

Ark Housing Association

Application for Mutual Exchange

This form must be completed and signed by the applicant(s). **Incomplete forms will be returned and may result in a delay in processing your exchange.** If you have any queries regarding the completion of this, or any of the attached forms, please contact this office on the telephone number below.

Important: Written consent must be given by all landlords before an exchange can go ahead.

1. TENANCY DETAILS

Applicant Tenancy Status (delete as appropriate)	Ark Housing Association Tenant / Non Ark Housing Association Tenant				
Applicant Details	Forename:		Surname:		
	Date of Birth:				
Joint Applicant Name (If Applicable)	Forename:		Surname:		
	Date of Birth:				
Current Address					
Phone Number					
NI Number	Tenant:		Joint Tenant:		
Number of Bedrooms		No. Single		No. Double	
Landlord Name					
Landlord Address					
Landlord Phone Number					

2. HOUSEHOLD COMPOSITION

Please give details of everyone who will move with you, starting with yourself.

Name	Date of Birth	Relationship to Tenant
		TENANT

3. Has anyone ever taken action against you or anyone on your application for anti-social behaviour?

Yes ☐ No ☐

If Yes, please give full name of person (s)

What action was taken?

Court Action

☐

Anti-social behaviour order

☐

Less formal action such a written warning

☐

4.0 Under the Housing (Scotland) Act 2014, the Asylum and Immigration Act 2004, and the Immigration (EEA) Regulations 2015, local authorities are required to establish whether a person qualifies for public assistance. Please complete the following sections, providing **written confirmation** where applicable:

	APPLICANT	JOINT APPLICANT
Is a UK resident	YES / NO	YES / NO
If NO, do you have indefinite leave to remain in the UK?	YES / NO	YES / NO
Do you have limited leave to remain in the UK?	YES / NO	YES / NO
Do you have refugee status in the UK?	YES / NO	YES / NO
Do you have humanitarian or discretionary leave to remain?	YES / NO	YES / NO
Do you have any restrictions on your recourse to public funds?	YES / NO	YES / NO
Are you a national of one of the EEA countries and a qualified person? ie. a worker, self employed, job seeker, student?	YES / NO	YES / NO
Are you the spouse or civil partner of a qualified person from one of the above listed EEA countries?	YES / NO	YES / NO
Staying in the UK on any kind of VISA?	YES / NO	YES / NO

5.0 Are you or anyone on this application required to be **REGISTERED** with the **POLICE** under the **SEXUAL OFFENCES ACT 2003**?

YES

11/11/2019

NO

If **YES**, please give the full name of the person(s).

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6.0 Please tell us if any of the following apply to you, or anyone on this application.

	APPLICANT	JOINT APPLICANT
Employed by ARK in the past 12 months	YES / NO	YES / NO
Is relation to or friends with a member of staff working with ARK.	YES / NO	YES / NO
Is related to or friends with a Board member	YES / NO	YES / NO

If **YES**, please provide details below.

ARK Staff/ Board Member name	Relationship to you

7. DETAILS OF PROSPECTIVE EXCHANGE PARTNER

Applicant Name					
Joint Applicant Name (If applicable)					
Current Address					
Phone Number					
Number of Bedrooms		No. Single		No. Double	
Landlord Name and Address					
Landlord Phone Number					

8. Please give your reasons for wishing to exchange

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9. DECLARATION

Please read through the following statements and sign at the bottom to show you understand and agree with them.

I / We agree that:

- ☐ I/ we will inform Ark Housing Association of any change in my/our circumstances;
- ☐ My/ our current or previous landlord can be contacted for a tenancy reference;
- ☐ My / our doctor, hospital consultant, health visitor, social worker, police or any other relevant person can be contacted if more information is needed for my / our housing application;
- ☐ All information given by me / us to Ark Housing Association is true. If I / we supply any false information or keep back any information my / our application may be cancelled;
- ☐ If I / we are given a tenancy because I / we have supplied false information or I /we have kept back information, the tenancy may be ended.

Tenant's signature _____ Date _____

Joint tenant's signature _____ Date _____

Please return this form to:

Ark Housing Association, The Priory, Canaan Lane, Edinburgh EH10 4SG
Or contact 0131 447 9027 | housing@arkha.org.uk

For office use only

Date forms received		Target processing date	
Recommend Approval	Yes / No	Approval authorised	Yes / No
HSO signature		Date	
HoHS/SHSO Signature		Date	