our residents, and to make a positive difference to the neighbourhoods in which we work.

Registered with the Homes and Communities Agency (LH1651) and under the Industrial & Provident Societies Act 1965 (20799R) with exempt charitable status.]



making you feel at home

Moving out checklist (for outgoing tenant to keep)

Tick the box when you have informed the following of your new address

Gas	
Electric	
Water	
Housing Benefit	
Council tax	
Doctors	
Dentist	
School	
College	
Work	
Inland Revenue	
DWP	
Library	
TV Licence	

Insurance	
Bank	
Nectar Card	
Tesco Card	
Post Office for post redirection	
Optician	
Pension Company	
Car Log book	
AA/RAC	
Magazine subscriptions	
Milkman	
Window cleaner	
DVLA	
Sky/Virgin	

Things to remember

- You will only be able to move if your rent account is clear.
- When you move you accept your new property in a 'sold as seen' condition, we will not carry out repairs unless identified on the property inspection.
- Colne cannot get involved in any agreements made between the exchange parties to leave furniture, carpets, curtains etc.
- Do not book removals or move until your Neighbourhood Officer tells you it is OK to do so.

For your notes: